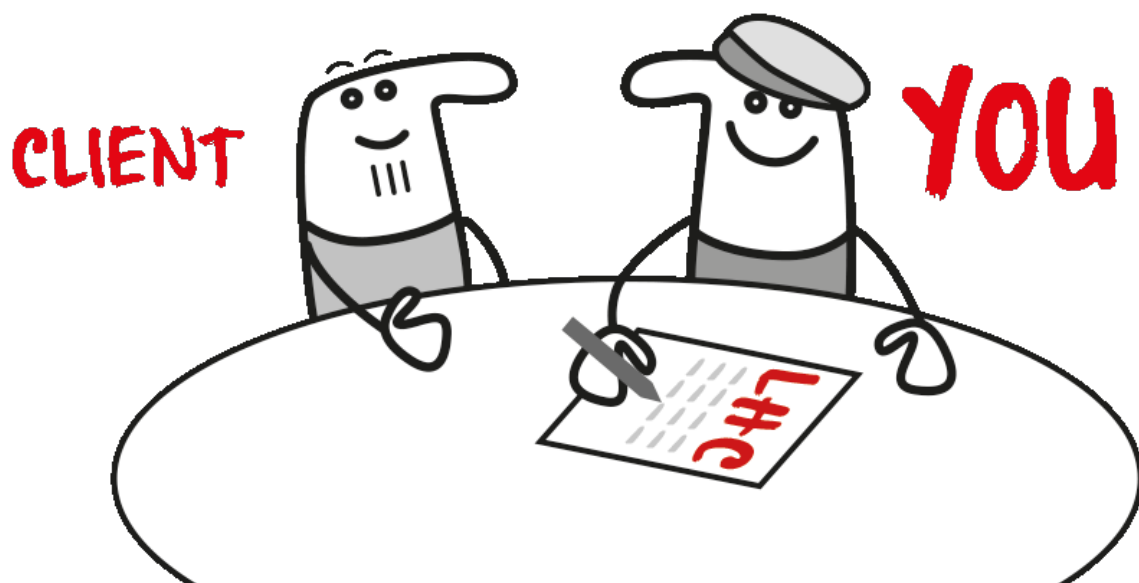


# Legal Health Check Pathways

Guidelines and Training for  
Legal Assistance Services

**PROJECT REPORT**





## Project Overview

In December 2014, the Queensland Public Interest Law Clearing House Incorporated (QPILCH) received funding from the Queensland Department of Justice and Attorney (DJAG) to:

- pilot the Legal Health Check in different legal assistance settings
- evaluate the effectiveness of Legal Health Checks in QPILCH and these other legal assistance settings,
- update the literature review about this resource, and
- develop best practice guidelines, resources and training for community lawyers to use the Legal Health Check and facilitate collaboration with non-legal community services.

These tasks are collectively referred to as the DJAG LHC Project 2014/16, and all resources developed under the project are available at [www.legalhealthcheck.org.au](http://www.legalhealthcheck.org.au).

The independent evaluation was conducted by Encompass Family and Community Pty Ltd and in particular, Anne Elliott and Kristy Carr. Copies of the full evaluations are available at <http://www.qpilch.org.au/cms/page.asp?ID=60962>

All the activities of the DJAG LHC Project were guided by a Steering Committee with representatives from Legal Aid Queensland (LAQ), the Queensland Association of Legal Services (QAILS), Queensland Council of Social Services (QCOSS), Aboriginal and Torres Strait Islander Legal Services (ATSILS) and the Department of Justice and Attorney-General (DJAG) who generously volunteered their expertise to ensure the project had broad perspectives.

Pro bono lawyers and community workers who participate in the QPILCH Homeless Persons' Legal Clinic (HPLC) contributed enthusiastically in Phase One. The following students from the UQ Pro Bono Centre volunteered over a semester break to provide QPILCH data to Encompass: Samantha Ramsay, Jeremy Levien, Daniel Trigger, Katherine Stapels and Prashilta Naidu

Staff from the four legal and three community organisations which formed the pilot sites bravely experimented with the resources, providing us with useful and robust insights.

The project was designed to complement the Legal Health Check website and resources developed in 2014/15 by QPILCH for NACLIC and now available at <http://www.legalhealthcheck.org.au>. The website resources were focussed on assisting community workers to identify and refer the legal needs of their vulnerable clients. The NACLIC project report includes a rationale for legal health checks and their use which has been adopted for this DJAG project and can be viewed at: <http://legalhealthcheck.org.au/legalhealthcheck/wp-content/uploads/2015/06/FINAL-NACLIC-Project-Report-with-cover-page.pdf>

This DJAG Legal Health Check report and resources were prepared by Sue Garlick with assistance from Marissa Dooris, QPILCH, June 2016 and updated (with technical assistance from LAQ) in November 2016.



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# Project Resources

## 1. Legal Health Check Pathways Training Module 1

- Powerpoint Presentation
- Trainer's Notes

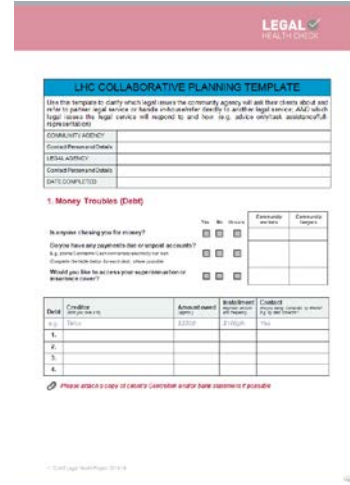
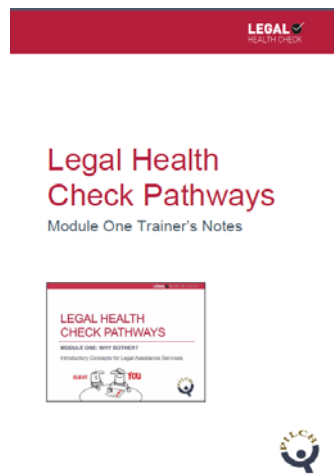
## 2. Legal Health Check Pathways Training Module 2

- Powerpoint Presentation
- Trainer's Notes

## 3. Project Report, including Best Practice Guidelines and Training Overview

- Appendix 1: Summary of Independent Evaluation Phase One –LHC in QPILCH settings
- Appendix 2: Summary of Independent Evaluation Phase Two –LHC in pilot settings
- Appendix 3: Updated Literature Review
- Appendix 4: LHC Quiz Questions
- Appendix 5: LHC Collaborative Planning Template

All resources are available at: [www.legalhealthcheck.org.au](http://www.legalhealthcheck.org.au)



# Project Report

## A Legal Health Check is...

...a mechanism to implement cross-sector legal diagnosis, case-management and collaboration for the benefit of highly vulnerable clients with multiple, unrecognised and unaddressed legal needs.

QPILCH has experimented with this approach since 2009 and this training and guidelines for legal assistance services are drawn from our experience together with findings of the independent evaluation of the LHC in QPILCH settings and findings from the three pilot sites which implemented Legal Health Check pathways for 15 weeks. We have also considered stories shared with us by legal assistance services around Australia which use Legal Health Checks.

The three pilot sites selected by the Project Steering Committee were:

LOCATION	LEGAL ASSISTANCE SERVICE	COMMUNITY SERVICE	VULNERABLE CLIENT GROUP
Toowoomba	The Advocacy and Support Centre (TASC)	Red Cross Homestay	Housing and Rental Support
Sunshine Coast	Suncoast Community Legal Service Inc and LAQ (Marochydore)	SunnyKids Najidah and Cooroy Family Support Centre	Women experiencing domestic violence
Cairns	ASTILS	Wuchopperen Womens' Child and Maternal health Services	Indigenous women

An updated literature review and summaries of the independent evaluations can be found in the appendices to this report. We hope that legal assistance services will conduct and share their experiments with the Legal Health Check, with the benefit of these guidelines.

The two training modules with the trainer's notes are provided as attachments to this report. They will also be available as separate power points for the use of legal assistance services wishing to use them, from both [www.qpilch.org.au](http://www.qpilch.org.au) and [www.legalhealthcheck.org.au](http://www.legalhealthcheck.org.au).

## Overview of Module One: Introductory Concepts: WHY BOTHER?

TRAINING SESSION	CONTENT	LHC BEST PRACTICE GUIDELINE for Legal Services
Session One	<p><b>Context</b></p> <ul style="list-style-type: none"> <li>1.1 DJAG Project</li> <li>1.2 LHC Independent Evaluation Findings</li> <li>1.3 Existing LHC resources</li> <li>1.4 Definitions of legal need, legal issue, collaborative service planning and community worker</li> </ul>	Understand the context of LHC practice to date, and what resources already exist.
Session Two	<p><b>Exploring your legal service delivery model</b></p> <ul style="list-style-type: none"> <li>2.1 How the legal service “finds” the client</li> <li>2.2 How the client “finds” your service</li> <li>2.3 What legal issues you address</li> </ul>	Consider how legal services interact with vulnerable clients to address their capability issues and multiple legal needs.
Session Three	<p><b>Three ways to widen the path to your door</b></p> <ul style="list-style-type: none"> <li>3.1 Ask one more question</li> <li>3.2 Connect to community agencies (CLE)</li> <li>3.3 Create a LHC Pathway</li> </ul>	<p>Ask one more question</p> <p>Connect to community agencies (CLE)</p> <p>Create a LHC Pathway</p>
Session Four	<p><b>What can you change?</b></p> <p>Three tasks to help your service decide whether to develop a LHC pathway.</p> <ul style="list-style-type: none"> <li>1. What do you currently offer your vulnerable clients?</li> <li>2. Which community service could you work with?</li> <li>3. What is one change you can make?</li> </ul>	Assess what vulnerable clients you want to assist and what practical change you can make.



## Overview of Module Two: Establishing and maintaining a LHC pathway

SESSION	CONTENT	LHC BEST PRACTICE GUIDELINE for Legal Services
Intentional Meeting	Explore whether useful to work together for benefit of clients, by sharing identified benefits of collaboration	Establish key contact persons who lead the project in each agency.
Get to know you sessions	All staff view training videos and meet together to learn about both organisations and professional differences	Joint training is beneficial to increase mutual understanding which underpins referral process.
Decide and Plan	After exploring their practices, agencies will jointly finalise: <ul style="list-style-type: none"> <li>• which LHC</li> <li>• LHC Collaborative Service Planning Template</li> <li>• Referral Protocol Flowchart</li> </ul>	A formal collaboration protocol essential.  Worker agrees to physically complete and lawyer agrees to physically review LHC.
Nurture	Plan a range of strategies to keep the collaboration real and responsive.	Encourage community workers to attend the legal appointments.
Review and plan	Plan internal and collaborative review of processes and training needs	Maintain joint training process



## Appendix 1 – Summary of Independent Evaluation Phase One –LHC in QPILCH settings

- 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.
- QPILCH data indicate very clearly that when the LHC is used, more legal issues are identified (3.66 /client) compared to the number of issues identified (1.47/client) 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.



## Appendix 2 – Summary of Independent Evaluation Phase Two –LHC in pilot settings

### 1. TRIAL SITES

Three community services nominated internal programs which were paired with nominated legal services for three months following joint-training:

- **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).

### 2. STATISTICAL SUMMARY

- 82 clients had their legal needs diagnosed by a community worker
- Clients had 3.05-3.61 legal issues each
- 34 clients were referred to the participating/paired legal service (other legal issues were handled in-house or referred to advocacy services, e.g. financial counselors)
- 14 clients attended an appointment with a lawyer.
- 4 clients had a community worker attend with them
- Clients had a range of legal issues identified, with high levels of debts, fines, housing and family issues faced by vulnerable clients:



	DEBT	FINES (SPER)	HOUSING	CRIME	GUARDIANSHIP/CENTRELINK /DECISION MAKING	CHILD AND FAMILY/RELATIONS HIPS	OTHER ISSUES
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=162	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

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



### 3. POSITIVE OUTCOMES

- LHC training and referral processes **increased the numbers of referrals** of clients from the participating community services to the participating legal services.
- Community workers who completed the LHC with **clients identified more types of legal issues** than they might otherwise have been aware of, or thought of as legal issues.
- The LHC is **relevant for vulnerable clients and aids communication** with such clients in a non-threatening way.
- The LHC collaboration enabled the paired services to have a better understanding of each other and therefore a **better-integrated service** for clients.
- 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.

### 4. ROOM FOR IMPROVEMENT

- Collaboration would be improved by:
  - use of formal protocols, with clarity about referral processes
  - built-in review and training needs identified
  - commitment of senior personnel of each agency to the agreement, and these personnel encouraging their agency staff to adhere to the protocol
- Lawyers less likely to refer to 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.
- Would be valuable to improve communication between lawyers and community workers following legal appointments, to assist timely follow-up and integrated responses.

### 5. PARTICIPANTS SAID...

**On identification of 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".* (community service)

**On collaboration benefits:** *"We didn't communicate about clients before the pilot but they call us with referrals now"* (legal service)

*"Community services haven't been inclined to send clients to a lawyer for assistance before. That's changing now"* (legal service)

*"Other DV services have also expressed interest in using the LHC and improving their referral process with us".* (legal service)

**On identifying training needs:** *"We have identified that further training needs to happen regarding debt. [The community agency] has a specific worker for this, so we think that they're dealing with this, but we [the legal service] also do it, so things might be falling between the gaps."* (legal service)

**On connecting to vulnerable clients:** *"[The LHC collaboration is] 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)."* (legal service)

*"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."* (legal service)



**On more appropriate legal referrals:** *“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)

**On handling multiple legal issues:** *“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)

## 6. BEST PRACTICE COMPONENTS OF LHC COLLABORATION

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



## Appendix 3A – Updated Literature Review

This annotated bibliography has been prepared by QPILCH as part of the DJAG Legal Health Check project. It is an overview of recent relevant literature relating to supporting people with complex needs through the social services sector. It builds on the discussion of relevant literature in the final report for the NACLC Legal Health Check project,<sup>1</sup> and is not intended to be comprehensive.

### **K Brousalis, ‘Don’t smoke, don’t be poor, read before signing: Linking health literacy and legal capability’ (Report, Community Legal Education Ontario, April 2015)**

The report draws comparisons between community health information and community legal education practices and makes recommendations for the improvement of community legal education, taking into account the legal capability of vulnerable clients.

The report finds that in the legal sector, there is little recognition of social and economic determinants and barriers to the access and use of legal information. The paper assesses the way in which legal capability is affected by social determinants of health including income, education, employment, housing, gender, race and disability, and recommends strategies and opportunities to address these barriers in the provision of community legal education.

The paper notes the significance of ‘trusted intermediaries’ (community organisations) in reaching vulnerable individuals in both the health and legal sectors. It also recommends that legal services design a ‘quick screening tool’ to help ‘trusted intermediaries’ and frontline legal workers to identify needs. A screening tool could also help vulnerable people recognise legal needs before they reach crisis point.

The recommendations in this report support the use and adoption of a Legal Health Check as a community legal education resource for vulnerable clients.

### **C Coumarelos, H McDonald, S Forell and Z Wei, ‘Collaborative Planning Resource – Service Planning’ (Law and Justice Foundation of New South Wales, November 2015)**

This resource was developed to assist community legal centres and other free legal service providers to design appropriate legal services for specific priority client groups. It explains how findings from legal needs research can be used to plan services that align with the objectives of the 2015 National Partnership Agreement on Legal Assistance Services.

Findings from legal needs research suggest that legal services should be targeted, joined-up, timely and appropriate, in order to be effective. The resource notes there are challenges to joining up services, because more collaboration/integration often requires more resources to manage relationships between or within organisations.

The resource notes that there is no single or ‘ideal’ model of service delivery. To support collaborative service planning, the resource outlines evidence about the legal needs of different vulnerable groups and the types of service delivery strategies that are likely to be most effective for these groups.

Where ‘problem noticers’ are identified are as a mechanism to make services more appropriate or accessible, legal service providers could consider using the Legal Health Check to support collaboration and service delivery.

### **A Currie, ‘Extending the Reach of Legal Aid: Report on the Pilot Phase of the Legal Health Check-Up Project’ (Report, Halton Legal Clinic, 2015)**

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<sup>1</sup> QPILCH, ‘Legal Health Check online portal for community workers’ (Project report, June 2015). Available at: <http://legalhealthcheck.org.au/legalhealthcheck/wp-content/uploads/2015/06/FINAL-NACLC-Project-Report-with-cover-page.pdf>

The report reviews the pilot phase of Halton Community Legal Clinic's Legal Health Check-up (LHC) program. The LHC pilot program relies on partnerships between the legal clinic and a number of community organisations, and targets disadvantaged clients. Intake data showed a much higher than average experience of multiple concurrent legal problems. The outcomes of a completed LHC form included direct legal assistance, group sessions, and the provision of public legal education resources.

The report found the LHC was an accurate tool for detecting legal problems, a useful tool to identify problems before they reached a crisis level, and a good foundation for outreach activities. The report emphasised the LHC's success. It noted that the LHC often facilitates a conversation from which general issues faced by the client may be discussed.

The report also found that a good relationship between the legal clinic and service providers both encouraged people to engage with legal service (where there was otherwise an identified and widespread reluctance to do so), and contributed to more holistic, integrated legal practice. The report also noted that 'an open-ended, holistic and integrated legal service is outside the range of experience and the culturally-based expectations of disadvantaged people seeking help' (p 25).

One interesting issue identified in the report was the difficulty in characterising "crisis situations" for vulnerable populations and the limited role that lawyers can play in addressing the complex needs of people with entrenched disadvantage.

#### **A Currie, 'The Next Step: The Subregional Rollout of the Legal Health Check-Up' (Report, Halton Legal Clinic, January 2016)**

This report considers the adoption of the Legal Health Check-up by three community legal clinics following the completion of the Halton pilot program. The report found that the rollout of the LHC was a valuable tool in building relationships between community agencies. Participants also reported a change in legal practice from directed and result-driven practice to more holistic and ongoing support.

A concern raised by the report was the limited ongoing use of the LHC forms by front-line workers. This may be because those workers are busy and/or have their own intake processes. Some organisations also suggested that the LHC is a preventative, early intervention tool, and may not be used effectively in a crisis environment.

Three of the clinics are also considering carrying out 'secondary consultations' (lawyers advising non-legal professionals) to support clients and build relationships between legal clinics and intermediaries. The idea of 'secondary consultations' is drawn from the experience and work of Dr Liz Curran in Australia. The report suggests experimenting with secondary consultations may strengthen the community's capacity to collaborate with legal clinics in identifying and addressing legal problems and building a network to access legal services among key community organisations. Examples of secondary consultations encouraged in a Legal Health Check pathway include:

- a process where community workers phone the legal service while present with the client;
- ongoing training to identify needs; and
- regular communication protocols.



**P Flatau et al, 'How integrated are homelessness, mental health and drug and alcohol services in Australia' (Final Report, No 206, Australian Housing and Urban Research Institute (AHURI), May 2013)**

This report outlines findings from a cross-sectional, mixed method study in Melbourne, Perth and Sydney involving community organisations and service users. The report considers the practical reality and experience of integration in relevant services from the perspective of different stakeholders.

Service integration is defined broadly as 'services working together to achieve common goals', and the report adopts a comprehensive framework for analysing the scope, depth and extent of integration from the perspective of different stakeholders.

Key findings from the report are:

- there is a desire on the part of both clients and service providers for greater levels of service integration. However, there are some limits to desired integration, which ought to be recognised by governments;
- in general, service integration is associated with improved outcomes for clients;
- service integration is highest between services in the same domain rather than across domains; and
- practices around governance, information sharing and staff collaboration are limited and resources are required to support their development.

Overall, the report finds that policy makers have a key role to play in supporting and funding bottom-up integration, as well as considering potential for systems-level integration across different 'sectors'.

**S Forell and A Gray, 'Outreach legal services to people with complex needs: what works? (Justice Issues, No 12, Law and Justice Foundation of New South Wales, October 2009)**

The paper analysed existing research on best practice for face-to-face outreach legal services to people with complex needs.

The paper identified several features of effective outreach legal services. In particular, relevant research showed that co-location with community organisations was not enough to guarantee clients will access the service and it was important to build effective referral pathways with key 'problem noticers' and 'market' the service directly to potential clients. Initial and ongoing relationships between the legal service and community organisation, as well as training for community workers to identify and refer legal needs were key ingredients for an effective partnership.

Another key finding was the need for ongoing communication between the legal service and community organisation to sustain referrals and support the delivery of legal services (eg, workers assisting clients to access documents).

Equally, it was important for legal advisers to be aware of referral pathways for non-legal needs, including understanding the role and capacity of the partner agency. In addition, there was a need for one person (lawyer or separate 'coordinator') to have responsibility for developing and sustaining relationships with 'problem noticers' and providing ongoing training to community workers and lawyers.

The paper identified lack of research about the role of community legal education in outreach legal services as something to be addressed by further research.



**S Forell and H McDonald, 'Beyond great expectations: modest, meaningful and measurable community legal education' (Justice Issues, No 21, Law and Justice Foundation of New South Wales, December 2015)**

This paper outlines a framework for understanding and evaluating community legal education and information (CLEI). The framework divides CLEI by its intended audience (general community, people with low capability or community workers) and its timing in the life of a person's legal problem ('just in case' or 'just in time').

The paper recognises CLEI as a vulnerable component of legal service delivery, especially for clients with low capability who may not be able to self-help. It suggests that a meaningful measure of CLEI for community workers to give help would be an increase in referrals to the outreach clinic.

In the context of the Legal Health Check, the paper is helpful to assist legal services to situate the tool in their existing CLEI activities and service delivery, and realistically consider what can be achieved by its use.

**M Hardham, 'Starting a Health Justice Partnership – A toolkit' (Health Justice Partnerships Network, 2015). Available at: [http://www.justiceconnect.org.au/sites/default/files/HJPs Toolkit final 20150908 low res.pdf](http://www.justiceconnect.org.au/sites/default/files/HJPs_Toolkit_final_20150908_low_res.pdf)**

The toolkit was developed on behalf of the Health Justice Partnerships Network to support organisations planning or providing legal services in health or welfare settings.

The toolkit outlines 12 steps to establish a partnership between legal and non-legal services, and draws on Australian case studies to illustrate each step. The Legal Health Check is included as a suggested resource for training and capacity building.

The toolkit is an important resource for the community legal sector in Australia, and a good record of innovative practices and initiatives in place at the time of writing.

The toolkit will continue to be updated to reflect learnings from practice.

**H McDonald and Z Wei, 'How people solve legal problems: level of disadvantage and legal capability' (Justice Issues, No 23, Law and Justice Foundation of New South Wales, March 2016)**

This paper draws on findings from the 2012 Legal Australia-Wide (LAW) Survey to consider how people's personal capability affects their ability to seek advice or assistance for legal matters.

Key findings in relation to the advice-seeking behaviours of people experiencing disadvantage are:

- these people are less aware of not-for-profit legal services and less likely to take action in response to legal problems;
- they are significantly less likely to make use of self-help, non-legal advisers and private lawyers as a strategy to resolve legal needs; and
- because of these factors, targeted and tailored CLEI may be critical to assisting more disadvantaged people to 'get help', as well as assisting non-legal professionals to 'give help' by connecting them with legal assistance.

The paper also observes that improved clarity about the target audience and purpose of CLEI would assist legal service providers to develop more integrated and coordinated legal information and services.

To the extent that it helps legal service providers understand the advice-seeking behaviours of disadvantaged clients and referral practices of community agencies, the Legal Health Check can support planning for CLEI and service delivery.



**New Zealand Productivity Commission, 'More effective social services' (Final report, August 2015)**

This report makes several recommendations about improving the social services system in New Zealand. Although the social services system does not explicitly include the free legal assistance sector, we consider the work of free legal services falls squarely within the social services sector and, in any case, the findings are relevant for our sector.

A key finding from the report is that the social services system in New Zealand does not adequately support people with complex needs and low capability. Additionally, this cohort needs a 'navigator' to help them access the variety of services they require to address their complex needs.

Relevantly, the report recommends that government should seek further opportunities to improve the social services system through client-centred service 'integration' in parts of the system that have complex inter-connected pathways.

The report recognises that integration is a challenging and contested goal. It also acknowledges that ad hoc integration efforts, while important, are limited due to issues with sustainability and lack of strategic planning.

This report confirms the role government can play in coordinating social services (including legal services) and supporting practical initiatives for 'integration' between services that cut across different professions.

**P Pleasance et al, 'Reshaping legal assistance services: building on the evidence base' (Discussion paper, Law and Justice Foundation of New South Wales, April 2014)**

This discussion paper sets out a framework and strategies for access to justice 'practice' based on the significant body of legal needs research undertaken by the Law and Justice Foundation of New South Wales.

To most efficiently and effectively assist people with the most legal need, legal services must be:

- **targeted** to those most in need;
- **joined-up** with other services (non-legal and legal) likely to be needed;
- **timely** to minimize the impact of problems and maximize utility of the services;
- and
- **appropriate** to the needs and capabilities of users.

The paper notes that clarity is needed as to the place of public legal assistance services within the broader community services sector.

The findings and strategies in this discussion paper are reflected in the Collaborative Service Planning tool.

**VicHealth, *Partnerships Analysis tool: A resource for establishing, developing and maintaining partnerships for health promotion* (2011). Available at: [https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/General/Partnerships\\_Analysis\\_Tool\\_2011.pdf?la=en](https://www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/General/Partnerships_Analysis_Tool_2011.pdf?la=en)**

This tool builds on an analysis of a number of initiatives undertaken by VicHealth, and offers suggestions for the formation of effective partnerships. It notes the benefits of successful partnerships between and within sectors, including diverse and complementary skills, and efficient pathways to better outcomes.

The tool highlights the importance of shared values, clear understanding of structures and relationships, and thorough planning of joint activities.



## Appendix 3B – Useful Legal Needs Assessment Tools

- overview of NACLC tools and framework : <http://www.nacalc.org.au/resources/LegalNeedsprojectinformation.pdf>
- Law and Justice Foundation (NSW) collaborative planning resources for service planning and data: <http://www.lawfoundation.net.au/ljf/app/B6DC9E05711F044CCA257EF5000E995F.html>
- 2015 Report on experience with NACLC tools at one CLC: *Piecing together the puzzle: The perspective of community organisations about legal need*. Available from Hume Riverina Community Legal Service.





## Appendix 4 - Pilot site training Quiz

This document can be downloaded from <http://legalhealthcheck.org.au/legalhealthcheck/resources.html>

### INSTRUCTIONS

1. Everyone to stand up
2. Practice a buzzer noise
3. Questions will be read in full and then say GO and first to buzz and answer correctly wins a prize...[unless otherwise specified]
4. Where you think multiple answers are correct, you can indicate which ones.

### QUESTIONS

**1. How many new and different legal problems is your vulnerable client likely to have each year?**

- a) None
- b) One
- c) Three
- d) Five

**2. Finish this sentence: A Legal Health Check is like ...?**

- a) A needle which immunises vulnerable clients against legal problems.
- b) A clear menu which assists vulnerable clients and community workers to diagnose legal needs.
- c) A script for medication which automatically allows vulnerable clients to access legal help.

**3. How does the research in the area of legal need identify community workers?**

- a) Problem solvers because you can help your clients solve their legal problems
- b) Problem noticers because the client speaks to you first and you are best placed to refer the client to lawyers
- c) Barriers because you prevent your clients from accessing legal services efficiently

**4. What are some of the impacts of clients and community workers and lawyers ignoring legal problems?** *For this Q, people move to right or left of room depending on whether agree or disagree. No prizes...*

- Shame and hopelessness
- Blacklisting
- Move on more easily from violent relationships
- Clients learn to solve their problems themselves
- Stress
- Being unable to afford rent or stabilise housing
- Makes other problems in a person's life worse
- Clients get better help from their friends
- It saves everyone time.
- Lack of clarity about tipping/pressure point for client
- Can undo your professional efforts
- Lethargy and apathy
- Frustration

**5. What is a client mostly likely to say if a community worker asks them: "Do you want to see a lawyer?"**

- a) Yes
- b) No
- c) Don't know



**6. What types of legal issues are covered in a Legal Health Check?** (again move to R or L of room depending on whether agree or disagree)

- Debts
- Wills
- Fines
- Housing
- Personal injury claims
- Discrimination
- Crime
- Centrelink and decision making
- Neighbourhood disputes
- Relationships

**8. Which of these statements is most accurate?**

- a) My client can recognise their own legal problems
- b) My client can connect to a lawyer by themselves
- c) My client may benefit if I ask them questions about their legal need.

**9. Is the mini LHC postcard best used to?**

- a) To advertise legal services to clients.
- b) To quickly identify key legal issues in a drop-in session or short consultation
- c) To connect clients to lawyers by writing down appointment details

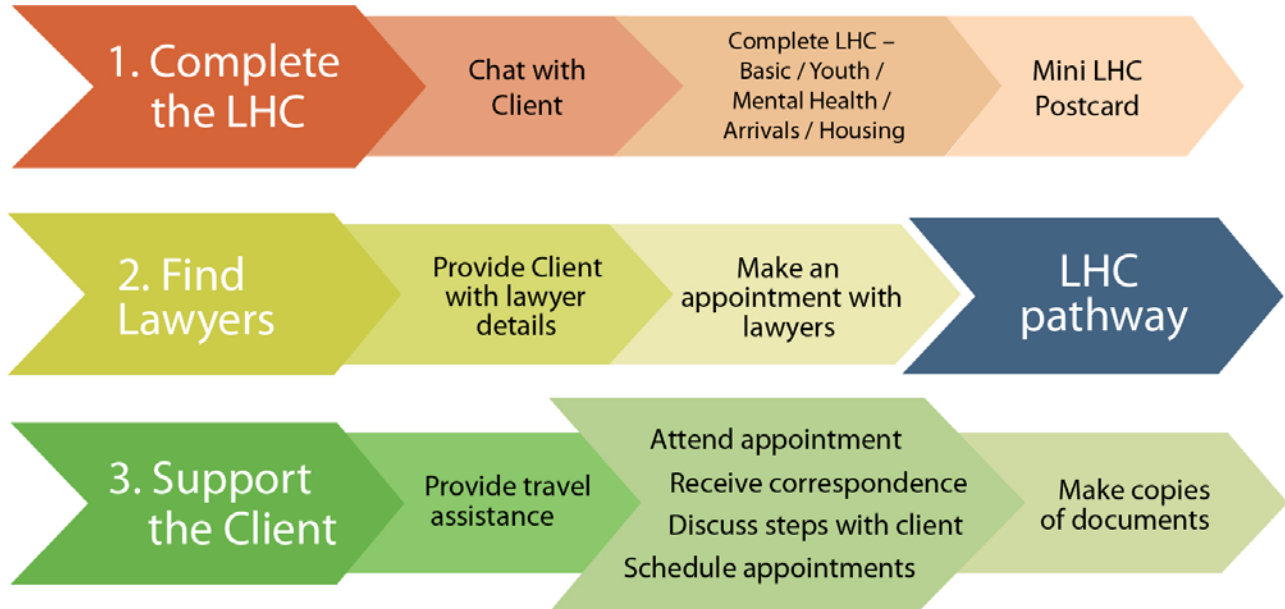
***NEXT Qs aren't technically reviewing Qs, so much as preview Qs***

**True or False?** (for you –there is no right or wrong answer)

1. Using a LHC takes away a client's choice?
2. A LHC makes a community worker's job harder.
3. Before watching the LHC training videos, I already had a good understanding of how to address my clients' legal issues.



## Appendix 5 – Community Worker Spectrum



An editable Word version of this document is available for download from the Legal Health Check website: <http://legalhealthcheck.org.au/legalhealthcheck/resources.html>

## LHC COLLABORATIVE PLANNING TEMPLATE

Use this template to clarify which legal issues the community agency will ask their clients about and refer to partner legal service or handle in-house/refer directly to another legal service; **AND** which legal issues the legal service will respond to and how. (e.g. advice only/task assistance/full-representation)

<b>COMMUNITY AGENCY</b>	
Contact Person and Details	
<b>LEGAL AGENCY</b>	
Contact Person and Details	
<b>DATE COMPLETED</b>	

### 1. Money Troubles (Debt)

	Yes	No	Unsure		
<b>Is anyone chasing you for money?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Community workers</b>	<b>Community lawyers</b>
<b>Do you have any payments due or unpaid accounts?</b> <small>E.g. phone/Centrelink/Cash converters/electricity/car loan Complete the table below for each debt, where possible</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Would you like to access your superannuation or insurance cover?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Debt	Creditor <small>(Who you owe \$ to)</small>	Amount owed <small>(approx.)</small>	Installment <small>Payment amount and frequency</small>	Contact <small>Are you being contacted by Phone? E.g. by debt collector?</small>
e.g.	Telco	\$2500	\$100pfn	Yes
1.				
2.				
3.				
4.				

**Please attach a copy of client's Centrelink and/or bank statement if possible**



## 2. Unpaid Fines

	Yes	No	Unsure	Community workers	Community lawyers
<b>Do you have any unpaid fines?</b> (e.g. SPER/SDR/CCV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Would you like to explore your options?</b> E.g. smaller instalments// Work orders// Waviers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Details</b>					

## 3. Housing Concerns

	Yes	No	Unsure	Community workers	Community lawyers
<b>Have you recently been evicted?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Was your tenancy bond lodged and not returned?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Did you leave any belongings behind at recent accommodation?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Do you have any unpaid rent?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Are you or do you want to apply for government or community housing?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Are you on any tenancy blacklists e.g. TICA?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Details</b>					

## 4. Crime

	Yes	No	Unsure	Community workers	Community lawyers
<b>Do you have a Notice to Appear, or are you due in Court?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Do you want to deal with any outstanding warrants?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Details</b>					



## 5. Centrelink and Decision-making

	Yes	No	Unsure	Community workers	Community lawyers
Are you receiving the appropriate Centrelink benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are you under a Forensic or Involuntary Treatment Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the Adult Guardian look after your personal or health affairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the Public Trustee make decisions about your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Would you like to change or review any of these arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Details</b>					

## 6. Relationships *Would you like to discuss...?*

	Yes	No	Unsure	Community workers	Community lawyers
Domestic violence orders you want, have or are subject to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Arrangements, plans or orders about children? (e.g. who the child/ren live with, spend time with, or your involvement in major long-term issues)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
State child protection orders or concerns about you or any children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Your rights in any personal relationship, including divorce or separation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Concerns about your experiences as a child, while you were in the care of adults or institutions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Details</b>					



## 7. Other

**Do you have any other concerns that you would like to raise with a lawyer**

Yes    No    Unsure

<i>Community workers</i>	<i>Community lawyers</i>

For a list of local community lawyers check [www.legalhealthcheck.org.gu](http://www.legalhealthcheck.org.gu) for details.

Privacy: If you keep a copy of a completed Legal Health Check, it is subject to your organisation's privacy obligations.



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