

**Independent Evaluation phase one:  
the Legal Health Check approach in  
QPILCH settings**



September 2015

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**Disclaimer**

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## INTRODUCTION

Queensland Public Interest Law Clearing House (QPILCH) is a not-for-profit, community-based legal organisation that coordinates the provision of pro bono legal services for individuals and community groups in Queensland. It provides flexible access to justice for vulnerable Queenslanders in civil law matters through a range of services providing direct free legal representation and advice, including the coordination of four types of legal clinics. These are:

- the Homeless Persons' Legal Clinic (HPLC) established in late 2002. The HPLC provides free legal representation and advice to people experiencing, or at risk of, homelessness. The HPLCs operate from 13 host agencies in Brisbane, Townsville, Toowoomba and Cairns
- the Mental Health Civil Law Clinic (MHCLC) provides free legal advice and assistance to people with mental illness, or impacted by mental health law, who cannot afford a private lawyer. It operates from two host agencies in Brisbane
- the Refugee Civil Law Clinic established in 2007 provides free civil law advice and assistance to refugees who have been in Australia for less than five years. It operates from one host agency in Brisbane
- the Outreach Legal Phone Clinic is a phone-based service operated by one partner firm for the clients of a number of referral community agencies.

QPILCH partners with law firms to operate the clinics that provide pro bono legal assistance and advocacy, predominantly in civil and administrative matters. Clients can be assisted with debt and loans, fines, consumer issues (sale of goods, and entering into contracts for goods), guardianship, housing and tenancy issues, social security, discrimination, and police and public order offences. Complementing and building on the work with individual 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.

QPILCH also coordinates the LegalPod project. It commenced in 2013 and was developed through the HPLC in response to the potential risk of homelessness for young people transitioning to independence from the Queensland child protection system. LegalPods are small teams of 2-4 pro bono lawyers and/or administration staff from partner law firms that respond to the legal needs of their allocated young person/s for the duration of each person's transition to independence – typically four years. The target group is young people aged from 17 to 25 years of age. The project accepts referrals for young people residing in South East Queensland within the geographical area bordered by Deception Bay, Ipswich and Beenleigh.

In 2009, QPILCH developed the Legal Health Check (LHC) following a research review that indicated that vulnerable people who have legal issues may not necessarily identify them as such and therefore may not understand that they can engage a lawyer to act on their behalf to address such issues. The LHC is a structured diagnostic tool designed to elicit responses about six common legal issues experienced by homeless people – debt, fines, housing, criminal matters, guardianship orders, and relationships. If issues are identified, clients can access further assistance through a QPILCH legal clinic.

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QPILCH designed the LHC tool based on the following assumptions:

- clients are unlikely to recognise what/how/who to ask about all their legal issues and will benefit from an appropriate opportunity to have their legal needs 'diagnosed' via a targeted legal needs assessment tool
- disadvantaged clients often have multiple legal issues, and even where there is a presenting issue, further legal issues will often be revealed by appropriate diagnosis
- community workers require training, resources and support to identify and refer the legal needs of clients
- clients and lawyers will benefit from community workers becoming closely involved in the legal service delivery process, supporting trust and clear communication at all phases of service delivery
- lawyers will benefit from a structured interview tool which will enable them to optimise their professional value to the client.

The original Legal Health Check was eight pages long. In 2015 QPILCH developed the new Legal Health Check resources now available online at the dedicated Legal Health Check website. In addition to a new basic Legal Health Check that is two pages in length, four tailored Legal Health Checks target youth at risk, new arrivals, clients with mental health concerns and clients with housing concerns.

### **Background to the report**

QPILCH currently uses the LHC in a range of settings to collaborate with community agencies. In December 2014, QPILCH received funding from the Department of Justice and Attorney-General (DJAG) for a two-phase Legal Health Check Project:

- phase one includes evaluating the efficiency and effectiveness of the Legal Health Check approach in the existing QPILCH settings
- phase two will monitor and evaluate the Legal Health Check approach in trial settings, for particularly vulnerable clients.

As part of phase one of the project, QPILCH engaged Encompass Family and Community to conduct an independent evaluation of the Legal Health Check approach.

This is the report of the findings from the phase one evaluation. The report considers the Legal Health Check approach within current QPILCH legal clinic settings, and considers whether the approach is effective in facilitating:

- identification of client legal issues by community workers
- effective referrals by community workers to legal clinics
- identification of client legal issues by volunteer lawyers
- collaboration between legal services and community services
- positive outcomes for clients.

The findings of the evaluation are also considered in relation to:

- whether a place-based or centralised basis would be more effective for referrals resulting from Legal Health Checks
- how legal services can be guided to develop and maintain collaborative partnerships and referral pathways with community services.

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## Methodology

The range of qualitative and quantitative methods used to collect data to inform the evaluation included surveys, structured interviews, and focus groups. Through these methods, a total of 15 community agencies that refer clients to QPILCH legal clinics and 9 partner law firms that provide volunteer legal services to the clinics participated in the evaluation. As well, the QPILCH-employed lawyer of the Cairns HPLC was consulted.

### Surveys

Invitations to complete surveys were sent to all partner law firms and community agencies involved with QPILCH legal clinics in Brisbane. Targeted surveys were completed by:

- 7 community service agencies, completed by a senior representative to provide an overview related to each agency
- 6 partner law firms, completed by a Team Leader to provide an overview related to each partner law firm
- 13 individual community workers, employed within 6 agencies
- 27 individual volunteer lawyers, employed within 6 partner law firms.

### Interviews

Semi-structured interviews were undertaken with representatives of partner firms, host agencies and other community agencies, and attempts were made through community agencies to interview some clients who attended HPLCs.

Phone interviews:

- 14 people from 13 community agencies were interviewed
- 10 people from 9 partner law firms were interviewed.

Face-to-face Interviews:

- 8 people from 4 community agencies were interviewed
- 1 lawyer from one HPLC (Cairns) was interviewed.

Focus groups:

- 8 people (2 community workers, 3 lawyers and 3 QPILCH staff) attended an initial focus group held in Brisbane on 22 April 2015
- 10 people (3 community workers, 4 lawyers and 3 QPILCH staff) attended a second focus group held in Brisbane on 5 August 2015
- 8 people representing 3 services based at the Cairns Homelessness Hub attended a focus group held in Cairns on 1 July 2015.

Client interviews:

- 3 clients of two community agencies were interviewed.

### QPILCH data

QPILCH provided non-identifying client data collated from 2013-14 and 2014-15 client files.

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## 1. IDENTIFYING CLIENT LEGAL ISSUES – COMMUNITY WORKERS

This section considers the process by which involved community agencies identify whether a client has legal issues, and the role of LHCs in this process.

There is wide variation of the means by which community agencies involved with QPILCH legal clinics identify that a client has a legal issue. However four broad categories apply:

- through routine use of the LHC tool
- a general assumption that any client of their agency will have legal issues
- through use of an another assessment tool, for example the Vulnerability Index
- by asking questions of the client during an intake assessment or during the course of supporting the client.

### **Routine use of the LHC tool**

Only one community agency routinely uses the LHC for all clients. This agency has incorporated the LHC into their intake assessment process undertaken with clients over three to four days. This agency does not have an on-site legal clinic. If legal issues are identified the caseworker contacts QPILCH to book an appointment for the client at a legal clinic. As part of the referral, the agency sends the completed LHC to QPILCH who then sends the form to the relevant partner firm.

Of the 13 community workers who completed the survey (from various agencies), 3 stated that they routinely use the LHC in their general assessment with clients.

### **Clients assumed to have legal issues**

One agency reported that, given the nature of their homelessness service, “*we assume that everyone that comes into (this agency) will have a legal issue; that 99% of our clients will have legal issues*”. This assumption is based on past experience with their client cohort. The agency does not undertake a process to determine if the client has legal issues; instead, the workers routinely make an appointment at the on-site legal clinic for all clients.

### **Use of an another assessment tool**

Some agencies stated that they do not use the LHC as the assessment tool they already use at intake assists with identifying clients’ legal issues:

*“We .... use the Vulnerability Index assessment, and that usually picks that stuff (legal issues) up”.*

These agencies each stated that they felt their current assessment process is extensive enough to capture legal issues even though the tool used does not ask explicit questions about whether a client has legal issues. Agencies stated that, given the vulnerability of their clients, it would not be conducive to the working relationship to require another form (the LHC) to be completed when an existing process was adequate to capture the required information:

*“We cover the issues in the LHC but we don’t use the form. Another form would just cause stress (for the client)”.*

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## Discussion with clients

The majority of community agencies indicated that their workers were aware of what constituted a legal issue and could identify this from conversation with a client. This may happen during an intake assessment or during the course of providing support for the client:

*“We mostly do referral through informal conversation and largely haven’t been using the LHC form”.*

*“If a client mentions something about having a legal issue, for example a debt then we suggest they attend the HPLC”.*

Methods used by these agencies to identify if a client has legal issues are either active or passive. Some agencies take an active approach, stating that they ask a couple of questions as part of intake to identify if a client has legal issues. More commonly, agencies indicated that, while they do not ask specific questions about legal issues, they refer clients if legal issues are raised while they are supporting the client. For example, if a client mentions a debt, the community worker asks clarifying questions to determine if the debt is an issue requiring legal assistance.

The majority refer clients to a legal clinic (if they become aware that the client has a legal issue) without completing a LHC. One agency indicated that they routinely complete a LHC with a client once they identify through general conversation that a client has legal issues:

*“Will use it (LHC) if the client brings up a legal issue”.*

Where community workers do not actively assess for legal issues there may be a delay in responding to a client’s legal issues, particularly where agencies are relying on clients to raise the issue.

## Role of the LHC in community workers identifying legal issues

While the majority of community agencies involved with QPILCH legal clinics indicated they are aware of the LHC, use of the tool by community workers to identify clients’ legal issues for referral is limited. QPILCH data<sup>1</sup> indicate that:

- of 732 clients presenting at legal clinics in 2014-15, the LHC was completed by community workers for only 50 (6.8%)
- of 698 clients presenting in 2013-14, the LHC was completed by community workers for only 31 (4.4%).

Figure 1 (page 6) shows these data combined for the two-year period 2013-14 to 2014-15.

These data include clients who presented at QPILCH legal clinics without being referred to the clinic by community workers, such as drop-in clients and those referred by an outside agency. However the majority would have accessed the clinic following contact with a host agency or participating community agency.

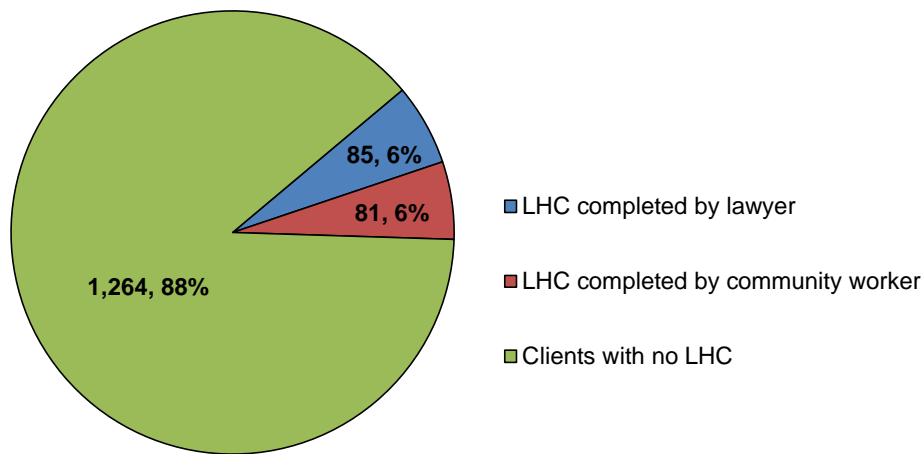
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<sup>1</sup> The total of 1,430 clients for 2013-14 to 2014-15 excludes a small number where full details were not available and/or it was unclear who completed the LHC.



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**Figure 1: Clients at QPILCH legal clinics, by whether LHC was completed and by whom, 2013-14 to 2014-15 (N = 1,430)**



It is clear that when the LHC tool is used by community workers, it is effective. In 2014-15 an average of 3.66 issues per client were identified when LHCs were completed by community workers; in 2013-14, an average of 3.06 issues per client were identified by community workers completing the LHC. This compares to 1.47 issues per client (2014-15) and 1.7 issues per client (2013-14), where no LHC was completed (see Figures 4 and 5 on page 35).

#### Agency responses

Of the 15 community agencies that participated in the evaluation, all except one indicated they are aware of the LHC. A newly appointed representative of one of the agencies indicated that they were unaware of the LHC tool.

Of the 14 agencies that reported being aware of the LHC, there are significant differences in their use of the tool, as discussed above. For some, use of the tool is at workers' discretion or occurs only when a worker remembers to use it. Of the 7 agency representatives that completed the survey:

- 5 indicated that workers at the agency use the LHC (this question did not report on frequency of use)
- none reported that they use the LHC routinely as part of intake
- 4 agencies indicated that they consider the client's issues and may complete a LHC if they think the client has legal issues
- 2 agencies indicated that they are aware of the LHC but do not use the tool.

Of the agencies that reported being aware of the LHC but not often using the tool, the reasons varied and included that workers are too busy to complete the form or that these agencies routinely or 'as necessary' refer clients to a legal clinic. For one, an intention to use the form has not yet become part of regular practice:

*"We mostly do referral through informal conversation and largely haven't been using the LHC form, though would be interested to start using it as routine intake or assessment for all or most clients".*

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## Community worker responses

Of the 13 community workers that completed the survey, 10 stated that they have used the LHC. When asked whether they routinely use the LHC as part of general assessment with new clients, only 3 stated that they always use the tool, with 5 indicating that they do not.

Those community workers who use the LHC were asked whether they routinely discussed potential legal issues with clients prior to LHCs being available. All indicated 'yes, often' (5) or 'yes, sometimes' (5). This may indicate a view among community workers that they do not need the LHC tool to ask clients about relevant legal issues. Comments about 'why' the LHC is not used included:

*"We never use the LHC. Sometimes it would be useful, but mostly not".*

*"I don't think about using it. It would have to be a habit I develop".*

*"We wouldn't ordinarily use the LHC".*

Responses from community workers indicated inconsistent use of the LHC within any one agency, with some community workers making individual decisions to use the form and other workers in the same agency not using the LHC at all:

*"I'm starting to think about using the LHC. If the client has lots of stuff going on with conflicting priorities, then I might use the LHC with that client".*

## Use of the Mini LHC Postcard

Most agencies consulted as part of this evaluation reported that they do not use the Mini LHC Postcard. A few agencies and workers stated "*staff did not know this existed*".

Four of the 7 agencies that responded to the survey indicated that they had not used the Mini LHC Postcard to assist clients to identify their needs. This was consistent with community workers' responses to the same question, with only 3 (of 13) indicating they had used the Mini LHC Postcard.

Mini LHC Postcards are designed as prompters (not a form to complete), and are not generally passed on to the volunteer lawyers or recorded by QPILCH. Reliable data on the rate of their usage are therefore not available.

Most of the agencies that were aware of the tool had not considered using it as part of their regular practice. A few of the agencies recognised that the Mini LHC Postcard is a shortened form of the Basic LHC and can be used instead of the LHC to provide a quicker assessment of a client's legal issues:

*"It's available but we haven't used it with a client yet. It has been helpful as a memory jogger for the worker".*

Most agencies did not appear aware of the potential of the Mini LHC Postcard as a quick and easy tool when time precludes use of the full LHC.

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## Conclusions

Most community agencies referring clients to legal clinics are not using the LHC tool to identify whether clients have legal issues. However they are aware of the tool and positive about it as an available resource.

The LHC approach is more than use of the LHC tool, and does not necessarily rely upon use of the actual tool. It is of note that, while not using the tool, most agency representatives and community workers claim to be actively identifying legal issues. There are indications that the LHC *approach* is being applied, given the strong awareness of the tool and the claims by community workers of its use even where the data do not support this. While some workers claimed to have asked questions about legal issues before the LHC was available (implying that it has not influenced practice), others noted that the training made them more aware of the benefits of using it.

Most involved agencies claim that they are attuned to clients' possible legal issues and that their agency practice emphasises this. Some agencies have a strong past history of use of the LHC tool, which may influence current practice even though the tool is not now used. Both agency policy and individual worker awareness appear to influence its use. In summary, it is possible that the LHC approach is influencing practice despite the actual form not being used.

The confidence expressed by community workers that they recognise clients' legal issues despite not using the tool is not supported by the data. It is clear from the data that use of the LHC tool as part of community worker practice makes a difference to the numbers of legal issues identified. In general, nearly twice as many issues are identified by community workers when they use the tool (more than 3 issues on average compared to less than 2 issues on average when the tool is not used).

Areas for improvement:

- Encourage use of the LHC form as part of routine practice in identifying whether a client has potential legal issues. The research demonstrates that community workers who ask about legal issues without using the form are less thorough in identifying all issues.
- Promote use of the mini postcard as a guide to good practice where it is difficult to use the full LHC (for example, due to time constraints).

Implications for phase 2.

The trials will provide an opportunity to:

- test the efficacy of use of the LHC in the trial settings. This should if possible include evidence about the numbers of legal issues identified by community workers when the LHC is used compared to when it is not used
- identify blockages to use of the LHC by community workers in practice, particularly in its use with more vulnerable clients
- track whether training and initial use of the LHC leads to practice change even when the tool is not used, i.e. whether the LHC approach permeates practice.

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## 2. REFERRING CLIENTS TO LEGAL CLINICS – COMMUNITY WORKERS

This section discusses the process community agencies are using to refer clients for assistance with identified legal issues and the extent to which the LHC is part of the referral process.

### **Variable referral pathways for clients**

The LHC is designed to help identify common legal issues for vulnerable clients. Once community agencies have identified that a client has legal issues, a decision should be made about where to refer the client. This is not necessarily to a QPILCH legal clinic. The LHC facilitates appropriate referrals to various community legal services for different legal matters.

While some agencies refer all clients with legal issues to a QPILCH legal clinic, others make referral decisions based on their assessment of the type of legal issue. For example, some agencies described referring clients to appropriate 'legal services', including referring clients to a Community Legal Centre or Legal Aid for criminal matters, to a domestic and family violence service for domestic violence matters, to a Tenant Advice and Advocacy Service for housing issues and to a HPLC for debts and fines:

*“If we know it's a criminal matter we don't bother with the HPLC – we generally refer straight to a criminal lawyer”.*

*“For multiple debts and fines we refer to QPILCH, but for housing we refer straight to Tenants' Advice and for DV legal issues we refer to BDVS”.*

These referral decisions are influenced by a desire to reduce the number of on-referrals that a client experiences and are an appropriate use of the LHC. Agencies argue that QPILCH legal clinics will in turn refer clients to another legal service for issues outside their expertise or which require a specialist response, such as criminal matters. This issue is also reflected in feedback from partner law firms commenting upon clients attending the legal clinics for legal issues outside their area of expertise, eg criminal matters:

*“Sometimes people attend that have criminal or family law matters and we can't assist with that so we have to just refer them on”.*

*“Relationships (as a menu item on the LHC) is often a difficult question because we don't deal with family law matters”.*

Some community workers are not clear about the type of legal issues that QPILCH legal clinics deal with (i.e. that the legal clinics only deal directly with civil matters):

*“There is confusion about the type of legal issues that the legal clinic deals with”.*

*“Workers don't realise that the legal clinic doesn't deal with criminal matters”.*

Community workers who are possibly not aware of the limitations of QPILCH legal clinics (i.e that they are not a one-stop shop for dealing with all legal issues) indicated that *“it is frustrating for clients that are referred (to a HPLC) only to be*

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*told by the lawyer that they can't deal with that but will refer them to another legal service". They argue that this can negatively impact on a client's well-being and "creates further anxiety for mental health clients as it increases their anxiety".*

Lawyers suggested that awareness by community workers of the limitations of the legal clinics is important, and that completion of the LHC should not mean automatic referral to a QPILCH legal clinic:

*"Community workers have completed the LHC in respect of criminal matter for which we are only able to provide very limited assistance. A request to Legal Aid would be more appropriate".*

There was a view among lawyers who participated in this evaluation that the LHC should be completed by community workers not only to identify issues but also to consider where best to refer clients:

*"The LHCs should be used to better vet clients ...the forms should be filled out at first point of contact (caseworker) with the client to vet and then passed on to us prior to attending so we can prepare".*

*"We need to get better information to ensure that the client is suitable for the clinic, for example if it's a criminal matter we need to refer on and that is not good for homeless people, to just be referred on".*

In improving the use of variable pathways, a starting point is for community workers to complete the LHC with clients, to ensure all of a client's legal issues are identified. To make referrals only based on presenting issues (eg, a domestic violence matter) is to limit the potential to support the client in other areas. An underlying premise of the LHC is that most vulnerable clients will likely have several issues (particularly debt issues) in addition to the presenting or most urgent issues.

The LHC includes questions to help identify criminal, family law, and child protection legal issues, as well as matters dealt with directly through QPILCH legal clinics. The reality is that most vulnerable clients will need to access more than one specialist support and/or legal service. Given this, it is important that the community agency supports clients through what can otherwise be a confusing process.

For vulnerable clients with several legal issues, the QPILCH legal clinic can be a useful initial referral, so that lawyers can advise how best to receive the legal assistance the client requires. Referrals from community agencies may follow either of these pathways:

- community agency → HPLC or other QPILCH legal clinic → referral to other legal and support/ advocacy services
- community agency → a range of support/advocacy services including HPLC or other QPILCH clinics.

In either case, the HPLC or other QPILCH legal clinic will usually be part of the mix of responses where a client has legal issues identified by the LHC. It is the role of the community agency to support a vulnerable client through these referrals to reduce anxiety and confusion. Where this is done in collaboration with

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the volunteer lawyers at a QPILCH legal clinic (discussed below) this has the potential to maximise coordinated support for the client.

### Place-based versus centralised referrals

A “placed-based” referral pathway uses a network of linkages between community agencies and local community legal services within a particular locality, so that a referral may be made by a community agency to any community legal service based on understanding of the types of issues which each legal service deals with.

A “centralised” referral pathway channels all referrals to one community legal service which acts as a receiving service, assesses the matter, and in turn may distribute the referral to an appropriate legal service based on assessment of the issue.

This evaluation (phase one) did not provide the opportunity to make a comparative assessment of the merits of these different referral pathways. Place-based referral pathways can promote collaborative working relationships between community services and legal services to benefit holistic services for clients. These arrangements need to be supported by protocols or MOUs to work well over time, and require an agency or person to take responsibility for coordination. Centralised referral pathways can be efficient, but may increase the ‘distance’ between referring community workers and the legal service assisting with their client’s matter.

### **Referrals to QPILCH legal clinics**

The majority of agencies (6 out of 7) that responded to the survey indicated that they often refer clients to a QPILCH legal clinic. This is supported by the fact that 11 of the 13 community workers responding to the survey indicated that they have done so.

The three main processes used by community agencies to refer clients to QPILCH legal clinics are:

- The community agency refers directly to an on-site legal clinic which they host
- The agency refers through QPILCH and the matter is allocated to a QPILCH legal clinic
- Other community agencies contact a host agency to refer a client.

### Referrals to on-site legal clinics

On-site legal clinics may be drop-in clinics, appointment-based, or a combination of both.

#### *Drop-in clinics*

This type of clinic has a first-in first-served basis and may cater exclusively to clients of the host agency or be open to referrals from other agencies. These clinics are can be very busy and may have a high number of clients waiting to see a lawyer at the clinic.

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Generally the LHC form is not completed by community workers when directly referring clients to a drop-in clinic. QPILCH data indicates that, of the 104 new clients referred to 'drop-in only' clinics in 2014-15, there were only 2 instances where a community agency completed the LHC.

Clients attending a drop-in clinic may have heard about it by word of mouth from other clients (rather than through referral). According to one host agency, these clients will often have unrealistic expectations of what the lawyers can achieve for them:

*"Clients will hear about it from other clients who'll talk about this great experience they had and how it solved all their problems but this won't happen for every client. So the client comes to the clinic thinking their issue will be dealt with but it's not the right type of legal issue and these clients can get very frustrated".*

#### *By-appointment clinics*

Appointment-based clinics fall into two types – those that are exclusively for the clients of the host agency and those where the host agency provides a booking system for clients of outside agencies as well. The host agency takes the lead role in appointments for clients to attend the clinic. Individual appointment times vary from 10 minutes to about 20 minutes.

A benefit of clinics being appointment-based is that partner law firms have prior knowledge of clients booked to attend, and can prepare to see existing clients who have appointments. Comments included:

*"We call the day before to check if there are clients booked in. If there's an existing client booked we organise to take their client file".*

*"If we know it's an existing client, the lawyer who was on duty when that client last attended can provide a briefing to the rostered lawyer".*

#### *Combined drop-in and by-appointment*

A number of agencies and partner law firms stated that often clients do not attend for booked appointments. As a result of this, some appointment-based clinics have organically developed into clinics which combine appointments (which may not eventuate) and drop-in. They state that this flexibility is more appropriate for the clients attending the clinic. Booked appointments are prioritized; however if an appointment time is free the volunteer lawyer will meet with any other person who 'drops in' to the clinic. These clinics can get very busy if a number of clients without appointments present.

Regardless of the type of clinic, community agencies reported their views that the referral system works well. They were referring to the ease with which they could book appointments for clients or tell them about a clinic: *"I just give them the clinic time and they turn up if they want"*. Agencies with on-site clinics also said: *"It's easy for clients to access, because it's here at the agency"*. In general, community agencies did not mention assisted or supported referrals when considering the referral process.

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## Referrals through QPILCH

Referrals through QPILCH occur when an agency without an on-site clinic sends a completed LHC or other documentation to QPILCH, and QPILCH then allocates the client to a drop-in clinic.

Referrals are also made through QPILCH for the LegalPod model for young people exiting statutory care. Following receipt of a client register sheet and client authorisation, QPILCH allocates the young person to a LegalPod. LegalPod lawyers then meet with the young person individually to provide legal assistance. It is intended that LegalPod lawyers will contact the young person at least every 3 to 4 months to check whether the young person has any new legal issues.

The LHC form was used in a minority of referrals to LegalPod during 2014-15. QPILCH data indicates that, of 14 new LegalPod clients, 8 had a completed LHC on file. Three LHCs were completed by a community worker, and in other instances the volunteer lawyer completed the LHC with the young person at their initial meeting.

## Other community agencies contact the host agency to refer

Most host agencies of on-site by-appointment and drop-in legal clinics indicated that they are contacted directly by other community agencies to book appointments for clients to attend the clinic or to obtain information about the date and time of the clinic to pass on to clients. These statements are each from different host agencies:

*“We get referrals from all different agencies for the legal clinic”.*

*“Other agencies refer to our clinic all the time. We have mutual clients, that’s how they find out about the clinic, then they refer all the time”.*

*“Other agencies will refer to the clinic; they just call us to book them (the client) in”.*

*“We are seeing an increase in attendance – these people just turn up; we don’t know where they’re from”.*

Host clinics advised that, when appointments are made at the request of other community agencies, the LHC is not part of the referral. Referrals by other agencies directly through host agencies create difficulties in terms of using the LHC as part of referral processes. The host agencies do not request that it is completed; they may not be utilising the LHC themselves. Other agencies making direct referrals are unlikely to have been trained in use of the LHC, will lack familiarity with the LHC tool, and may not be linked to QPILCH for support.

## **Role of the LHC as part of the referral process**

The 13 community workers who responded to the survey were asked about benefits of using the LHC as part of the process of referring a client to a QPILCH legal clinic. There was general agreement that the LHC:

- helps identify what client issues can be referred to a lawyer (9 of 13 community workers)
- helps with communicating with the lawyer when referring a client (9 of 13)



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- means that referrals are more likely to be timely (7 of 13).

Despite this, as discussed above, QPILCH data from 2013-14 and 2014-15 indicate only a very small proportion of clients presenting at legal clinics had the LHC completed by the referring community worker.

Most community workers appear to consider booking a client an appointment or informing a client of the time and location of a clinic to be the extent of a successful referral. Completing and providing the LHC does not appear to be considered a part of the referral process. There is little evidence of community workers making assisted or 'warm' referrals of clients to legal clinics. As discussed below, where a community worker does complete a LHC, there is an apparent high correlation with assisted referral.

QPILCH data indicate that the low numbers of LHCs completed by community workers for referred clients is similar across the different types of clinics, so that there is no correlation between the type of clinic and the use of the LHC tool as part of the referral process – usage of the LHC by community workers is low whether the clinic is on-site, appointment-based or drop-in. The exceptions are those clinics where it is more likely that a community worker will be present with the client during the appointment with the lawyer. These include:

- outreach telephone clinics, where the client speaks to the lawyer by phone, facilitated by the community worker
- clinics of host agencies working with clients who have cognitive impairments.

This was reinforced by a volunteer lawyer's comment on the use of the LHC as part of referral to certain legal clinics:

*"..the LHC is crucial to the OLC (telephone legal clinic) and LegalPod models as it is how we are advised of the client's legal issues prior to the first telephone appointment or at the first meeting".*

The time demands upon community workers are a clear barrier to providing the LHC form as part of the referral process with clients:

*"I don't have time to send a form to QPILCH; we are a crisis service and don't have time to complete the form or send it".*

One worker also observed that the "lack of follow-up or feedback by lawyers assisting clients" impacted on their motivation to provide the LHC as part of referral.

It is possible that community workers do not fully understand the purpose of the LHC as part of the referral process, that is, that the completed form is used by the volunteer lawyer:

- to brief them prior to the appointment so that they are better prepared
- to check that they have covered all the client's issues, if some of these are not raised by the client during the appointment. This is particularly useful where the community worker does not attend the appointment with the client.

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## Community workers attending at appointments with clients

It is good practice, particularly when working with vulnerable clients, for community workers to actively support clients to follow through with referrals and to assist with their communication with and engagement with the service they have been referred to (in this case, the volunteer lawyers at QPILCH legal clinics).

According to QPILCH data<sup>2</sup>, in 2014-15 there were 69 instances where a caseworker attended at the initial legal clinic appointment with a client, and 40 instances in 2013-14. Table 1 shows the relationship between community worker attendance at these appointments and the completion of LHCs for these clients.

**Table 1: Clients for whom community workers attended at initial legal clinic appointments and completion of LHCs for these clients**

	2013-14	2014-15
Number of clients who attended a legal clinic	698	732
Number of clients for whom a community worker attended the initial legal clinic appointment	40 (5.7%)	69 (9.4%)
Number of these clients who had a completed LHC	40	69
Number of these clients for whom the LHC was completed by the community worker	30	49
Total number of LHCs completed by community workers (for all clients)	31	50

While not conclusive, these data strongly suggest that community workers who complete LHCs are likely to follow through with attending at the legal clinic with the client.

The majority of community agency representatives who participated in the evaluation reported that they do not consider they should attend appointments with clients; this is particularly true for the drop-in clinics.

Lawyers who participated in the survey consistently reported that having the caseworker attend at the QPILCH legal clinic with the client is useful. They highlighted a number of reasons:

- Communication with client is easier, as the client is more comfortable
- Caseworkers assist the client to explain their issues and to understand the lawyer
- Caseworkers can assist with follow-up and ongoing contact.

Comments by lawyers about community workers attending appointments with clients included:

*“The interview always goes well when the caseworker attends”.*

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<sup>2</sup> Data excludes a small number where full details were not available and/or it was unclear who completed the LHC.

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*“It is much more useful when the caseworker is involved with client at the appointment and for follow-up”.*

*“It’s important to have them (caseworkers) there to put the client at ease and provide a means of introduction”.*

*“Running through a ‘shopping list’ of questions (some of which are quite personal) can be difficult when you do not yet have an established relationship with the client and it can set the wrong tone for an initial meeting. Having the community worker involved can help change this dynamic. Also, sometimes that community worker is better able to identify issues the client needs help with”.*

### **Lawyer feedback about use of the LHC as part of referral**

The majority of partner law firm representatives and volunteer lawyers who responded to the survey agreed that the LHC enables community workers to provide appropriate referrals to lawyers, assists with more timely referrals (that is, made earlier in the life of the issue), and generally facilitates communication and collaboration between community workers and lawyers.

However these beliefs can be said to be theoretical rather than based on experience – LHCs are completed by community workers in only about 9% of cases, and only one of the 10 team leaders from the 9 partner law firms interviewed as part in this evaluation indicated that they had seen a LHC completed by a community worker on a client’s file. Many lawyers interviewed made similar comments:

*“I’ve never seen a client where the LHC was completed by a community worker”.*

Some lawyers linked this to clients not having a caseworker:

*“Unfortunately, most of our clients do not come to appointments with ... community workers or a support person. So it’s actually quite rare the LHC is completed prior to the legal appointments”.*

While the survey data shows that lawyers are ambivalent about who should complete the LHC, the lawyers interviewed indicated that it would be useful if the LHC was completed with clients by referring community workers prior to the legal clinic appointment, to enable more purposeful appointments:

*“So that issues can be vetted prior to the solicitor showing up, otherwise time is wasted”.*

*“It’s better if the client comes with the LHC completed as this allows better use of our time”.*

*“The community worker should be involved, in case education or mental health issues prevent concerning issues from being identified by the client – the community worker may pick up missed issues due to their knowledge of the client’s affairs”.*

Where community workers complete the LHC with clients they send the completed form to QPILCH who then sends the form to the relevant partner law

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firm to include on the client's file for their booked appointment. However, lawyers indicated that *“having a completed LHC does not mean that paperwork will be brought to the appointment”*, that is, that the client will bring supporting documents. This is more likely to happen if the client is supported by a community worker.

Lawyers who thought the lawyer (not a community worker) should complete the LHC reflected concerns about community workers' lack of legal expertise:

*“There may be times when the community worker is unaware that something is an issue that requires further exploration”.*

## **Conclusions**

QPILCH data and the information provided by community agencies and community workers for this evaluation indicate that the LHC form is seldom used as part of the referral process when community workers refer clients to a QPILCH legal clinic. The predominant 'referral process' is to make an appointment or to give clients the details of a drop-in clinic (as relevant). Use of the LHC as part of referral to drop-in clinics is more difficult, given that no appointment is involved.

Data are not available about how many clients do not follow through with unassisted referrals. Nevertheless the reportedly high attendance numbers at most clinics indicate that current referral processes are resulting in clients attending at legal clinics.

Good practice, especially with vulnerable clients, supports active involvement of community workers in ensuring clients attend at clinics and engage with the volunteer lawyers, as well as assisting clients to raise the issues they have. Use of the LHC as a referral tool is potentially an important aide for this, including where community workers cannot attend to support clients. A barrier to this active support is the busyness and workloads of community workers, especially in crisis services.

The limitations of the QPILCH legal clinics in dealing directly with criminal matters, domestic and family violence matters and family law matters means that community workers should consider referring clients to other appropriate legal services when these matters are identified. The completion of the LHC helps to clarify appropriate referral pathways. Some lawyers have expressed frustration in clients being referred or dropping-in to clinics when their primary issues are criminal or family law matters. Concerns centre around avoiding multiple referrals and client frustration. On the other hand, if the LHC is consistently used with such clients by legal clinic lawyers, other legal issues are also likely to be identified – this is in line with the purpose of the tool in identifying legal issues which may otherwise be overlooked.

Areas for improvement:

- Community workers participating in QPILCH clinics should be encouraged to use the LHC as part of the process of referring clients to a clinic, wherever feasible
- Community workers should be reminded that use of the LHC as part of the referral process includes making the completed LHC available to the volunteer lawyers

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- Community workers should be reminded of the potential to use variable referral pathways to appropriate legal services
  - The LHC form could include a notation about accessing the LHC website if necessary to find an appropriate legal service for the issues identified by the LHC.

Implications for phase 2.

The trials will provide an opportunity to:

- gather data about the outcomes when a community worker provides a completed LHC as part of referral, compared to when this does not occur
- research the benefits of assisted (supported) referrals as good practice in using the LHC approach with vulnerable clients.

### 3. IDENTIFYING CLIENT LEGAL ISSUES – VOLUNTEER LAWYERS

This section considers the extent to which use of the LHC approach assists volunteer lawyers of the partner law firms to identify the legal issues a client may have. It also considers whether the LHC assists lawyers to communicate with vulnerable and disadvantaged clients.

Ten Team Leaders in partner law firms associated with a QPILCH legal clinic were interviewed as part of this evaluation. All indicated they are aware of the LHC. Information about actual use of the LHC tool by volunteer lawyers varied widely between firms and for different clinics, including:

- firms that don't use the tool at all with clients at legal clinics (the majority)
- firms where use of the tool is at the lawyers' initiative and discretion
- firms that include a LHC form in the client file, but leave it up to lawyer whether they use it: *"Each file has an LHC included. It's not mandatory but the lawyer may use it if they wish"*
- one firm that routinely uses the LHC at the initial meeting with the client.

Most of the 10 Team Leaders interviewed indicated they thought their volunteer lawyers were aware of the LHC, although a few acknowledged that *"not all the lawyers are aware of it"*:

*"The lawyers are aware of the LHC but do not use it due to the usual high workload of the clinic".*

#### Use of the LHC by volunteer lawyers

QPILCH data<sup>3</sup> (see Figure 1, repeated below) indicate that:

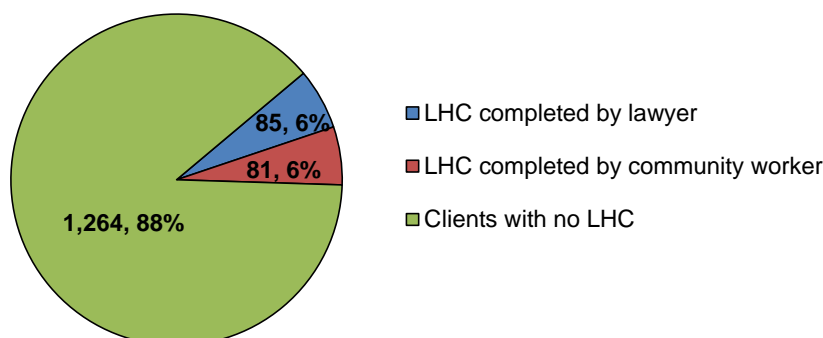
- of 732 clients presenting at legal clinics in 2014-15, the LHC was completed by lawyers for only 42 (5.7%)
- of 698 clients presenting in 2013-14, the LHC was completed by lawyers for only 43 (6.2%).

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<sup>3</sup> The total of 1,430 clients for 2013-14 to 2014-15 excludes a small number where full details were not available and/or it was unclear who completed the LHC.

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**Figure 1: Clients at QPILCH legal clinics, by whether LHC was completed and by whom, 2013-14 to 2014-15 (N = 1,430)**



The overall number of LHCs completed by volunteer lawyers over the two year period 2013 to 2015 was about the same as the number completed by community workers (who completed a total of 81), though the distribution across the two-year period is different.

It is of note that the self-reporting by lawyers as part of this evaluation suggests a higher rate of completion of the LHC by volunteer lawyers. Of the 7 partner law firms that responded to the survey, 2 reported that they ‘always’ use the LHC and 2 reported using it sometimes. Of the 20 lawyers who responded, half (10) responded that they ‘routinely use the LHC’ as part of consideration of clients’ legal needs. Comments included:

*“The LHC is part of the folder and we encourage the volunteer Lawyers to go through the form with clients”.*

*“The client might come with a legal issue but doing the LHC unpacks other issues”.*

*“Sometimes if the client just comes in for a chat the LHC provides a way for the volunteer lawyer to determine issues”.*

Some Team Leaders also gave their views about why it is useful for volunteer lawyers to complete the LHC:

*“The LHC is a way of checking that all matters are covered for junior lawyers”.*

*“The clients can get quite emotional so the LHC provides structure for the interview to stay on track”.*

*“If we complete the LHC we know we’ve covered everything”.*

QPILCH data objectively indicate that the perception of some partner law firms that their volunteer lawyers use the LHC is not supported by the data, and that the self-reporting of volunteer lawyers of use of the tool may be exaggerated. This may reflect use of the LHC *approach*, whereby lawyers are aware of the content areas of the LHC tool and cover these in discussion with the client:

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*“We do not have time to complete LHCs for the high volume of clients attending the legal clinic but we are aware of the issues the LHC covers and will ask about these issues if we think it necessary (usually after dealing with the immediate issues brought to us by the client)”.*

*“I think the LHC is useful as a prompter; once the lawyer is comfortable they are more likely not to use the form”.*

### **When the LHC is not used by the Lawyers**

As indicated by the QPILCH data above, the majority of volunteer lawyers do not complete the LHC form when meeting with clients, and this is acknowledged by most of the Team Leaders spoken with: *“Very few are completed by lawyers”.*

Reasons for this are complex, and not particularly related to the LHC tool itself. Legal clinics are busy and the time to complete the LHC may not be available:

*“There is insufficient time”.*

*“It’s too time consuming – we have to be quick as there are other clients waiting to see us and taking a long time with clients can cause problems”.*

*“Time and opportunity is the only real difficulty. Usually, when a client is attending a session at the HPLC, they are coming to speak about a pre-existing issue and they are only allocated a 15 minute window in which to speak with a lawyer.”*

Lawyers also report feeling that it is unfair to raise the expectations of clients that there will be time to work on all the issues identified, if the LHC is completed:

*“The disadvantage of the LHC is that it creates more client work”.*

*“If the LHC was to be completed more often, there would need to be additional resources and services available, otherwise it’s difficult to respond to all the issues and this creates a dead-end for clients”.*

Clients often present with a specific or more urgent legal issue they want assistance with. These issues take precedence as matters to be dealt with by the volunteer lawyer and may take all the time available:

*“Clients at HPLC have specific issues and are not interested in canvassing for issues generally”.*

*“I always use the LHC with LegalPod clients. Rarely with clients at HPLC clinics as there is insufficient time and clients usually present with a specific problem or issue they want to discuss”.*

### **Role of the LHC for referrals to other legal services**

About half of the 27 lawyers who responded to the survey stated that they ‘often’ or ‘sometimes’ refer clients to other legal services, after seeing the client at a QPILCH legal service. Most agreed that the LHC:

- is useful in helping to identify issues which need to be referred to another legal service (17 of the 27)
- makes it easier to provide the relevant information (14 of 27)

- 
- helps with prioritizing issues for attention (15 of 27).

The 6 partner law firm representatives who responded to this part of the survey largely agreed with these statements, and agreed that the LHC helps to streamline the referral process (4 of the 6).

No volunteer lawyers or partner law firm representatives who responded to the survey disagreed with these propositions.

## **Conclusions**

Most volunteer lawyers attending at QPILCH legal clinics are not using the LHC to identify legal issues with clients. Self-reporting by lawyers about use of the tool is higher than actual usage, indicating awareness and potentially an intention that is impeded by time-constraints.

As noted, while it is preferable for the LHC to be completed by the community worker to facilitate appropriate and effective referrals, there is a cohort of clients where this isn't practicable. Some clients present for legal assistance, particularly at drop-in clinics, without prior contact with a community worker. In these instances, the client will benefit from the lawyer using the LHC to identify other legal matters besides the presenting issue, particularly where a client is not aware they are able to access legal assistance for these issues. A barrier to the practice of volunteer lawyers completing LHCs is the busyness and high volume of clients attending some legal clinics.

The LHC is designed to facilitate a thorough check of legal issues for a client, but this raises expectations that these issues will be dealt with. They may not be, primarily due to time constraints at the legal clinic but also because of the need to refer-on matters which the volunteer lawyers cannot deal with in the legal clinic context (eg, criminal matters, family law matters). This can lead to client frustration.

When using the LHC with clients, lawyers should encourage clients to return to the clinic to continue to address their legal issues, where necessary. Liaison between lawyers and community workers can assist with this, particularly when the referral was made by a community worker.

Areas for improvement:

- Lawyers volunteering in QPILCH legal clinics should be encouraged to use the LHC where it has not previously been completed with the client
- As part of training in the LHC approach, lawyers should receive advice about managing client expectations about the time required to deal with legal matters where 'additional' issues are raised by the LHC.

Implications for phase 2.

The trials will provide an opportunity to:

- examine the barriers that impact on lawyers' capacity to use the LHC with clients at legal clinics
- if possible, identify outcomes for vulnerable clients where lawyers complete the LHC, compared to when the LHC is not completed
- examine the most effective means for referrals by lawyers to further legal services as part of the LHC approach, including the role of the LHC.



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#### 4. COLLABORATION – COMMUNITY WORKERS AND LAWYERS

This section briefly considers the communication pathways between community workers and lawyers in relation to Legal Health Checks and meeting clients' legal needs, and the extent to which community workers and lawyers involved in the QPILCH legal clinics collaborate in clients' interests.

##### Current processes

Collaboration occurs both through community workers attending at client appointments at legal clinics and through communication between community workers and partner law firms about a client's needs at other times. According to QPILCH data (see Table 1, page 15), it is uncommon for community workers to attend clients' legal appointments, with this occurring for only 5.7% of initial client appointments in 2013-14 and 9.4% in 2014-15. However when a community worker is involved, it is beneficial. The following example of collaboration was provided by a volunteer lawyer:

*"I had a client with lots of debts and she had stuff in storage because she couldn't move it and she was paying this huge amount every week for it and getting further and further into debt. So it didn't matter how often I advocated with the creditors, the client just kept getting back in debt. So I contacted the caseworker (with the client's consent) and discussed the issues and they organised a van and moved the client's stuff into her new housing commission place and then I could negotiate her debts".*

Data provide by QPILCH (see Table 2) indicated that, during 2014-15, ongoing contact between the lawyer and caseworker occurred (after the initial meeting between the client and lawyer) to help resolve the legal issue/s for 38 clients; during 2013-14 ongoing caseworker involvement occurred for 30 clients. All of these clients had a completed LHC on file, with the majority completed by community workers (around 68%) and the remainder primarily by lawyers. In the majority of cases, community workers had also attended at the initial legal clinic appointment (around 93%).

**Table 2: Clients for whom ongoing involvement of a community worker occurred following the initial legal clinic appointment, and LHC completion for these clients**

	2013-14	2014-15
Number of clients who attended a legal clinic	698	732
Number of clients for whom ongoing involvement of a community worker occurred after the initial legal appt	30	38
Number of these clients for whom a community worker had attended the initial legal clinic appointment	28 (93.3%)	35 (92%)
Number of these clients who had a completed LHC	30 (100%)	38 (100%)
Number of these clients for whom the LHC was completed by the community worker	23 (76.7)	23 (60.5)

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These data suggest that ongoing involvement of a community worker to help resolve legal issues is strongly associated with attendance by community workers at initial legal clinic meetings between lawyers and clients. They also suggest that where an LHC is not completed, ongoing collaboration between community worker and lawyer is unlikely.

The majority of lawyers interviewed stated that collaboration and communication could be improved between the community agencies and the partner law firms:

*“There needs to be more back and forth between lawyers and community workers to support clients”.*

*“It’s very rare for a caseworker to attend an appointment with the client. However, if we know or could work with the caseworker then it would be easier to follow-up the client”.*

Community workers echoed this, with some expressing the need for greater communication about issues that arise with a client while they are attending a legal clinic or receiving legal assistance:

*“They (the volunteer lawyers) need to involve the agency when they have issues with clients. Sometimes they (the lawyers) will just come up to us and say we have to ban this person because of their behaviour and it’s the first we’ve heard that there was an issue”.*

Some community workers also raised issues about which lawyers needed to be more aware:

*“Lawyers need to manage clients’ expectations; otherwise they get frustrated when their issues are not dealt with in a timely manner, which happens a lot”.*

*“Clients get frustrated when they don’t get a response, and there’s always time delays. For clients with mental health issues this is really problematic”.*

The role of community workers in collaborating with lawyers about these matters was not canvassed as part of this phase one evaluation.

For vulnerable clients with difficult life circumstances and potentially limited understanding of the complexity of dealing with legal issues, it is beneficial if community workers and lawyers communicate to ensure that both parties give consistent messages to the client and support them during the legal process. There is some recognition of the need for greater collaboration, with one volunteer lawyer suggesting:

*“Immersion of lawyers in the community (based at a premise with community agencies) would improve collaboration as this increases exposure of lawyers to the environment of community work”.*

While ‘immersion’ may not be practicable, strategies such as joint training of host agencies and partner law firms where feasible might increase familiarity with roles and provide the opportunity to discuss problems and solutions.

It appears that the clients most likely to miss out on the possibility of collaboration are those where both community workers and lawyers have ‘unplanned’ contact, i.e. they are using community-based crisis services and not receiving a case

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management response and/or they are dropping-in to community legal clinics without prior appointment. Time constraints are a factor here, as are the crisis-driven lifestyles of these more vulnerable clients.

The survey asked if use of the LHC helps to clarify the roles of community workers and lawyers. In general, lawyers who responded did not consider this was the case (with the implication that this is not an issue). Among community workers who responded, a small number noted the role of the LHC in clarifying for clients that community workers and lawyers have separate roles and that some issues should be dealt with by lawyers rather than community workers:

*“(Through using the LHC) I am able to articulate what issues are legal”.*

*“It allows for specific conversation regarding the community workers’ role and how we are unable to comment on legal issues”.*

*“The clients become more educated and aware of the different roles of the workers”.*

There was also an implication that the LHC approach clarifies for community workers that they do not have to attempt to deal with client issues that can be appropriately referred to the lawyers:

*“LHC means I don’t have to deal with legal issues outside of my area of expertise”.*

*“It’s helpful to be able to refer to a more appropriate service, particularly as legal advice should only be provided by a legal professional”.*

### **Guidelines for collaboration**

This phase of the evaluation did not specifically focus on refining guidelines to assist community legal services to develop and maintain collaborative relationships and partnerships with community services. This will be considered more fully during phase two. Preliminary discussion indicates that guidelines might usefully include:

- Establishing a key contact person at the community legal service and at each community agency, to assist with developing working relationships and to support ongoing partnerships
- Developing protocols to guide effective referrals including: processes, contacts, and supporting documentation
- Including completion of the LHC by community workers as part of the agrees referral process
- Regular joint training in using the LHC and working with vulnerable clients, particularly for new community workers and lawyers, to encourage collaboration, support referrals and increase communication between lawyers and community workers
- Regular update of mutual contact details to enable easy communication between lawyers and community workers
- Encouraging community workers to attend legal clinic appointments with clients to enable collaboration and ongoing communication with lawyers.

Appendix 1 provides the results of a short literature review about collaboration between lawyers and social workers. Clark et al (unpublished) note that

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*“establishing constructive working relationships requires both professionals to (re)consider roles and expectations, and develop better ‘legal’ and ‘social’ literacy skills in the interests of better outcomes for people experiencing social exclusion”.*

## **Conclusions**

QPILCH data and interviews with lawyers and community workers indicate that it is uncommon for community workers to attend legal appointments with clients but where it does occur the community worker has usually completed an LHC with the client. This may indicate that the use of the LHC as part of referral is more likely where the community worker has a case management role with the client.

Lawyers indicate that having a community worker attend legal appointments is beneficial to the client. It is also clear from the data that this is more likely to result in follow-up collaboration between lawyer and community worker. Community workers indicate that clients would benefit from increased communication by lawyers about the legal assistance that their client is receiving. Both lawyers and community workers indicate there is a need for increased collaboration and communication and this would assist each in their respective role when working with the client. Increased collaboration would also assist in providing consistency for the client and facilitate improved outcomes.

There are inherent difficulties in using a collaborative approach for clients for whom no case management is occurring (i.e. there is no community worker or agency assuming responsibility for working with the client).

Areas for improvement:

- Community workers should be encouraged to attend legal appointments with clients where feasible. ‘Feasibility’ recognises that community workers are more likely to attend appointment-based clinics and more likely to attend with clients for whom they have case management
- Joint training of community workers and volunteer lawyers could assist in developing an understanding of their respective roles and increasing communication and collaboration
- Providing opportunities for community workers and volunteer lawyers associated with particular clinics to meet and discuss emerging issues is likely to increase collaboration.

Implications for phase 2.

The trials will provide an opportunity to:

- test the benefits for clients of establishing agreed referral pathways and protocols between community agencies and community legal clinics
- gather data about benefits to clients of improved communication between the volunteer lawyers and community workers in relation to mutual clients
- gather information about how best to collaborate to meet the needs of vulnerable clients whose contact with agencies and clinics is crisis-driven.

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## 5. TRAINING

This section considers the training provided by QPILCH to community workers and to volunteer lawyers about the LHC approach, including the use of LHCs.

QPILCH conducts separate training sessions for community workers and lawyers. This includes:

- annual in-house refresher training at each partner law firm in February/ March
- an annual training day for community workers in March, which comprises presentations on different areas of law by QPILCH and other lawyers
- in-house training for community workers, in consultation with community agencies.

The survey responses indicated that about half of the lawyers and community workers had attended QPILCH training about the use of LHCs, with 16 of the 27 lawyers and 6 of the 13 community workers indicating they had attended.

### Community workers

Six community agencies in Brisbane, one in Cairns and one in Townsville were provided with training early to mid-2015. The interviews with community workers indicated that where workers have attended the QPILCH training regarding the LHC they have more awareness about the LHC and are more likely to use the form. One worker commented:

*“I never used the form before but I went to the training recently and it was like a light bulb came on. I use the form now”.*

Ensuring that all the case-workers of a community agency have had training in use of the LHC is a challenge, given frequent turnover in staff positions:

*“I use the Mini LHC but I’m the only one. I’ve been here the longest, everyone is new and I don’t think they even know about the form let alone use it”.*

*“I believe it may be useful for QPILCH to arrange short 30-60 min sessions with local community organisations at their sites to update community workers. The community sector experiences high staff turnovers and it’s important to engage community workers in their workplaces and provide updates on what has changed with the LHC.”*

QPILCH acknowledges the importance of training in the use of the LHC and offers training for community workers within the available resources and time constraints wherever possible.

Community agencies including an introduction to the LHC and its use as part of induction of staff would assist with building a culture of usage within the agency. Of the 7 community agency representatives who responded to the survey, only 2 stated that they ‘usually’ or ‘sometimes’ provide information about how to use the LHC tool and how to make a referral to a legal clinic, as part of the induction of new staff. The value of encouraging staff to use the form was noted by one agency representative:

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*“Until the workers have been exposed to the form and experienced its usefulness, it is difficult to encourage them to implement it into their practice”.*

*“Yes (we’ve experienced difficulties encouraging staff to use the LHC). However, after discussing the value of the tool in identifying legal issues and that more than 70% of homeless persons have legal issues that may not be picked up by our current processes, people were happy to give it a go.”*

Some suggestions from community workers for improving the training included having both basic and more advanced training options, more use of case studies as training tools, and use of role-plays to practice filling out the form. QPILCH has attempted to include much of this type of information on the new LHC website.

### **Volunteer lawyers**

Of the 6 partner law firm representatives who responded to the survey, 4 stated that most of their lawyers had attended QPILCH training. Of the 27 volunteer lawyers, 16 reported having attended training. Partner law firm representatives cited these benefits of the training:

*“Lawyers will recognise that the LHC forms part of the clinic process”.*

*“Understanding how to use the LHC as a basis for determining further detail about the client’s legal issues; recognising it as a resource”.*

*“Promotes use of the LHC, but also shows the lawyers how our clinic interacts with the community/mental health centre and how we can get community workers to assist us in our client’s matter.”*

Of the 16 volunteer lawyers who responded to this question of the survey, most agreed that the training was ‘very useful’ or ‘fairly useful’ in relation to:

- understanding of and using the LHC (13 lawyers)
- better understanding of the roles of other professionals, eg community workers (12)
- communicating with clients experiencing disadvantage (14).

Comments from volunteer lawyers about improving the training included *“cut it down and keep it simple”*:

*“Less video and more practical explanation”.*

*“Keep it brief in terms of content and make it more interactive with the audience”.*

There was a suggestion to provide more training opportunities, more frequently, with a focus on how legal clinics work. Some lawyers who responded to the survey stated that it would be useful to receive further training regarding specific parts of the LHC tool and how to interact with the clients who attend at QPILCH legal clinics, for example:

*“It would be helpful to receive training on this issue (housing), as it’s hard to know where to start when housing issues comes up”.*

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The need for some lawyers to better understand how to respond to clients of legal clinics was echoed by community worker comments:

*“Lawyers are not aware of how to deal with the type of client that attends the clinic. They need more training”.*

*“Lawyers need more cultural training about the types of clients we have”.*

QPILCH is aware of the challenges of training a large and changing volunteer workforce, and state that they currently provide as many training opportunities as possible with the limited resources available.

### **QPILCH on-line training videos**

One part of QPILCH's awareness raising and training strategy is the training videos made available on-line in July 2015. QPILCH developed a dedicated website<sup>4</sup> for the LHC, with resources and training videos, in order to supplement the current face-to-face training. Given the recent availability of the videos, most of the 13 community workers who responded to the survey had not viewed them. Of the 5 community workers who had watched some of the videos, all agreed that they were useful in explaining how to use the LHC.

Twelve of the 27 lawyers who responded to the survey had watched some or all of the videos, and most had found them useful (though 3 had not; reasons were not given).

Partner law firms were asked whether induction of new staff in the use of the LHC is part of the induction information provided to new lawyers who will be attending HPLCs or other legal clinics. Five said that this was usually the case.

### **Conclusions**

The need for community workers to understand the value of completing a LHC, and for volunteer lawyers to better understand the potential behaviour and presentation of vulnerable clients, are included in the LHC training. Ensuring that all receive training and/or supervisory input requires commitment to the LHC approach on the part of the community agencies and the partner law firms. Training needs to be provided frequently to maximise opportunities for new staff to attend.

Community workers indicate that practical training is beneficial with a focus on completing the LHC form. Lawyers indicate that training needs to equip them effectively to assist vulnerable clients. As noted in the literature review (Appendix 1), *“the need for increased legal literacy by social workers is recognised (Braye et al, 2011) and it might be similarly argued that lawyers could increase their ‘social’ literacy”.*

Areas for improvement:

- In collaboration with host agencies, consider the means to ensure that new community workers are made aware of the functions of the LHC and of legal clinics

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<sup>4</sup> Accessible at <http://legalhealthcheck.org.au/legalhealthcheck/>

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- In collaboration with partner law firms, consider ways to ensure that new volunteer lawyers are made aware of vulnerable clients' potential issues and behaviours.

Implications for phase 2.

The trials will provide an opportunity to:

- Test the benefits of providing joint training to community workers and volunteer lawyers and the means by which this might be done
- Evaluate the options for ensuring that all new staff of community agencies and new volunteer lawyers are advised about the LHC approach and trained in its application.

## 6. EFFECTIVENESS OF THE LHC TOOL

This section considers the design of the LHC forms and current evidence about the overall effectiveness of the LHC approach.

### Design of the LHC tool

The new two-page LHC form is the one currently in active use – however the following comments may also be informed by the longer version of the form as some community agencies and partner law firms have continued to use the older version.

There was positive reception to the development of the new LHC forms. Of those services using the new forms most agencies indicated that they are using the Basic LHC. Agencies reported that the new two-page form is easier to use as it is shorter and more compact. Comments included:

*“Much easier to use with clients and more time-effective for staff. Very happy with the amendments!”* (Community worker)

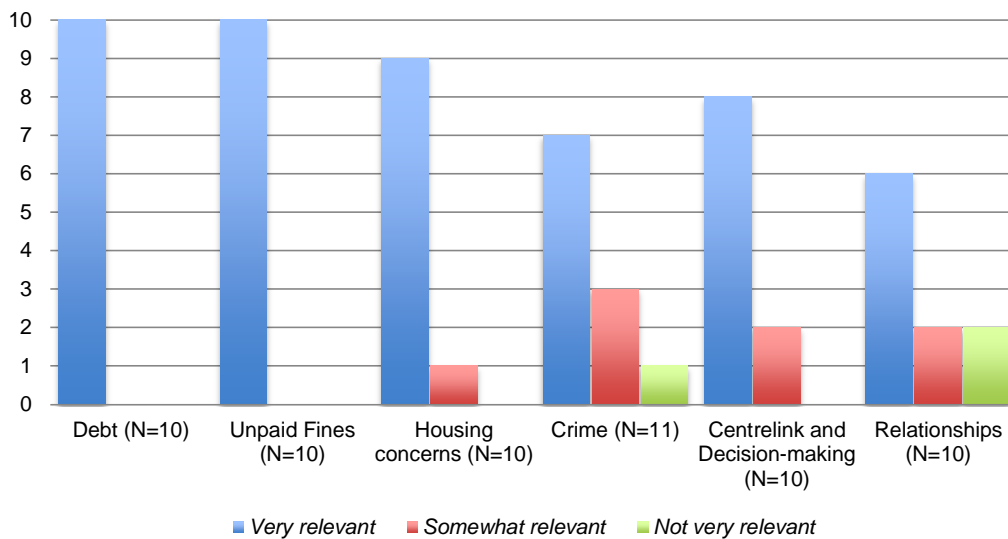
Most of the 7 community agencies that responded to the survey indicated that they are using the new form. Of the 13 community workers who responded, 7 workers reported that they use the new form, with 3 aware of it but not yet using it (3 others do not use any LHC form). Similarly, half of the 6 partner law firms representatives and half of the 21 lawyers who responded to this question indicated they are using the new form.

The LHC is available in the Basic LHC format (the most commonly used) and versions adapted to be specific to Housing, Mental Health, Youth at risk, and Newly Arrived refugees. The 7 community agency representatives and 13 community workers who participated in the survey primarily use the Basic form, the Housing form and the Mental Health form, with some unsure about which form is used.

Community workers were asked to consider the six 'menu items' (domains) of the Basic LHC and indicate how relevant each is to the potential legal needs of the clients with whom they work. As indicated by Figure 2 below, most considered that these menu items were very relevant, in particular debt, unpaid fines and housing.



**Figure 2: LHC Menu Items (Basic LHC), by extent to which community workers (N=10-11) considered them relevant to clients' potential needs**



### The 'menu items' and questions

The LHC form has been designed to couch questions in terms that clients are likely to understand. Community workers and lawyers were asked to consider whether the prompting questions for each of the six 'menu items' (domains) of the LHC:

- are clear and appropriate
- work well in helping the client identify issues for which they may otherwise have not sought legal help
- are the right ones to help identify priorities for attention.

Overall 13 community workers and 27 lawyers responded to the survey with 9-11 community workers and 17-21 lawyers responding to questions about the six domains. There was consistency in agreement that the questions on the LHC are effective, though with lawyers registering a slightly higher level of agreement than community workers. Given this correlation in the responses, their feedback on the survey responses has been combined below.

#### Debt

The majority of community workers and lawyers indicated that they agreed that the questions in the debt domain are effective. Comments from community workers indicated that clients may feel *"there is a bit of shame"* which can influence their willingness to disclose issues related to money difficulties. One lawyer suggest that there should be an *"option to include account details"* on the form.

#### Unpaid Fines

The majority of lawyers and community workers indicated that they agree that the questions relating to unpaid fines are effective. However, both community workers and lawyers stated that some of the abbreviations used in the 'fines' questions were not familiar: *"I am aware of SPER, however am not aware of SDR and CCV"*

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as *abbreviations*". The online training videos developed by QPILCH include this information.

### Housing

The majority of community workers and lawyers indicated that they agree the questions related to housing concerns are effective. Comments from lawyers and community workers included:

*"An additional question could be 'Do you already have a payment plan in place?' This could be useful to record and assess the suitability of any existing payment plans, the terms of those plans, and to monitor the client's ability to meet repayment requirements". (Lawyer)*

*"I have found that many people do not understand about TICA blacklisting". (Lawyer)*

*"Include a question about 'are you at risk of eviction' or 'have you received a form 12'". (Community Worker)*

### Crime

While the majority of community workers and lawyers agreed that the questions relating to crime are effective, a number indicated that the questions do not effectively encourage seeking assistance for potential charges or prioritising for further action.

One community worker suggested a further question be included about "*other criminal activity*" with a lawyer making a similar suggestion:

*"I think it may be worth having an open-ended question such as 'Are you worried about anything else you may have done which could have broken the law', to capture those instances where a crime may have been committed but no charges have been laid as yet. This would allow QPILCH to get in touch with LegalAid or another agency to provide advice ahead of other steps being taken".*

A community worker suggested a further question be included about parole. A lawyer suggested re-phrasing the questions about crime, as they can be too confronting for some clients.

QPILCH continually reviews the wording of questions as a result of feedback, and notes that questions such as those suggested above have been trialled in the past.

### Centrelink and Decision-making

The majority of community workers and lawyers 'agreed' or 'strongly agreed' that the wording of the questions in the Centrelink and decision-making domain is effective.

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## Relationships

The majority of community workers and lawyers felt the questions about relationship issues are effective.

One community worker commented: *“These questions are a good start to the conversation. Relationship is a very complex issue”*. A lawyer commented: *“This is often a difficult question because we don’t deal with family law matters”*.

## Employment – included on the Youth, Housing, Arrivals, Mental Health LHCs

The survey asked only those community workers and lawyers who had experience using these LHCs to consider effectiveness of the questions relating to employment.

The majority of the 5 community workers who responded had no clear opinion, while the majority of the 9 lawyers indicated that the questions relating to employment were effective.

## Other issues

Some respondents to the survey suggested potential issues not currently included on the LHC form. These included asking Aboriginal and Torres Strait Islander clients whether they had been discriminated against (in a way that might be actionable).

The questions on the Basic LHC have been worded to be readily understood by clients. However as clients are diverse, many of the participants in this evaluation spoke of having to make further effort to explain the questions to clients:

*“We reword the questions so our clients can understand them”*.

*“The understanding/interpretation of the language is subjective so sometimes the worker has to paraphrase or dig a bit deeper”*.

It is noted that the LHC has recently been redesigned and that ongoing review will result in adaptations to the form over time.

## **Benefits of using the LHC tool**

It was clearly identified by both community workers and lawyers that a primary benefit of using the LHC form with clients is the identification of legal issues that a client does not perceive as such, enabling them to seek legal assistance.

*“Makes clients and staff aware of the wide range of issues QPILCH is able to assist with and that there are options for clients that otherwise wouldn’t be recognised”*. (Community worker)

*“...opens the door to additional support”*. (Community worker)

The identification of legal issues is pivotal to the client being able to access legal assistance to address, and in some cases resolve, the issue. Community workers identified that addressing the legal issue led to positive outcomes for clients:

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*“The client gets thorough legal advice, access to legal advice they were not aware of, written list of choices, a light at the end of the tunnel, a fresh start!”*

*“Assistance to find solutions to legal issues and to focus on them rather than ignoring them due to associated anxiety and state of overwhelm”.*

Community workers in particular discussed the social and personal benefits to vulnerable and disadvantaged people. Comments included:

*“They (clients) are relieved to get professional help. Not having to talk to creditors. Reduction in stress. Feeling normal and valued, that professional services are available to them, just like other people”.*

*“(Client was) able to gain advice re forensic orders and referred to QAI to be represented at his next MHRT. He wasn’t previously aware this was an option and it increased his feelings of hope”.*

#### How the LHC benefits lawyers’ practice

Lawyers were asked to consider the extent to which their use of the LHC has directly benefitted their practice in relation to discussing legal issues with disadvantaged clients, including whether the LHC:

- is a useful tool to help identify legal issues that the client may have
- assists the lawyer to ask relevant questions of a client
- makes it easier for the client to discuss their issues with the lawyer
- enables them to better prioritise issues to discuss with a client.

The majority of the 19 lawyers who responded to this question indicated that they ‘strongly agreed’ with these statements. Comments about how the LHC benefits their practice included:

*“It can make awkward questions seem less so, as it is obvious you are asking them as part of a process rather than being overly noseey”.*

*“Serves as a reminder to break a complex question down into ‘bite-sized’ steps, and to follow a structure”.*

*“The LHC is a good way to start a conversation; it focuses the client on what we can help with”.*

#### How the LHC benefits community workers’ practice

Community workers were asked to consider whether their use of the LHC has directly benefitted their practice with clients including whether use of the form:

- makes it easier to think about what issues may potentially be legal issues
- assists with being thorough in checking potential legal issues
- makes it easier to speak with clients about potential legal issues
- makes it easier for clients to discuss these issues.

The majority of the 11 community workers who responded to this survey question indicated that they agreed with these statements.

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## Difficulties using the LHC tool

Difficulties raised by community workers and lawyers regarding the LHC tool related to accessing the tool and client-related issues when using it. In particular, lawyers and community workers both spoke about the practical issue of not having enough time to complete the form:

*“We’re a crisis service and just don’t have time to complete another form with clients. It’s better now it’s shorter, but we still don’t use it. When it was 8 pages it was just way too long!”* (Community worker)

Having another document to complete with clients was identified by community workers as an issue both in terms of the workers having time to complete the form with the client and in terms of the client’s preparedness to complete yet another form:

*“There’s already a significant amount of paperwork”.* (Community worker)

*“Sometimes, clients do get anxious about the lawyer filling out paperwork and forms in front of them and seeming to not listen attentively to what the client has to say”.* (Volunteer lawyer)

*“Some clients are less willing to answer questions, particularly if they have a specific legal issue that they are concerned about”.* (Volunteer lawyer)

The nature of the questions asked (in that they concern personal matters) is a barrier for some clients, due to the sensitivity of the matters and the shame they may feel. This was identified by a number of respondents, reinforcing the need for skilled questioning and an empathic approach.

Lawyers and community workers also identified that completing the form with some clients groups is difficult due to language and cognitive barriers:

*“It requires clients to have a sufficient attention span – this can be hard with some clients, particularly those with mental illness”.* (Volunteer lawyer)

Where English is not the client’s first language (some culturally and linguistically diverse persons and some Aboriginal and Torres Strait Islander clients) having to use interpreters *“makes the process very complicated and time consuming”*.

Some issues around accessing the form related primarily to organisational issues of community agencies, in ensuring the form and related information are available:

*“I didn’t know where to get the form”.*

*“It was difficult finding the form on the website”.*

*“The organisation provides a heavy outreach service. Having access to the form when needed can be a barrier if not in the office or not prepared for a legal issue discussion”.*

*“Having access to the LHC while on outreach and identifying where the next clinic will be (is difficult)”.*

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QPILCH notes that the LHC has been made available online to allow outreach workers with iPads to access the form when out of the office.

### Unassisted use

Some of the respondents consulted for this evaluation suggested that clients could complete the form without support from community workers:

*“I think that most service users would be able to work through the form on their own”.* (Community worker)

*“When the community service is really busy the client is given the form to complete”.* (Volunteer lawyer)

*“If the client has capacity they will be asked to complete the form themselves”.* (Community worker)

It is noted that the form is not designed for self-reporting and QPILCH recommends against this. While this practice might be reasonable where a client has sufficient understanding and capacity, there are potential dangers in routine unassisted completion of the form. Some of the interview feedback and survey responses indicated difficulties in line with this, including:

*“Some clients are embarrassed they can’t read the form”.* (Community worker)

*“Illiterate clients can’t complete the form”.* (Volunteer lawyer)

### **Is the LHC tool effective?**

One measure of effectiveness is whether use of the LHC tool results in more legal issues being identified than when it is not used. Clearly there are benefits in clients becoming aware of the fact that an issue they are facing may be assisted by a legal response. The following is a case example:

*“LHC was used and then the client referred to the clinic, which they attended. Client was previously unaware that they could seek assistance for an issue that they did not consider ‘legal’ so the LHC allowed them to move closer to addressing some significant barriers for their family”.* (Community worker)

QPILCH data<sup>5</sup> indicate that in 2013-14:

- community workers completed 31 LHCs and identified an average of 3.06 issues per client
- volunteer lawyers completed 43 LHCs and identified an average of 2.58 issues per client
- no LHC was completed for 527 clients, with an average of 1.7 issues per client identified.

Similarly, QPILCH data<sup>6</sup> indicate that in 2014-15:

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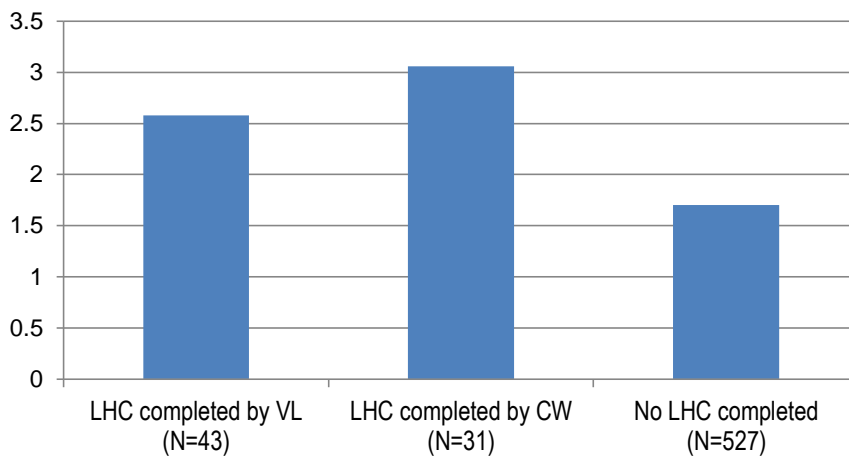
<sup>5</sup> These data should be considered a significant sample, as they exclude a number of clients where full details were not available and/or it was unclear who completed the LHC.

<sup>6</sup> These data should be considered a significant sample, as they exclude a small number of clients where full details were not available and/or it was unclear who completed the LHC.

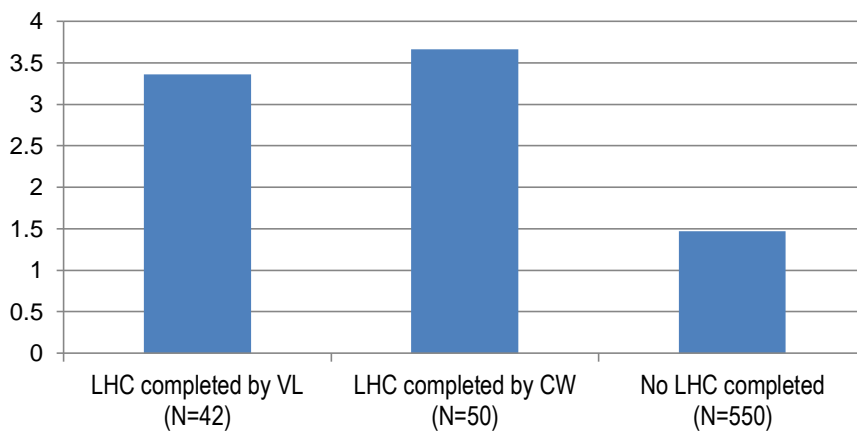
- community workers completed 50 LHCs and identified an average of 3.66 issues per client
- volunteer lawyers completed 42 LHCs and identified an average of 3.36 issues per client
- no LHC was completed for 550 clients, with an average of 1.47 issues per client identified.

These data are illustrated in Figures 3 and 4 below. While acknowledging that the data do not represent 100% of clients presenting at QPILCH clinics, they include all where it was possible to identify that a LHC was completed by a community worker (CW) or by a volunteer lawyer (VL). They show very clearly that when the LHC is used, more legal issues are identified compared to the number of issues identified when clients attend at legal clinics but the LHC is not completed.

**Figure 3: Average no. of legal issues identified per client, by whether LHC was completed, 2013-2014**



**Figure 4: Average no. of legal issues identified per client, by whether LHC was completed, 2014-2015**



These findings are consistent with those reported in the QPILCH report *Legal Health Check online portal for community workers Project Report* (2015, p.23)<sup>7</sup>:

*HPLC .... clinic data for 2013/14 (as at June 10, 2014) indicates that:*

- *In four HPLC locations where a LHC is completed and community worker involvement is significant, clients are assisted with 2.4 to 3.2 legal matters each.*
- *In twelve HPLC locations where a LHC is only occasionally used and community worker involvement is limited, clients are assisted with only 1 to 1.7 matters each.*

### Types of issues identified

Table 3 below shows data<sup>8</sup> collated by QPILCH about the types of legal issues identified when clients have presented at QPILCH legal clinics. It shows that debt is the most frequent issue identified by completing the LHC, followed by fines and housing matters. However there is considerable variation to this pattern in client files where no LHC was completed, with 'other' matters being high.

**Table 3: Total number of issues identified per menu item, as % of total issues, by whether the LHC was used or not, by year.**

	Debt	Fines (SPER)	Housing	Crime	Guardianship/ Centrelink / Decision-making	Child and family/ Relationships	Other	Total issues
<b>2013-14</b>								
LHC used N=83	86 (36.0%)	49 (20.5%)	33 (13.8%)	31 (13.0%)	6 (2.5%)	12 (5.0%)	22 (9.2%)	239
LHC not used N=527	217 (24.3%)	74 (8.3%)	156 (17.4%)	136 (15.2%)	48 (5.4%)	76 (8.5%)	187 (20.9%)	894
<b>2014-15</b>								
LHC used N=103	143 (38.8%)	40 (10.8%)	92 (24.9%)	25 (6.8%)	11 (3.0%)	28 (7.6%)	30 (8.1%)	369
LHC not used N=550	136 (16.8%)	64 (7.9%)	234 (28.9%)	131 (16.2%)	29 (3.6%)	83 (10.3%)	132 (16.3%)	809

### Client outcomes

It is difficult to ascertain the final outcomes for clients when legal matters are identified at a QPILCH legal clinic, due to the complexities of both defining 'outcomes' in these circumstances and obtaining reliable data about client histories following legal clinic attendance.

<sup>7</sup> QPILCH and NLCAC (2015) *Legal Health Check online portal for community workers Project Report June 2015*, accessed online at <http://legalhealthcheck.org.au/legalhealthcheck/wp-content/uploads/2015/06/FINAL-NACLC-Project-Report-with-cover-page.pdf>

<sup>8</sup> These data should be considered a significant sample. They omit some client records where the data were incomplete or unclear.



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QPILCH notes that client outcomes following initial legal advice are impacted by a number of factors. Some legal issues require advocacy which may take several months to resolve, some result in referrals for which the eventual outcomes are not known to QPILCH, and, given the life circumstances of some clients, contact with them is lost to follow-up. The primary purpose of the LHC is to help identify if clients have legal issues that require assistance, with the aim of encouraging clients to attend at legal clinics or access other legal assistance. Outcomes in relation to these aims have been discussed in this report. Further research would be required to explore longer-term outcomes for clients in relation to resolution of legal issues.

It is noted that clients with difficult life circumstances who attend a drop-in clinic may not be easily contacted for follow-up. It is likely that advice received at the legal clinic enables some clients to take steps towards dealing with issues when they are ready. Increased community worker involvement, and increased collaboration between community workers and volunteer lawyers may result in improved follow-up.

### **Client feedback**

A very small sample of 3 clients who have accessed a QPILCH legal clinic were separately interviewed as part of this evaluation. Their input was useful; however the comments below should be interpreted with caution, taking into account that the small sample is not representative of all clients. It is noted that the QPILCH legal clinics are accessed by clients who commonly have multiple disadvantages including complex life issues, homelessness and/or 'chaotic' lifestyles, and mental health and/or substance use issues. These factors make them highly vulnerable and also mean that they are a challenging client group to work with when trying to address legal issues which are confusing to them and seemingly intractable.

The LHC was shown to the 3 clients interviewed – the form was not familiar to any of the clients who all stated they didn't think that they'd seen it before. All 3 clients were satisfied with the referral process to the legal clinic stating that a community worker had assisted them to make the appointment at the clinic. The clients indicated that it was good that the clinic was on-site where their community workers were based as this was "easy to get to" and/or "familiar".

There was a mixed response to the effectiveness of the services provided by the lawyers at the legal clinic. Two of the clients expressed dissatisfaction with the legal assistance they had received, while one client was satisfied.

The dissatisfaction for 2 clients appeared to result primarily from the lack of follow-up contact after the initial appointment, with one client commenting "*I'm not happy with the outcomes so far, as I haven't received any follow-up and it's been months*". Other concerns expressed by 2 clients regarding the assistance included:

- being referring on to another legal service where the client had to retell their story
- lack of information-sharing with their caseworker.

According to the clients who were dissatisfied, these issues negatively impacted on their well-being. One client commented on impacts on his mental health: "*It's increasing my anxiety, I don't know what they're doing, they haven't contacted me, I keep wondering what they're doing, it's making me really anxious and stressed out. It's affecting me really bad*".

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One client also spoke at length about his concern that, despite his permission to speak with his caseworker, the lawyers were not discussing information with the caseworker: *“I’m really frustrated with them (the lawyers)”*.

Both dissatisfied clients clearly stated their view that follow-up contact needs to be improved. It also appears that clients would benefit from improved communication between the lawyers and community workers particularly where there are delays during the legal assistance provided to clients. This may include community workers’ assistance in managing clients’ expectations about the length of time legal issues may take to resolve, as well as providing a communication conduit between lawyers and clients where appropriate.

One client was very satisfied with the legal assistance he had received. This satisfaction was primarily linked to how quickly the lawyer followed-up after the initial appointment: *“Things she didn’t get covered in the meeting she phoned to follow-up the next day”*.

This client spoke about his anxiety prior to the legal appointment: *“My caseworker attended with me because I was so nervous and scared”*. The client stated that having his caseworker attend made him feel more comfortable during the appointment. The client also commented that the lawyer made the appointment a positive experience as *“she lightened the situation as I was feeling embarrassed”*, because she was *“normal and down to earth”* and *“explained any questions that I didn’t get”*.

The client also said that the setting of the legal clinic was *“comfortable because it was on-site at the agency with tea and coffee provided”* and seemed *“like any normal appointment”*.

The client commented that he thought the process worked well because he was *“very organised, so I had all the paperwork needed for the appointment ready”* and *“there was quick follow-up and all was resolved in a week”*. It is also interesting to note that a community worker attended the appointment with this client.

## **Conclusions**

In summary, community workers and lawyers were in overall agreement that the current questions listed in the six domains of the new Basic LHC are worded well and effective in identifying and prioritising the legal needs of clients. Community workers are often required to further explain some questions to clients.

Difficulties raised by community workers and lawyers regarding the LHC tool related to accessing the tool and client-related issues when using it. In particular, lawyers and community workers both spoke about the practical issue of not having enough time to complete the form. It was identified that using the LHC requires skilled questioning and an empathic approach due to the sensitivity of the matters and the shame clients may feel.

Feedback by a very small number of clients suggests that clients’ perceptions of the effectiveness of legal assistance is linked to follow-up communication by lawyers. Community workers could provide a role in managing this with clients.

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Lawyers and community workers were in overall agreement that the LHC has benefits to their practice with clients. They agreed that using the LHC with clients assists in identifying legal issues that the client does not perceive as such, enabling them to seek legal assistance. The identification of legal issues is pivotal to the client being able to access legal assistance to address these issues.

Data collated by QPILCH show very clearly that when the LHC is used more legal issues are identified, compared to the number of issues identified when clients attend at legal clinics but the LHC is not completed.

Areas for improvement:

- In relation to the design of the LHC forms, no significant areas for improvement were identified. With refinement since the LHC was first drafted, the LHC forms are well-regarded and viewed as effective
- This part of the evaluation reiterated the message that increased communication between lawyers and community workers would have benefits for clients, in particular in assisting clients to manage expectations.

Implications for phase 2.

The trials will provide an opportunity to:

- Gather specific evidence about the benefits for clients of increased communication between lawyers and community workers after the initial legal appointment
- Obtain and analyse data about outcomes for a wider sample of vulnerable clients, to better define 'success' and assess the factors that impact successful outcomes.

## **7. CONSIDERATIONS FOR PHASE TWO**

The summary of conclusions from phase one of the LHC evaluation include:

- Most community agencies referring clients to legal clinics are not using the LHC tool to identify whether clients have legal issues. However they are aware of the tool and positive about it as an available resource.
- Most volunteer lawyers attending at QPILCH legal clinics are not using the LHC to identify legal issues with clients. Self-reporting by lawyers about use of the tool is higher than actual usage, indicating awareness and perhaps an intention that is impeded by time-constraints.
- Lawyers and community workers report that a significant barrier to use of the LHC is not having enough time to complete the form.
- The LHC approach is more than use of the LHC tool, and does not necessarily rely upon use of the actual tool. It is of note that, while not using the tool, most community workers claim to be actively identifying legal issues.

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- QPILCH data indicate very clearly that when the LHC is used, more legal issues are identified compared to the number of issues identified when clients attend at legal clinics but the LHC is not completed.
  - The predominant 'referral process' is to make an appointment or to give clients the details of a drop-in clinic. Good practice with vulnerable clients supports active involvement of community workers in ensuring clients attend at clinics. A barrier to this is the busyness and workloads of community workers.
  - The completion of the LHC helps to clarify appropriate referral pathways for presenting issues. Concerns centre around avoiding multiple referrals and client frustration. Where clients require referral to more than one legal service, community worker support is important.
  - It is uncommon for community workers to attend legal appointments with clients. Having a community worker attend, and increased communication between community workers and lawyers, is beneficial to clients. This is least likely to occur when no agency has case management responsibility for the client.
  - Clients present for legal assistance, particularly at drop-in clinics, without prior contact with a community worker. These clients will benefit from the lawyer using the LHC. A barrier to this is the busyness and high volume of clients attending some legal clinics.
  - Both lawyers and community workers indicated there is a need for increased collaboration and communication and this would assist each in their respective roles when working with the client.
  - Ensuring that all their relevant staff receive training and/or supervisory input requires commitment to the LHC approach on the part of the community agencies and the partner law firms. Training needs to be provided frequently to maximise opportunities for new staff to attend.
  - Community workers and lawyers agree that the current questions of the new Basic LHC are worded well and are effective in identifying and prioritising the legal needs of clients.

Phase two of the project will provide an opportunity to test ways to address some of the issues noted above, particularly how best to use the LHC approach in response to the needs vulnerable client groups. Influencing community agency practice can take time and is impacted by a number of factors including the turnover of workers, the busyness of the service and the way that clients are supported, i.e. through case management or crisis intervention.

In particular, the phase two trials will examine referral pathways – processes and protocols which aim to increase use of the LHC as part of referral and to improve collaboration at both the agency level and between community workers and lawyers in relation to individual clients. Matters to be considered in phase two include:

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- testing the efficacy of use of the LHC in the trial settings, the numbers of legal issues identified by community workers and by lawyers when the LHC is used, compared to when it is not used
  - identifying blockages to use of the LHC by community workers and volunteer lawyers in practice, particularly in its use with more vulnerable clients, and any options for addressing these
  - tracking whether training and initial use of the LHC leads to practice change even when the tool is not used, i.e. whether the LHC approach permeates practice
  - gathering data about the outcomes for clients when a community worker provides a LHC as part of referral compared to when this does not occur, and the benefits of assisted referrals
  - testing whether providing joint training for community workers and volunteer lawyers as part of a collaborative approach increases client-related communication and collaboration
  - gathering data about the outcome benefits to clients of increased collaboration between community workers and volunteer lawyers.

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## **Glossary and acronyms**

Community worker	Refers to workers employed in non-government agencies and services
Client	Refers to those persons who access the HPLC, the MHCLC and the RCLC. It is acknowledged that other terms, such as 'service user', are used by some agencies to refer to persons accessing their services
Host agency	Refers to the non-government agencies from which the QPILCH legal clinics operate on-site
HPLC	Homeless Persons' Legal Clinic
Lawyer	Refers to volunteer legal practitioners of the partner law firms involved with QPILCH legal clinics
LHC	Refers to the Legal Health Check tools developed by QPILCH
MHCLC	Mental Health Civil Law Clinic
Pro bono	Refers to performing legal work without charge for clients who cannot afford to pay the usual fee
RCLC	Refugee Civil Law Clinic

**Literature review: social work and lawyer collaboration**

This literature review addresses why there is a need to find a way for the professions (community workers and lawyers) to interact more collaboratively. It provides a rationale for the use of the Legal Health Check – a tool to enable both lawyers and social workers to enact their separate but overlapping roles in relation to responding to clients' needs – indeed a tool to foster social and legal literacy.

The LHC approach relies on inter-professional collaboration between lawyers and social workers<sup>9</sup>. Establishing constructive working relationships requires both professionals to (re)consider roles and expectations, and develop better 'legal' and 'social' literacy skills in the interests of better outcomes for people experiencing social exclusion. (Clark et al, unpublished)

Collaborations between social workers and lawyers have been recognised as providing benefits to clients (Pierce, Gleason-Wynn & Miller, 2001). However, practically and theoretically the relationship between social work and the law is characterised by 'complexity' and 'inherent tension' (Preston-Shoot & McKimm, 2012). Pierce et al (2001) suggest lawyers do not have the "time, inclination or expertise" (Pierce et al, 2001 p62) to address psychosocial problems with clients. Zifcak (2009) claims lawyers lack subtlety and are unable to see the intricacies, the ambiguities and disparities of casework; and that social workers are not robust enough and are unable to perform decisive and analytical tasks through a meticulous process. By and large this description fits initial perceptions lawyers may have of social workers and vice versa. Arnason (2001), taking a more conciliatory approach, points out that social workers and solicitors advocate from different frameworks, with social workers tending to mediate and compromise while using a client centered approach and solicitors being zealous advocates who have a duty to represent their clients' wishes. Galowitz (1993) emphasised that there must be equality in the relationship between the social worker and solicitor, to allow for holistic collaboration by ensuring a client centered focus.

The need for increased legal literacy by social workers is recognised (Braye et al, 2011) and it might be similarly argued that lawyers could increase their 'social' literacy. Indeed Arnason (2001) points out that both professions benefit from collaboration. Social workers learn about the complexities of the legal profession and legal analyses while lawyers learn to include non-legal aspects such as psycho-social-medical dynamics of client work (an holistic approach to client issues), that is, to increase their understanding of the social work practice that may be of benefit to clients. It should follow that with better understanding of the social work role comes greater likelihood for relevant interactions and appropriate referrals.

To the extent that lawyers and social workers have common goals in improving quality of life and shared values, they have the beginning of the basis for an effective collaboration. Lawyers in community legal services are much more aligned to Weber's notion of the profession as vocation or calling, valuing altruism

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<sup>9</sup> This literature review refers to 'social workers'. For the purpose of this report, this term is taken to include other community workers.

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over profitability, privileging the interests of their client and profession over self-interest, than some others of their legal colleagues. This might also be said of law firms that provide *pro bono* legal services to community based legal clinics. They recognise that legal issues rarely come in isolation from social, emotional or psychological issues. The social issues may or may not be related to the legal issues (Pierce et al., 2001, p62) but they may impact on the client's willingness or ability to follow through with legal advice.

Consensus about how to proceed is difficult, if not impossible to achieve, when either party (social worker or lawyer) is invested in having the 'right' perspective or is invested in one 'truth'. That tension exists is not necessarily an issue of any concern, as tensions create awareness of issues that may be central to better practice. How tensions are recognised, named and negotiated is important to maintaining professional relationships that are robust and respectful enough to negotiate a changing and contested terrain. Laragy (in Fook, 1996, p87) maintains "what people see is dependent upon the knowledge and frame of reference they bring with them". People perceive different elements in interactions and can legitimately have different accounts of the same interactions.

Social workers may feel their voice is not understood in exchanges with lawyers, and lawyers may feel they are met with resistance for no substantive reasons. Both may be simultaneously right and equally wrong. Relationships may be overtly oppositional but often are more nuanced and the basis for differences politely ignored and/or subtly defended, rather than openly explored. Efforts to work collaboratively combining the skills and knowledge of social work and lawyers have the capacity to provide advantages for clients.

It is important to note that a social worker should not provide legal advice, however a broad knowledge of legal proceedings could assist in advocacy before, during, and after any such proceedings (Kennedy, Richard & Leiman, 2013). Social workers are expected to maintain and expand their current "knowledge, theory and skills" so they can provide quality service to their clients (AASW, 2010, p 21). A social worker can also assist clients in locating and deciphering legal information available online. This can include, for example, discussing court etiquette and language, and assisting to prepare documents such as character references (Kennedy, Richard & Leiman, 2013).

There is a complex interplay between the fields of human services practice, such as mental health, and the law. This emphasizes the need for assistance with advocacy or advocacy on the service user's behalf (Brophy & Healy 2014). Healy (2012 p.7) states "the service user may have limited capacity to speak directly for themselves because of a condition" and this may impact on their capacity to form rational preferences. One of the key responsibilities of social work is "about facilitating the provision of appropriate responses if a person is not able to manage certain aspects of their lives when mentally unwell" (Martin, 2012 p159).

Differential factors may include one's educational status, understanding of what's going on, notions of power and authority. A social worker can be party to a relationship with a client, enabling the client to experience power within a legal process. The power differential can be reduced in a legal setting by maintaining respect for the dignity and autonomy of the defendant/client by validating their strengths and encouraging self-disclosure (Moreau and Forsst, 1993). Further ways are to use simple language (no legal jargon), ensuring the client sees, hears and understands what is being said and written (Moreau & Forsst, 1993). Social



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workers may be able to translate any jargon used and in so doing work towards minimizing the power differential.

Understanding the legal culture may assist social workers to manage their own frustrations with legal processes and allow them to provide support, reassurance, explanations, clarification and counselling, without being consumed in issues (Kennedy, Richards and Leiman, 2013). Kennedy, Richards and Leiman suggest "it is certainly possible for workers to alert clients to the complexities involved" (p.175) in legal processes. They may also have a role in liaising with the lawyer and the client to assist in the collection of information to use in a legal advocacy on the client's behalf or other legal proceedings (Kennedy, Richards and Leiman, 2013). Collaboration between social worker and lawyer is the key to this.

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