



**Independent Evaluation phase two:
the Legal Health Check approach
Referral Pathway Trials**



June 2016

Acknowledgements

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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.

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.

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.

In 2015 QPILCH developed the new Legal Health Check resources now available online at the dedicated Legal Health Check website. In addition to the basic two-page Legal Health Check, four tailored Legal Health Checks target youth at risk, new arrivals, clients with mental health concerns and clients with housing concerns.

Background to this report

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 included evaluating the efficiency and effectiveness of the Legal Health Check approach in the existing QPILCH settings
- phase two evaluated the Legal Health Check approach in trial settings, for particularly vulnerable clients.

QPILCH engaged Encompass Family and Community to conduct the independent evaluation of the Legal Health Check approach across the two phases of the project. The report on phase one was completed in September 2015. This report of phase two of the evaluation, which took place during February to May 2016,

builds on the findings of the phase one report, and should be read in conjunction with that report.

This report considers use of the Legal Health Check approach by services new to it, within three trial settings. These trials linked three community services with nominated legal services within the regional areas of Toowoomba, Sunshine Coast and Cairns. The services participating in the pilot were:

- Sunshine Coast: SunnyKids Najidah and Cooroy Family Support Centre, Suncoast Community Legal Service Inc. and Legal Aid Queensland Maroochydore
- Toowoomba: Red Cross HomeStay program and The Advocacy and Support Centre (TASC)
- Cairns: Wuchopperen Women's Child and Maternal Health Services and Aboriginal and Torres Strait Islander Legal Service Queensland (ATSILS).

Note that where the names "SunnyKids", "Red Cross" and "Wuchopperen" are used in this report for brevity, they refer to the specific programs of each service that participated in the pilot, not the whole service.

In line with phase one of the evaluation project, the trials were conducted to consider the efficiency and effectiveness of the LHC approach in relation to:

- identification of client legal issues by community workers
- effective referrals by community workers to legal services
- collaboration between legal services and community services.

During the trials, these issues were considered in relation to clients who were particularly vulnerable, including:

- people with mental health issues, intellectual disability and/or cognitive impairment
- Aboriginal and Torres Strait Islander women
- homeless people, including people at risk of homelessness
- women and children impacted by domestic and family violence.

The phase two report consolidates findings of the evaluation in relation to how legal services can be guided to develop and maintain collaborative partnerships and referral pathways with community services.

Description of the pilot processes

For the period of the pilots, the community workers in each of the participating services completed the LHC with new clients. If legal issues were identified, the community workers referred the client to the relevant participating legal service. For each of the paired community/legal services, a process protocol was agreed prior to the trial commencing. The process varied slightly between the three trial settings. The aim of the protocol was to facilitate effective referrals to the legal services following completion of the LHC by the community services. The intent included:

- making active referrals for clients, by email or telephone
- increasing communication about client issues (as identified by the LHC) between the community services and legal services.

Training about the purpose and use of LHCs and the LHC approach was conducted by QPILCH in each of the trial settings before the pilots commenced.

The three community services agreed to complete the LHC with all new clients of the programs involved in the pilot, and to refer the clients to the participating legal services if legal issues were identified.

All three community services indicated that they had included the LHC into their intake processes:

“We have included the LHC into our intake and assessment process with new clients. For Cooroy it’s part of the intake process and for Najidah it’s part of the assessment process and completed within 14 days.”

“The LHC has been incorporated into intake. The Intake Officer is running through the form on the phone as part of intake with clients.”

Methodology

The phase two evaluation collected quantitative data from each of the participating services, and used semi-structured interviews to gather qualitative data. The active period of the trials during which data were collected was 08/02/16 to 13/05/16 for the Sunshine Coast and Toowoomba pilots and 14/03/16 to 13/05/16 for the Cairns pilot.

Preliminary data were collected for a short period from participating services in the Toowoomba and Sunshine Coast trial settings, prior to commencement of the pilots, that is, prior to the services being trained in the LHC approach and commencing the use of the LHCs and the agreed referral processes. These collections provided some pre-pilot comparison data.

A face to face meeting was conducted with each of the participating services following the LHC training at the commencement of the pilot. This meeting addressed the data collection requirement for the trial and how to use the data collection tool.

Semi-structured interviews were undertaken with representatives of the community services and the legal services prior to the pilot commencing and at the end of the pilot. These included:

- face to face interviews at commencement of the LHC pilot with:
 - 8 people from 4 legal services
 - 7 people from 3 community services
 - 2 people from Suncoast
 - 2 people from TASC
 - 1 person from Legal Aid
 - 3 people from ATSILS
 - 2 people from Red Cross
 - 2 people from SunnyKids
 - 3 people from Wuchopperen

- face to face interviews at the end of the pilot with:
 - 8 people from 2 legal services
 - 15 people from 3 community services
 - 5 people from Suncoast
 - 3 people from TASC

-
- 5 people from Red Cross
 - 6 people from SunnyKids
 - 4 people from Wuchopperen
- phone interviews at the end of the pilot with:
 - 1 person from Legal Aid
 - 1 person from ATSILS.

Client demographics

The participating community services reported that they completed the LHC with all new relevant clients during the three month pilot period. (Wuchopperen reported no new referrals to their program during the pilot period; a worker completed the LHC with two existing clients, who were referred to ATSILS.)

In all, a total of 82 clients were reported as involved in the pilots:

- Red Cross provided data for 62 clients
- SunnyKids provided data for 18 clients
- Wuchopperen provided data for 2 clients.

Of these 82 clients:

- 17 identified as Aboriginal
- 2 identified as Torres Strait Islander
- 2 identified as Aboriginal and Torres Strait Islander
- 5 identified that English is not their first language
- 10 identified as having a physical disability
- 4 identified as having a cognitive impairment
- 1 person had both a physical disability and cognitive impairment.

Of the 82 clients, 78 were indicated as clients receiving a case management service.

1. IDENTIFYING CLIENT LEGAL ISSUES – COMMUNITY WORKERS

This section considers whether the use of the LHC by the community agencies participating in the pilots increased their identification of legal issues for their vulnerable clients.

In phase one, it was noted that most involved agencies claimed that they are attuned to clients' possible legal issues and that their agency practice emphasises this. The confidence expressed by community workers that they recognise clients' legal issues despite not using the tool was not supported by the phase one data. It was clear from the phase one data that use of the LHC tool as part of community worker practice made a difference to the numbers of legal issues identified. It was found that, in general, nearly twice as many issues are identified by community workers when they use the tool.

The phase two trials set out to:

- test the efficacy of use of the LHC in the trial settings, including the numbers of legal issues identified by community workers when the LHC is used compared to when it is not used
- 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.

Does the LHC help community workers identify legal issues?

The results of the phase two trials broadly reinforced the existing findings that community workers who ask about legal issues without using the LHC form are less thorough in identifying all their client's legal issues. Combined totals for two community services indicate that the average number of legal issues identified in the pre-pilot period was at least 2.87 issues per client (N = 45 clients), compared to an average of at least 3.18 issues per client during the pilot phase (N = 82 clients).

The participating community services were requested to report on the number of legal issues identified for new clients during a brief pre-pilot phase without changing their current intake or assessment processes. This included some retrospective reporting. It is recognised that data collected during this pre-pilot period are not a 'pure' indication of practice without the LHC, as discussion of the pilot had already increased worker awareness of the types of legal issues that clients experience.

SunnyKids and Red Cross provided pre-pilot data (the Cairns services were not engaged prior to the pilot). Viewed separately (see Figure 1 below), the data are equivocal in relation to Red Cross, which reported no increase in identification of legal issues when they formally commenced use of the LHC. This service was already using an assessment tool that asks about legal issues.

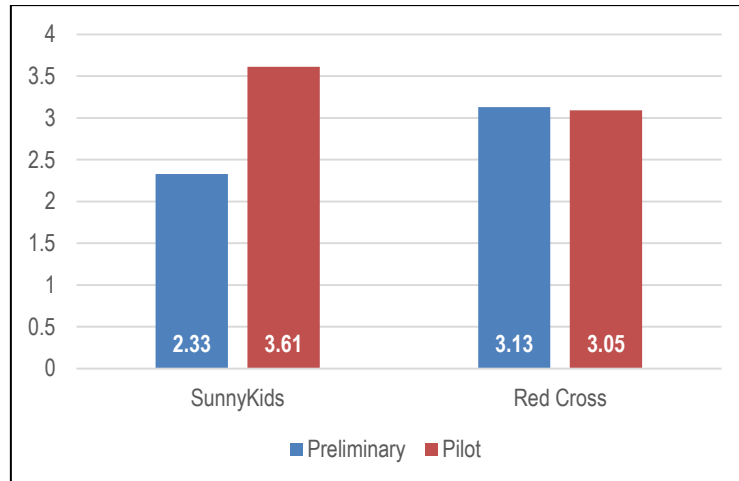


Figure 1: Average number of legal issues identified per client during the pre-pilot ('preliminary') period and during the pilot period, for SunnyKids and Red Cross. N = SunnyKids: 15 pre-pilot; 18 pilot. Red Cross: 30 pre-pilot; 62 pilot.

The pre-pilot data indicated that for both Red Cross and Sunnykids, the majority of clients had at least one legal issue identified during both the pre-pilot period and the pilot period.

It is of note that anecdotal evidence supports the proposition that use of the LHC increases the awareness of caseworkers about potential legal issues:

"It's a prompt for legal issues, but more specifically it asks questions we wouldn't have considered. We know they have DV issues but it (the LHC) will also bring up debt issues. On presenting you wouldn't know they need support for both debt and financial counselling".

The pilot trials did not provide the opportunity to assess the impacts of initial use of the LHC even when it is no longer actively used. However it is of note that just talking about and preparing for the trials produced some behavior change on the part of workers in terms of increased awareness of the need to ask about a range of legal issues:

"We had been working with a client for some time and had assessed the help she needed. After hearing about the LHC, but before any training, we thought we would try it out. We were amazed to find that our client had a lot of other financial debt issues she hadn't ever mentioned before. It meant we were able to sort those out before they became worse".

Types of issues identified

As noted above, community workers who completed the LHC with clients during the pilot period reported that it helped them identify more types of legal issues than they might otherwise have been aware of, or thought of as legal issues. Vulnerable clients with acute housing issues or escaping domestic and family violence do not necessarily raise issues beyond those priorities and other issues left unattended can become subsequent crises. Table 1 shows the range of legal issues identified when the LHC was used by community workers during the pilot.

Table 1: Type of legal issue identified, by number of clients who had that issue, by service

	Debt	Fines (SPER)	Housing	Crime	Guardian-ship/ Centrelink/ Decision-making	Child and family/ Relationships	Other issue
SunnyKids. Number of clients N = 18	9 (50%)	3 (17%)	11 (61%)	2 (11%)	2 (11%)	14 (78%)	2 (11%)
Red Cross. Number of clients N= 62	52 (84%)	13 (21%)	13 (21%)	4 (6.5%)	1 (2%)	9 (14.5%)	3 (5%)
Wuchopperen. Number of clients N= 2	1	0	1	0	0	0	2

Note that most clients had more than one legal issue identified.

2. REFERRING CLIENTS TO LEGAL SERVICES

Phase one discussed the process of community agencies referring clients for assistance with identified legal issues and the extent to which the LHC was part of the referral process. It was noted that:

...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.

Phase one of the evaluation indicated 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' was to make an appointment or to give clients the details of a drop-in clinic (as relevant).

It was suggested that good practice, especially with vulnerable clients, supports active involvement of community workers in ensuring clients attend at appointments and engage with the lawyers. It was noted that use of the LHC as a referral tool is potentially an important aid for this, including where community workers cannot attend to support clients. It was noted that a barrier to this active support is the busyness and workloads of community workers.

The phase two trials provided an opportunity to:

- research the benefits of assisted (supported) referrals as good practice in using the LHC approach with vulnerable clients
- gather data about the benefits of a community worker providing a completed LHC as part of referral.

Referrals after completion of the LHC

It is clear that the training and protocols established for the pilot increased the numbers of referrals of clients from the participating community services to the participating legal services. Figures 2 to 5 below show the numbers of clients (for whom at least one legal issue was identified) who were referred to a legal service during the pre-pilot period (when the LHC was not used), compared to during the pilot period (when the LHC was completed).

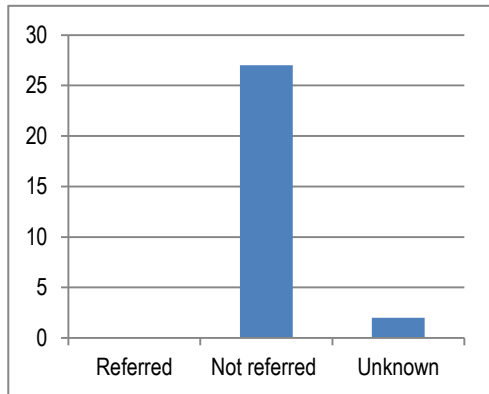


Figure 2: Red Cross - **Pre-pilot** period. Clients with an identified legal issue, by whether they were referred. N = 29

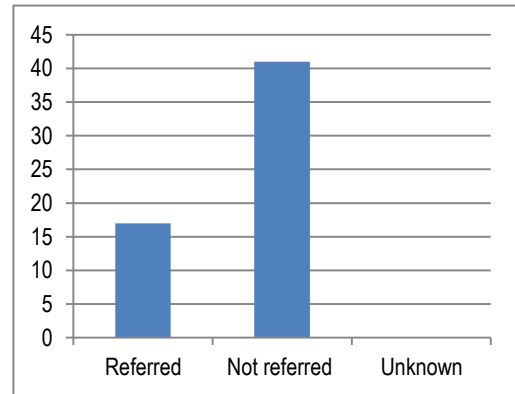


Figure 3: Red Cross – **Pilot** period. Clients with an identified legal issue, by whether they were referred. N = 59

It is of note that while referrals to the legal service did increase for Red Cross clients, even during the pilot period less than 30% (17 of the 59 clients for whom a legal issue was identified) were referred to a legal service (TASC or STARS). Due to the nature of the HomeStay program, the majority of the Red Cross clients were case managed (that is, they were not brief-contact clients).

Figures 4 and 5 below show the referral numbers from SunnyKids community workers to the participating legal services. Most of the clients who were referred during both the pre-pilot period and the pilot period were case managed clients.

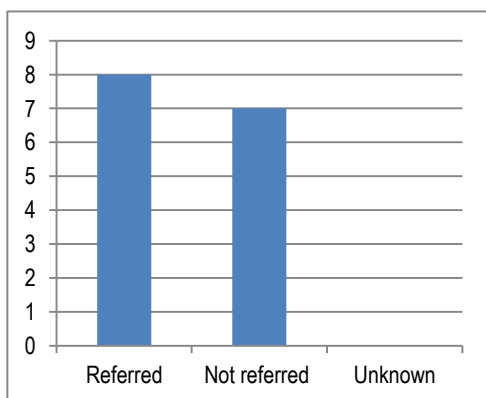


Figure 4: SunnyKids - **Pre-pilot** period. Clients with an identified legal issue, by whether they were referred. N = 15

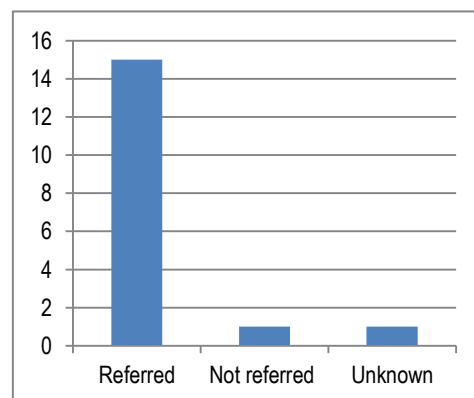


Figure 5: SunnyKids - **Pilot** period. Clients with an identified legal issue, by whether they were referred. N = 17

None of the participating community services routinely referred clients for whom a legal issue had been identified to the participating legal services/s, despite this being the intent of the pilot. A total of 34 clients were referred to participating legal services during the pilot period.

Eight clients were referred to other (non-participating) legal services including other community legal services, Legal Aid, a duty solicitor and a private firm that provides pro bono legal assistance (six of these clients were also referred to the relevant participating legal service).

Interviews with SunnyKids staff indicated that they were pleased to have identified legal issues that may otherwise have not been identified. However, particularly for financial issues, they often opted to advocate for the client. Similarly, Red Cross often advocated for the client and/or made other relevant referrals (for example, to a financial counselling service), rather than refer to the participating legal service. A factor influencing this was their confidence in their existing expertise, and that of the specialist financial counselling service, to resolve identified issues:

“If the client has a debt issue, like an electricity bill or Centrelink debt or SPER fine we can advocate on their behalf with the creditor around these issues.”

SunnyKids explained that, while the LHC assists with identifying appropriate referrals:

“We look at what we can solve first before we refer to Suncoast (Community Legal Service). We don’t want to waste their time – we want the process to be mutually beneficial.”

The relatively low numbers of referrals was an unexpected outcome of the pilot. It suggests an unresolved issue around the definition of ‘legal issue’ with community services that are new to the LHC approach and who actively advocate for clients around some of the type of issues identified by the LHC. These community services may use the LHC as a diagnostic tool, but not see the benefit in a legal response. Legal services, on the other hand, have argued that client issues around matters such as debt can be more readily resolved if these matters are taken up as a legal issue. Joint training of community workers and lawyers is one pathway to greater clarity and collaboration.

Irrespective of whether community services, other specialist services or legal services advocate around client issues following completion of the LHC, the fact that such issues are identified by the LHC enables them to be addressed.

“My client was fleeing from domestic and family violence with her three children. She and I filled in the Legal Health Check form together. Due to completing the LHC form, I identified that my client was named on the mortgage of the family home. She was therefore not eligible for government housing which placed her in an awkward situation. The solicitor was able to advise her of the most appropriate action to take in these circumstances.”

Assisted referrals

Part of the intent of the pilots was to test the benefits of assisted, or supported, referrals, where community workers take action to facilitate the referred client having contact with the legal service. The alternative is to provide contact details to the client, and leave it to them to contact the legal service if they wish. The findings of phase one of the evaluation were that this latter approach can result in clients 'falling through the cracks'.

The referral protocols for the pilots varied slightly, but all involved the community service emailing the completed LHC to the legal service. The process included either the community worker assisting the client to make an appointment or the legal service attempting to contact the client to do so. Either way, there was an active attempt to secure an appointment for the client.

Of the 34 clients referred, only a total of 14 clients attended an appointment with the participating legal service. Causes of the large attrition rate include:

- 8 referrals by a community service were not recorded as received by the relevant legal service
- 3 referrals were not accepted due to conflict of interest issues (and were referred elsewhere)
- 9 clients did not attend for the scheduled appointment.

In summary, if it is presumed that the three clients referred elsewhere achieved contact with a lawyer, 50% of the clients referred to a participating legal service during the pilot actually saw a lawyer as a result. This is considered a low rate for assisted referrals, and raises the question of what is required to facilitate referrals. These observations can be made:

- each of the participating community services who referred clients (Red Cross and SunnyKids) did attempt to follow up on referrals to check that clients had connected with the legal service. The fact that despite this some referrals appear to have 'fallen through the gap' reinforces the need for consistent follow-up processes
- the trials were dealing with quite vulnerable clients. 'No shows' (clients not attending at the scheduled appointment) are a frequent occurrence, and require case management follow up and good communication between the collaborating agencies
- referral protocols take time to bed down, and frequent review to discuss issues is required particularly in the early stages. The trials went for only three months, and, while communication occurred between the participating services, there was no built-in review during the trials (this issues is discussed further below, in section 4.)

It should also be noted that the referral pathway between SunnyKids and Legal Aid did not function as intended for the pilot as SunnyKids did not refer directly to the Maroochydore office of Legal Aid.

It was agreed that where possible and appropriate during the pilot, community workers would attend at appointments to support the interaction between the vulnerable client and the lawyer. The phase one evaluation data indicated that 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 was involved, it was beneficial.

The phase one data also suggested that ongoing involvement of a community worker to help resolve legal issues is strongly associated with attendance by community workers at initial meetings between lawyers and clients.

Phase two quantitative data were too small to draw conclusions in support of these suggestions. Of the 14 clients who attended at a legal appointment:

- 4 had a community worker attend at the appointment
- 4 had follow-up contact between the lawyer and community worker (only one of these also had the community worker at the appointment).

If replicated in a bigger population of clients, this rate of attendance and follow-up would be significant; however these sample figures are too small to extrapolate in this way.

The main identified barrier to community workers attending to support a client's meeting with the lawyer was time:

"We don't attend appointments with clients because of time mostly. We don't have the time. But also because we want to empower the client."

"We think about risk assessment and make a decision based on the client's risk. If we think it's useful we'll attend with the client."

Some lawyers commented that community worker attendance has benefits, with time also being an issue from their perspective:

"I only have 15 mins with a client. I don't have time to hear the whole story and if the community worker attends they can facilitate the client telling the important points and remind the client about the issues if they forget or don't mention them."

"The community worker can provide the support and I can focus on the legal advice."

"Yes it helped the client feel more comfortable and the worker prompted the client to say things that were important to say and helped them to receive the advice. Also made it easy for me to receive instructions and provide advice"

It is interesting to note the following matter, in which a lawyer and a community worker commented on the same case, in relation to the community worker's attendance:

Community worker: *"I attended an appointment to support my client because I wanted to make sure she could understand what the solicitor was saying. We weren't sure if she had correctly interpreted previous advice she'd received from another legal service, so we wanted to ensure that the second opinion was sound. And the second opinion was much more in line with what we were thinking."*

Lawyer: *"A community worker attended with a client where English wasn't her first language and I thought to myself I'm not sure why the community worker attended because the client was quite strong and capable and took the advice on board. But there were other clients where I wish the community*

worker had attended because the client was very stressed and the community worker could have provided support.”

Benefits of the LHC for the referral process

The interviews of community workers and lawyers involved in the phase two trials included questions about the perceived benefits of providing the LHC (that is, the completed form) as part of the referral process. The feedback indicated the benefits of the inter-related issues of:

- identifying the primary and priority legal issues
- clarifying the most appropriate referral pathway for the client.

“The LHC makes for easier referral because it offers a solution. There’s something that can be done about it (the issue). We can identify where we need to refer”. (community worker)

“The referrals are appropriate referrals so pretty much the referrals are correct for what we do” (legal service)

“When we receive the completed LHC we can identify the most suitable lawyer, or QSTARS, and this makes a smoother process. For general referrals (without the LHC) usually the client is unable to provide all the information we need”. (legal service)

“Using the LHC means that multiple issues can be dealt with at the same time. With general referrals usually we just deal with the primary issue, but the LHC means that we can deal with multiple issues by making the required appointments at the same time.” (legal service)

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.

Phase two of the evaluation demonstrated that place-based referral pathways can promote collaborative working relationships between community services and legal services, providing more holistic services for clients. It was postulated (during phase one) that 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. This was also reinforced by the phase two trials, as discussed further in section 4 below.

The following case example from a community worker involved in the pilot illustrates the benefits of place-based referral pathways:

“I found the pilot program to be extremely positive not only for the clients but for the organisations to get to know one another. A positive experience for one of my clients who used the LHC was around family law and property. Being so far out at Cooroy, travel was an issue for this client and we were able to do a phone consult in the office here at Cooroy Family Support Centre with Suncoast Community Legal. The client was able to get all the information and not have to leave her home town, which relieved her anxiety.”

3. FACILITATING LAWYER RESPONSES TO VULNERABLE CLIENTS

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

The phase one data indicated that the majority of volunteer lawyers in QPILCH legal clinics do not complete the LHC form when meeting with clients, due to a large extent to time constraints. Lawyers reported feeling that it is unfair to raise the expectations of clients that there will be time to work on all the issues identified. Self-reporting by lawyers about use of the tool was higher than actual usage, indicating awareness and potentially an intention that is impeded by time-constraints.

The phase two trials provided an opportunity to:

- further examine the barriers that impact lawyers’ capacity to use the LHC with clients
- examine the most effective means for referrals by lawyers to further legal services as part of the LHC approach.

Use of the completed LHC by lawyers meeting with the client

It was the intention of the trials that the LHCs provided by the referring community services would be available to the lawyer seeing the client. Data recorded by the participating legal services indicate that lawyers confirmed having access to the completed LHC (prior or during the appointment) for 11 of the 14 clients that attended a legal appointment. Reasons for lack of access internally to the LHCs for the other 3 cases are unclear.

Despite lawyers having access to the LHC completed by the referring community worker, interviews with 4 legal service personnel (2 lawyers and 2 STARS staff) indicated that the completed LHC was generally not perused or considered.

The lawyers interviewed for the pilot expressed that access to the completed LHC was not useful as they have the skills and expertise to elicit the information they require without using it. Comments included:

“I didn’t notice whether I had the (completed) LHC. I don’t think it mattered; I would have gotten that information from the client anyway.”

"I never looked at the LHC; I look at the internal documents. From my point of view it's just an ordinary appointment. I used our client appointment sheet for the information I needed."

One STARS worker stated they had looked at the completed LHC before meeting with a client and that it provided useful background information:

"I did read the completed LHC so it was background in my mind and it was beneficial to have that. But the LHC didn't make any difference to my appointment with the client."

One of the barriers raised to use of the completed LHC was time. Lawyers spoke about only having the time to focus on the primary issue of the referral rather than other legal issues the client may be experiencing, and the issue of the LHC potentially raising the need for multiple referrals:

"I didn't think about the other issues; I just focused on the relationship issues as that's my area of expertise. It's only helpful to complete the LHC with the client if somebody is going to take responsibility for the other issues raised."

"It requires case management to do the LHC. Community workers should take responsibility to refer the client, based on issues raised in the LHC."

It may be that for the practice of viewing and/or using completed LHCs to become routine for lawyers, there would need to be more information provision, training and leadership to support the intended practice. The project was for a short period, and was not reviewed to reflect on practice within agencies.

Communication after the client's initial legal appointment

Phase two provided an opportunity to gather evidence about the benefits for clients of increased communication between lawyers and community workers after the initial legal appointment.

As noted above, of the 14 clients who attended at a legal appointment, 4 had follow-up contact between the lawyer and community worker. Unfortunately none of the workers involved was part of the interview feedback for the pilot.

When asked if it would have been beneficial to have follow-up communication about clients, one lawyer responded *"I don't think so from the client's perspective because things were resolved at the appointment, but it would have been nice to know if things worked out"*.

Another commented that, in the context of 'case management', *"It would have been useful to have ongoing communication because I could have resolved any arising further issues"*.

This is an area for further exploration of the benefits. It is likely to become more common in practice as community services and legal services develop more collaborative working relationships. The following case study from the pilot, provided by a community worker, illustrates the value of collaborative practice:

“My client was listed on TICA and wanted assistance to have this listing removed. I activated a referral to STARS. The client was provided an appointment date with STARS at TASC but failed to attend due to mental health issues and lack of transport. I found out that the client didn’t attend when I contacted her to ask how it went. I offered to go with her to another appointment and provide transport. I contacted TASC to have her re-referred. The STARS worker contacted me to arrange an appointment time that would enable me to attend. At the appointment with the client, I was able to email supporting information directly from my iPad to the STARS worker. I was also able to complete a case plan and set goals and actions around what was required while at the appointment. This allowed us to set a date for follow up. As we all had the same information about dates, I could contact the client to see if she had obtained the supporting documents and the STARS worker contacted me on that date, to ask about this information. This process has enabled us to keep all parties informed of progress.”

Role of the LHC in lawyer referrals to other legal services

Of the 14 clients who attended for legal appointments, 7 were subsequently referred on to another legal service, and 2 were referred internally. The types of legal services they were referred to included Legal Aid, another community legal service and a mediation service.

The LHC was not used as part of providing information for further legal referral. Comments from the legal services in relation to its potential use included:

“We need to be more efficient in the processes, in how we use the LHC to refer clients to further services.”

“(If I used the LHC) I would look at the relationship issues (the area specific to my expertise), then if there were other ticks I would refer to other internal lawyers and external services”.

4. GUIDELINES FOR COLLABORATION

Phase one briefly considered 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.

The majority of lawyers interviewed in phase one stated that collaboration and communication could be improved between the community agencies and the partner law firms, and community workers echoed this.

It was noted during phase one that, 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.

The phase two trials provided an opportunity to:

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

Collaboration in practice

The pilot trials were set up with a minimum of protocol. In retrospect, this was one of the weaknesses of the trials, particularly as no progress review occurred during the trials. QPILCH facilitated agreement about what types of matters would be referred, how referrals would be made (by phone or by email), and the general administrative process for checking (for example if clients did not attend). Encompass ensured instructions were clear about recording the pilot data.

As an example, for Suncoast Community Legal Service and SunnyKids, the general protocol included:

- the community worker made the referral with the client present and made the initial appointment.
- following the phone referral, the community worker emailed the completed LHC
- if a client did not attend the initial appointment, the legal service generally contacted the community worker to let them know.

The initial phone call to the legal service from the community worker proved very useful as it provided *“the ability to do a conflict check, reduce administration and streamline the process. This was not really about the LHC but more about the improved relationship and improved communication that came from having direct contact with the community worker while making the appointment for the client”*.

Other than contact about specific referrals, there was no further contact between these two services about the project, following the joint training.

Benefits of collaboration

For phase two, qualitative data on the referral processes indicate that in general the processes worked well, based on an understanding between the community service and the legal service/s about how referrals were to be supported. Identified benefits of having the referral agreements included:

- enabling more timely referrals

“The LHC is proactive as it gets information earlier and therefore the worker is able to make a referral earlier than would have previously happened” (a community worker)

- ease of making appointments with the client

“It’s easier to book the appointment with the community worker as they have already talked to the client and know when they’re available” (a legal service representative)

- promoting follow up to ensure client understanding

“We check in with clients after their appointment and ask how it went”

- facilitating follow-up if clients do not attend

“The legal service rang me and said that my client hadn’t shown up again, so I apologised, but I had lost contact with my client ... and they said they couldn’t get hold of my client either which made me feel better because I thought, it’s not just me”.

- providing brokerage of other support for the legal action

“They (the community service) have brokerage which enables appropriate work to happen, for example they paid for this client’s TICA application. The caseworker explained the situation and paid for the application and therefore I could assist the client more easily.”

The benefits of collaboration were expressed clearly in terms of the community services and legal services having a better understanding of each other and therefore a better integrated service for clients:

“Prior to the pilot we mostly had contact only about fundraising, but since the pilot we have improved understanding about what they do”

“We didn’t communicate about clients before the pilot but they call us with referrals now”

“Community services haven’t been inclined to send clients to a lawyer for assistance before. That’s changing now”

“Other DV services have also expressed interest in using the LHC and improving their referral process with us”.

Challenges of collaboration

It was clear, from both the data and the feedback for the pilots, that collaboration works best when underpinned by clear protocols and when supported by leadership across both agencies. In general, due to the trial nature of the pilots, this clarity was lacking.

“There’s not much of a relationship other than a direct referral pathway. This did not allow the workers (of the community service) to build a relationship with us.”

“The LHC pilot agreement between the agencies wasn’t clear. There needed to be a flowchart that detailed who’s doing what. Some clarification in dot point form would have helped the process.”

One of the areas of confusion that would have been clarified by an inter-agency protocol related to the case management role of community services around issues identified by the LHC. One of the participating legal service expressed confusion about who held responsibility for responding to issues identified by the LHC. This confusion was about whether the caseworker was continuing to use the LHC to refer and provide support to the client following the legal appointment, or whether there was an expectation that the legal service would do this. Lack of communication between lawyers and community workers following the legal appointments exacerbated this confusion:

“When the LHC is completed, the community worker should follow-up with other issues that we (the legal service) don’t. We don’t know if the community worker is dealing with the other issues.”

In this case, the referring community service was clear that they used the LHC to coordinate referrals for the clients and that referral to the legal services was one part of case management with the client, that is, they continued to use the LHC to inform their work with the client

The concept of *“It requires case management to respond to all the things raised in the LHC”* was reinforced.

One legal service commented on the need to clarify which issues each collaborating service (community and legal) would respond to, where there is the potential for double-up:

“We have identified that further training needs to happen regarding debt. SunnyKids has a specific worker for this, so we think that they’re dealing with this, but we also do it, so things might be falling between the gaps.”

Likely future use of LHC/referral process by pilot agencies

Community services

All three community services involved in the pilot trials stated that they would continue to use the LHC as part of their intake process. Two of the community services indicated that they would continue to use the process of referral to the relevant participating legal service.

“We will continue to use the LHC as part of case planning. It’s a good prompt for legal issues.”

The trial for Aboriginal and Torres Strait Islander clients of the Wuchopperen program did not really get underway. Wuchopperen already had established referral pathways prior to the pilot with another legal service, which they consider effective and responsive to their clients’ needs. This service had expressed concern about how the pilot would impact their existing referral pathways. There were two clients referred during the pilot; however this service indicated that they would continue with their usual referral pathways, using the LHC, once the pilot concluded.

Legal Services

Two of the participating legal services indicated that they expected to continue to receive referrals from the relevant community services following the pilot:

“It’s likely to continue on. Our funding requires more focus on vulnerable clients, the most disadvantaged clients. It helps to improve relationships with other services (and then they’ll advocate for us when our funding is up).”

“Our service recognises that we need to work more closely with community services. It’s a change in our mindset and the LHC is a great tool to assist this.”

“More and more people are disadvantaged, there’s a growing need and we need to meet it. Mental health is a growing need and they often have no support person”.

Representatives of one of the participating legal services considered that the pilot did not change the way they accept referrals and so may not continue. One stated *“we try to steer away from working with community services as we focus on the relationship with the client. Particularly for legal issues we need to deal with the client directly”*. This may be a personal view – representatives of the leadership team of this legal service were not available to provide feedback but were known to be positive about the pilot.

Guidelines for collaboration

Phase one of the evaluation identified some preliminary guidelines to assist community legal services to develop and maintain collaborative relationships and partnerships with community services. These have been more fully considered during phase two (see Table 2).

Table 2: Components of collaboration, suggested by phase one and tested by the phase two pilots

Phase one	Phase two
Establish 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	Feedback from the interviews indicated this would have been very useful. This contact person needs to be a senior staff person as the matters to be negotiated require leadership Leadership is essential to ensure the process is embraced across the organisation, for the referral pathway to be successful
Develop protocols to guide effective referrals including: processes, contacts, and supporting documentation	This was essential to the trials and would have benefitted from being underpinned by a formal protocol with built-in review. It would have assisted with ensuring the referral process worked where this did not occur as planned

Include completion of the LHC by community workers as part of the agreed referral process	This generally worked well, but is of dubious benefit if not used by the lawyer. Its utility therefore needs to be established prior to inclusion in a protocol
Conduct 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	Joint training was confirmed as beneficial, primarily in the services understanding what each other do. This understanding is an essential underpinning of the referral process
Regularly update mutual contact details to enable easy communication between lawyers and community workers	Definitely needed and would have helped during the pilot. This includes email addresses for post-appointment communication
Encourage community workers to attend legal appointments with clients to enable collaboration and ongoing communication with lawyers	Case examples illustrate that this is desirable for vulnerable clients. Community workers are not usually attending due to time constraints, with lawyers equivocal about whether it is beneficial

5. BENEFITS OF JOINT TRAINING IN THE LHC APPROACH

During phase one, it was suggested that strategies such as joint training of community workers and lawyers where feasible might increase familiarity with each other's roles and provide the opportunity to discuss problems and solutions. This section considers the training about use of LHCs and the LHC approach, which QPILCH provided to the community services and legal services involved in the pilot.

The phase two trials provided 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.

QPILCH provided joint training of community and legal services involved in the pilot in Toowoomba and the Sunshine Coast. In Cairns, staff at Wuchopperen and ATSILS were provided with separate training, with a workers from each service attending part of each other's training.

Interviews with representatives of the community services and legal services in Toowoomba and the Sunshine Coast indicated that they felt the joint training was particularly useful in clarifying their understanding of each other's services. For community services, it clarified their understanding of legal issues that they could refer clients for, and for legal services, it increased their knowledge about the support that the community services provided to clients. Comments included:

“The training was useful, particularly for client-focused workers, as it helped us understand what we can refer to whom. The best part was identifying things we do now that (the legal service) could assist with and therefore free up our time with clients. This will help better focus our time and resources.”

“It was good because we found out about what (the legal service) does, what they offer and therefore what we can refer clients for.”

Comments from the legal services regarding the joint training included:

“Absolutely useful, the big part was understanding what the other services provide, plus it crystalised what we do in terms of responding to the LHC”.

Comments from the Cairns services indicated that training that involved both the participating services would have been beneficial:

“It would have been better to have both services there the whole time”.

Feedback at the time of the training was received at each location, from a mix of community workers and lawyers:

- Maroochydore – 9 feedback forms
- Toowoomba – 16 forms
- Cairns – 3 forms.

Analysis of this feedback from these 28 participants in the training indicates that generally both the community workers and legal service personnel were positive about the idea of collaborating to respond to clients’ legal needs. Some comments included:

“I feel as though the LHC will help us all be on the same page”

“I think if we take an approach of open and clear communication (collaboration) shouldn’t be challenging.”

Comments also reflected some concern about ensuring that the services worked well together so that clients were well supported. This also reflected concerns about the complexity of responding to multiple issues that may be identified by the LHC:

“Not being able to communicate regularly as required, with the frequency of our clients moving from address to address; maintaining communication.”

“Identifying appropriate referrals may be a concern, given that there are so many issues that may fall under each of our legal programs.”

“Keeping an eye on where a matter is at if multiple issues are involved.”

Some comments from community workers reflected that the referral pathway needed more consideration, with comments such as *“some questions remain to be discussed internally”*; *“details have to be worked out”*; and *“yet to be fine-tuned”*.

Legal services personnel raised some concerns about use of the LHC in regard to time constraints, and both community workers and lawyers noted the need to manage client expectations:

“Not giving false hope of what clients may receive help with.”

“Clients may be ‘lost’ between two organisations and their matters not progress in a timely manner”

“The impact of time, and clients needing to be patient to address all the questions.”

In summary, the feedback about the value of joint training confirmed the benefit of this approach. It is unlikely that the trials would have resulted in the 34 referrals of clients to participating legal services if the joint training had not occurred. The information shared by services about their roles was pivotal – it provided the understanding that underpinned the referral processes.

6. QUALITY OF THE LHC TOOL

Phase one considered the design of the LHC forms and existing evidence about the overall effectiveness of the LHC approach. Phase two considered the extent to which the design of the LHC tool facilitates collaboration.

Design of the LHC to facilitate collaboration

There were suggestions that the form could provide more opportunity for information sharing between the caseworker and the lawyer:

“The LHC form should include the community worker’s email address, so the lawyer can contact the service for follow-up.”

“Include a check box that asks whether the community worker wants feedback. If they indicate yes, we could send an email to the community worker with an outline of what was covered in the appointment.”

Suggestions for improving the information provided to lawyers included:

“There needs to be more information on the form about whether a referral has been made to address each issue. The form needs an extra column.”

“There’s not enough identifying information on the LHC. For example, if a client is identified, and their partner is involved in DV, that would make it easier to do conflict of interest checks.”

Does the LHC benefit community workers' practice?

Phase two considered blockages to use of the LHC by community workers in practice, particularly its use with more vulnerable clients, and identified some benefits for practice in this context.

All three community services stated that they had been concerned that vulnerable clients may react negatively to what they perceived as very personal questions on the LHC form. However, they reported limited instances of clients being upset when the form was completed with them:

"One client with mental health issues was upset about a question, but once we talked it through it was fine."

The community workers stated that they "*feel more comfortable asking what are essentially intrusive questions of clients*" using the LHC, because the form provides a vehicle for asking the questions: "*It's not like we're just asking (the questions), it's part of a process*". They felt that clients are more likely to answer the questions "*because it's a tick box and it separates the issue out from the worker, totally separates it out from you.*"

The community workers were clear that when using the LHC form with vulnerable clients it was best worked through with the client, so that the worker can "*clarify any questions the client has, and reassure them about what the information is for and who will have access to it*".

Comments by participating community workers reinforced evidence that use of the LHC "*opens new doors and provides opportunities to talk with the client*".

"We find it elicits information from the client that you wouldn't have always obtained."

"The LHC assisted me during early intervention in case management with clients. The LHC prompted me to ask questions that I may not have asked for many weeks, if at all, with clients. I was prompted to ask questions and the client's factual answers enabled me to provide more specific support and relevant referrals. I appreciate the easiness of this tool and have integrated it into my case management sessions. I feel more informed regarding clients' legal needs and referral pathways due to the LCH."

Red Cross HomeStay indicated that there is an overlap between the service's existing intake process using the Queensland Homelessness Information Platform (QHIP), which includes the Common Homelessness Assessment and Referral Tool (CHART), and the questions on the LHC. "*The questions double up with QHIP. So we did an amalgamation of asking the LHC and QHIP questions.*"

Client outcomes

The phase one report noted that 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.

It was hoped that the phase two trials might have provided an opportunity to obtain data about outcomes for a wider sample of vulnerable clients, to better define 'success' and assess the factors that impact successful outcomes. This is an area of research yet to be undertaken – phase two did not provide this opportunity except to note that some particularly vulnerable clients were linked to legal services. The phase two pilot facilitated this for referrals from SunnyKids that might not otherwise have occurred. This was less the case for Red Cross where the HomeStay program was already identifying legal issues and did not refer many clients to TASC.

7. SUMMARY OF LEARNINGS – PHASE TWO

Figure 6 summarises the total number of clients for whom a LHC was completed during the Phase two 'referral pathways' pilot, and the attrition that occurred across the stages of the referral and collaboration process.

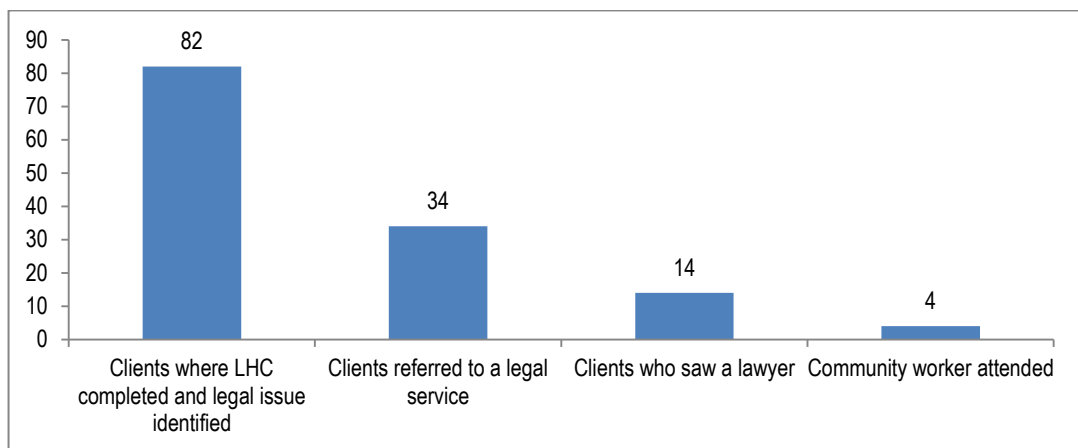


Figure 6: Summary of client numbers, by Phase two activities. N = 82.

It had been anticipated that a higher percentage of clients who had at least one legal issue identified would be referred to a participating legal service. Nevertheless it is clear that the training and referral processes established for the pilot increased the numbers of referrals of clients from the participating community services to the participating legal services.

The above data do not include other types of responses such as referral to advocacy services and responses by the community service.

Community workers who completed the LHC with clients during the pilot period reported that it helped them identify more types of legal issues than they might otherwise have been aware of, or thought of as legal issues. The results of the phase two trials broadly reinforced the existing findings that community workers who ask about legal issues without using the LHC form are less likely to identify all their client's legal issues.

The pilots demonstrated the relevance of the LHC approach in working with very vulnerable clients, with community workers noting that the LHC form aided their communication with such clients in a non-threatening way.

Lawyers reported not using the completed LHC form supplied at referral by the community services. This seemed to relate to lack of awareness, as well as reluctance to open up discussion of legal issues to which the lawyer did not have the time to respond.

Communication between lawyers and community workers was not routine following legal appointments. Where it did occur, anecdotal information suggested it was particularly helpful to ensuring timely follow-up and integrated responses.

The two actively participating groups (the Toowoomba and Sunshine Coast pilots) expressed the benefits of collaboration in terms of the community services and legal services having a better understanding of each other and therefore a better-integrated service for clients.

The joint training of these participating community services and legal services enabled greater understanding and knowledge of each other's roles. This in turn enabled effective referrals that would not have occurred prior to the pilots.

The pilots highlighted the need for formal protocols, with clarity about referral processes and built-in review, to provide a framework for inter-agency collaboration. For a protocol to be effective, it must reflect the commitment of senior personnel of each agency to the agreement, and these personnel must provide leadership in encouraging their agency staff to adhere to the protocol.

Glossary and acronyms

ATSILS	Aboriginal and Torres Strait Islander Legal Service Queensland
Case worker	Refers to workers employed in non-government agencies and services
Community worker	Refers to workers employed in non-government agencies and services
Client	Refers to those persons who access the community and legal services for assistance
Lawyer	Refers to legal practitioners of the legal services involved in the pilot
Legal Aid	Refers to Legal Aid Queensland Maroochydore
LHC	Refers to the Legal Health Check tools developed by QPILCH
Pro bono	Refers to performing legal work without charge for clients who cannot afford to pay the usual fee
Red Cross	Refers to the HomeStay program provided by Red Cross
Suncoast CLS	Refers to Suncoast Community Legal Service Inc.
SunnyKids	Refers to the SunnyKids' services, Najidah and Cooroy Family Support Centre
TASC	Refers to the legal service, The Advocacy and Support Centre based in Toowoomba
Wuchopperen	Wuchopperen Women's Child and Maternal Health Services