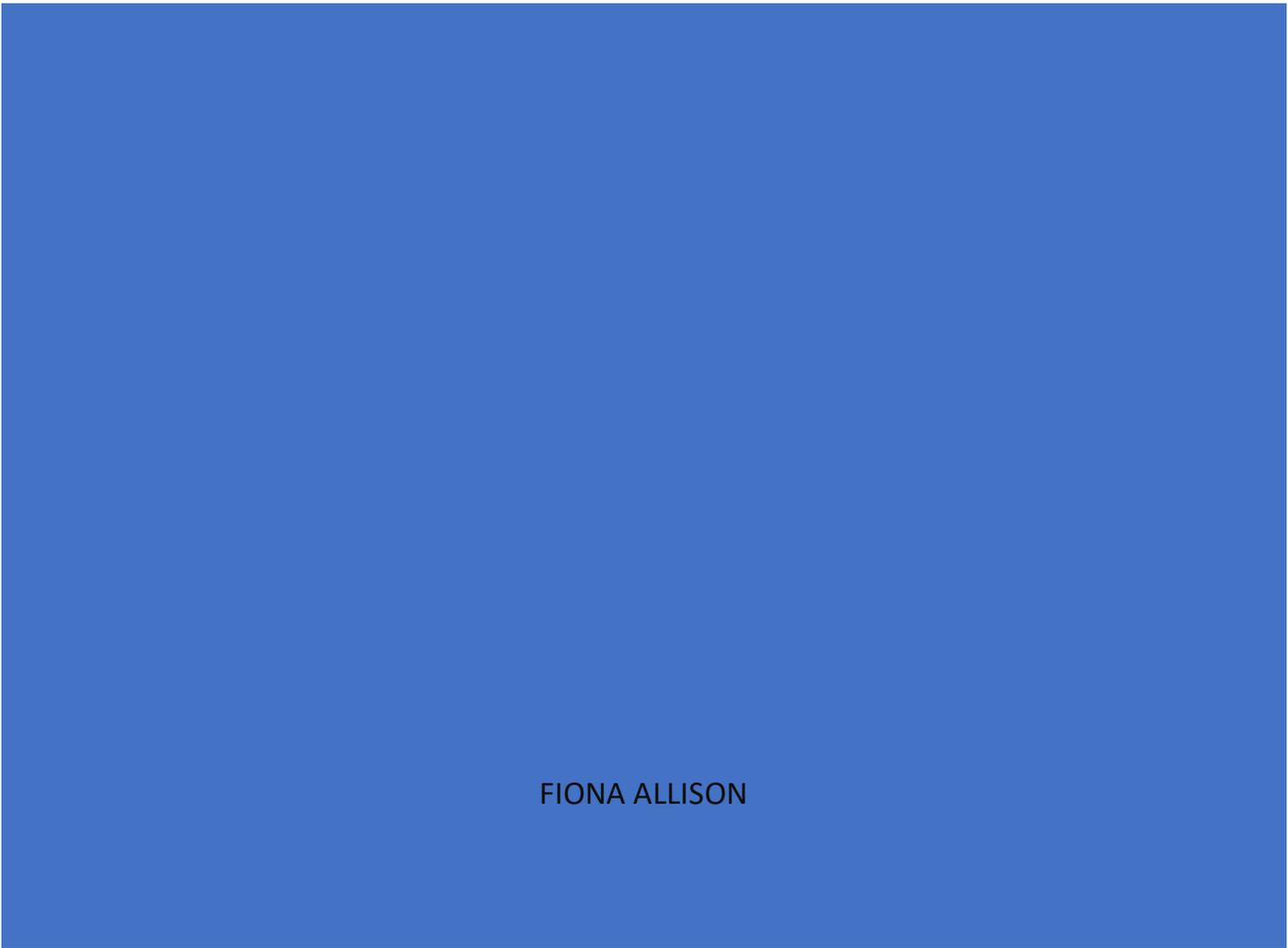


EVALUATION OF THE LAW RIGHT  
WUCHOPPEREN HEALTH JUSTICE  
PARTNERSHIP AND LAW YARN



FIONA ALLISON

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## ACRONYMS

ACCHO	Aboriginal Community Controlled Health Organisation
ACCO	Aboriginal Community Controlled Organisation
AMS	Aboriginal Medical Service
AOD	Alcohol and other Drugs
ATSILS	Aboriginal and Torres Strait Islander Legal Service
CIAF	Cairns Indigenous Art Fair
CLASS	Community Legal Assistance Services System
CLC	Community Legal Centre
CLE	Community Legal Education
CWB	Child Wellbeing Unit
DATSIP	Department of Aboriginal and Torres Strait Islander Partnerships
FASD	Foetal Alcohol Syndrome Disorder
FWB	Family Wellbeing Unit
HJP	Health Justice Partnership
KWM	King & Wood Mallesons
LR	LawRight
LHC	Legal Health Check
NACCHO	National Aboriginal Community Controlled Health Organisation
NAIDOC	National Aboriginal and Islanders Day Observance Committee
PM&C	Prime Minister and Cabinet
PTSD	Post Traumatic Stress Disorder
QIFVLS	Queensland Indigenous Family Violence Legal Service
SPER	State Penalties Enforcement Registry
WHS	Wuchopperen Health Service
WHSJHP	Wuchopperen Health Service Health Justice Partnership

## EXECUTIVE SUMMARY

### 1. Introduction

This is a report on an evaluation of a Health Justice Partnership (HJP) established in March 2016 by LawRight with Wuchopperen Health Service (Wuchopperen or ‘WHS’) in Cairns, QLD, and of a Legal Health Check tool, the ‘Law Yarn’, being used within this partnership. HJPs involve collaborative legal and health service delivery designed to (i) respond to the multiple points of intersection between justice and health issues, particularly for more marginalised groups in the community, and through this approach (ii) to substantially improve health and legal outcomes, including by way of enhanced access to justice.

The Wuchopperen Health Service Health Justice Partnership (WHSHJP) incorporates a clinic through which LawRight and other legal service partners, including QLD’s Aboriginal and Torres Strait Islander Legal Service (ATSILS) and King & Wood Mallesons, provide primarily civil and family law legal information, advice and casework to clients of Wuchopperen. In 2018/19 WHSHJP assisted 92 clients with civil and family law matters, predominantly. ‘Information’ was the most common category of assistance provided, followed by ‘legal advice’ and ‘referral’. Significantly, this partnership is unusual in terms of HJPs in Australia as it combines both an Aboriginal community-controlled health *and* legal service partner.

The Law Yarn is a Legal Health Check (LHC) tool introduced in May 2018 at WHS, intended for use by WHS staff and within the WHSHJP more broadly to identify the legal issues of and to communicate about legal needs with Aboriginal and Torres Strait Islander people in a culturally specific way. It was initially expected that Law Yarn would be rolled out in two work units at WHS, but it was later determined that it the whole of WHS would use the tool. Though the evaluation points to a high level of support for and interest in using Law Yarn amongst WHS staff, it is not currently being used to any significant or consistent degree. Resourcing and other issues have impacted on capacity to realise the tool’s potential.

The evaluation has been undertaken over an 18-month period. The evaluation has collected and analysed qualitative and quantitative data gathered from clients, client files and LawRight’s database, and from staff of WHS, LawRight and legal partners. Legal clinics have also been observed during the evaluation.

### 2. Strengths and successes of the partnership

The coming together through this partnership of health and justice has had significant positive impacts for clients and partner stakeholders, including increased awareness of the links between, the necessity for and benefits of connecting health and justice issues and outcomes through an

HJP. Within the evaluation participants understood the latter links as encompassing enhancing of health outcomes, including by working with social determinants of health, through adequate resolution of legal problems. Unresolved health issues were also identified by participants as causing legal problems, and as making it more difficult to respond to these problems. Clients and other participants pointed to direct examples of improved health and legal outcomes for clients. All clients identified accessing the legal clinic at Wuchopperen as improving their wellbeing, mostly by reducing stress and anxiety caused by legal issues. Wuchopperen staff identified this too, along with positive impacts of accessing legal help on social determinants of health. Staff also thought that having the legal clinic at Wuchopperen was bringing clients back to the health service for assistance with health problems.

Outcomes of this nature were seen as unlikely to be attained in any other context. Approaches or strategies identified as working well in this regard included seamless, ‘joined-up’ lawyer /clinician interaction around the health and legal needs of vulnerable individuals, as well as a focus by both the legal and health services (in some areas of practice) on early intervention. Having access to a lawyer through a health service creates opportunity for more preventative legal responses to legal issues. The legal clinic is also quite focused on empowering clients to make informed decisions about legal options before issues escalate, and will respond to issues that are more ‘non-legal’ than legal in nature. Clients identified knowing about options and rights through the clinic as sometimes sufficient, enabling them to move things forward on their own.

A major strength of the HJP is that it is improving access to justice for Aboriginal and Torres Strait Islander people, a group that has generally experienced very poor access to justice. The data gathered for the evaluation indicates that only one in ten clients had had prior legal help for the issue with which they were assisted by the clinic. Barriers inhibiting Indigenous access to justice include complexity of need, language, physical or geographic barriers, and limited knowledge and distrust of the law. Some of these issues are particular to or experienced in particular ways by Indigenous people. Data presented in the evaluation points to these barriers as arising for clients of and being addressed through the WSHJHP. For instance, that the bulk of clients were accessing the legal clinic through Wuchopperen staff (65 of 67 clients for whom this information is available) points to the importance of engagement with a culturally safe individual with knowledge and capacity to link Aboriginal and Torres Strait Islander people needing legal help with those offering it.

Specific barriers overcome through the WSHJHP include the co-location of the legal clinic within the health service. This addresses geographic or physical barriers. Clients may not have the confidence, money, transport or other resources to access a lawyer off-site. Additionally, this co-location was beneficial for the relationship between staff at the legal clinic and WHS staff, including as they could discuss (during physical contact in a shared space, more informally) legal issues arising for clients and best responses to them.

Limited awareness of legal options and rights is highlighted as a major barrier to accessing justice for Indigenous people. The clinic casts the net fairly wide in terms of matters it will respond to, meaning that WHS staff and clients can bring non-legal issues to the legal clinic. The amount of non-legal issues the clinic assists with is a definite strength, as it responds to the complexity of need clients have and also leads to early and effective intervention. The fact that WHS staff are identifying legal issues for referral, as noted above, also helps to overcome this particular barrier. WHS staff report identifying issues ‘quite often’ (22/47 responses provided by staff surveyed) or ‘often’ (14/47 responses). Referral of clients to the legal clinic (29/128 responses provided) or other legal service (primarily to ATSILS and QIFVLS) (26/128 responses) are more common responses to legal issues once identified.

### **3. Establishing an HJP with an ACCHO**

Key to the effectiveness of this partnership is that it involves an Aboriginal Community Controlled Health Organisation (ACCHO) partner with much to offer in terms of addressing Indigenous-specific barriers to accessing justice.

Clients identified the most important factors associated with their contact with the legal clinic. Overall, three of the five most commonly identified factors point to particular needs of Indigenous people being met through the HJP. These factors were [1] ‘having a First Nations Lawyer to talk with’, [2] ‘being able to access legal help in an Aboriginal community-controlled organisation’ and [3] having cultural needs met. Additionally, for many clients having access to a ‘friendly and respectful lawyer’, the most commonly identified factor, was also about being assisted by an Indigenous lawyer at the legal clinic. The WSHJP’s Torres Strait Islander lawyer has provided legal advice to a significant number of clients at Wuchopperen. These four factors help to overcome cultural, language and other barriers to accessing justice commonly encountered by Indigenous people. These include fear and distrust of mainstream systems (including that of the law) and society. They have, in this instance, enabled clients to respond to legal issues that they might not otherwise have addressed.

Situating legal help within a health setting works because community members are more likely to access support for a health issue through a health service than a legal issue through a legal service. For Indigenous people providing access to legal help through an Indigenous community-controlled health service is especially beneficial. Situating Indigenous-focused legal service delivery within an ACCHO is both symbolically significant and more likely to deliver positive Aboriginal and Torres Strait Islander justice outcomes. ACCHOs reinforce principles of self-determination and strengthen culture, key to improving access to justice for Indigenous people.

Barriers that are specific to Indigenous people when accessing justice include disempowerment and associated issues (fear, distrust), arising in part due to social exclusion and colonisation. This

has been identified in previous research and is evident in the present evaluation. What ACCHOs provide as a response to these barriers is a sense of safety, trust, connection and familiarity. Particularly important in this regard are Aboriginal and Torres Strait Islander staff of WHS (and of the legal clinic), including as a response to language and culture related barriers.

### **Broader impacts of the WSHJP**

Also identified are the positive outcomes that this HJP is delivering to the local Aboriginal and Torres Strait Islander community, more broadly. Analysis of client files indicates that an Indigenous-focused HJP may seek to and/or achieve different objectives to other HJPs and/or perhaps the same objectives as others but in different ways. The evaluation identifies the most common objectives achieved for clients as improvement to social determinants of health. Enhanced physical and mental health outcomes were also relatively common. A further common outcome identified was gaining an ‘understanding of the law, systems and rights.’

Many of the outcomes highlighted may be attained by any individual assisted with resolution of a legal problem. However, that the partnership is providing these outcomes to Aboriginal and Torres Strait Islanders is significant, given the poor access to justice generally experienced by this group. Improved access to justice is achieved because of the ways in which the WSHJP is engaging with Aboriginal and Torres Strait Islander people. Moreover, some of the outcomes delivered are specific to Aboriginal and Torres Strait Islanders, such as ‘improving cultural determinants of health’, ‘claiming redress for historic injustice’, ‘building capacity in community to exercise rights’ and ‘addressing racism and social exclusion based on race’. This is significant as it speaks to what effective access to justice might look like in an Indigenous context.

The legal clinic is primarily addressing unmet Indigenous civil and family law needs, an important outcome in itself and as likely to help to reduce Indigenous criminalisation and social exclusion. Unaddressed civil and family law problems commonly feed into contact with the criminal justice system and social disadvantage. Importantly, the partnership is also working with these issues in ways that reflect and respond to Aboriginal and Torres Strait Islander circumstances and perspectives, with positive community-wide impacts.

The issues it takes on often address or provide redress for inequalities or injustices (historical or ongoing) arising from interactions between Aboriginal and Torres Strait Islander people and mainstream government. As an example of this, Centrelink is an issue the legal clinic responds to, including when Indigenous people are disproportionately dependent on social security benefits and have difficulties working with the system set up to administer payment of these benefits. Policing, child protection and discrimination are other areas in which the legal clinic is responding to more structural inequalities.

The legal clinic's work with Stolen Wages, an issue of specific relevance to Aboriginal and Torres Strait Islander people, has led to successful outcomes for a significant number of clients, assisting them to navigate QLD government's compensation scheme to access redress for an historic injustice. This work has recognised and reinforced Indigenous-specific cultural perspectives on family ties in advocating on behalf of 'family' for access to compensation: with 'family' being defined according to Indigenous rather than mainstream definitions. The work with Stolen Wages has built up trust and connection between the HJP and community, likely to increase access to the clinic by Aboriginal and Torres Strait Islander people. A further impact of the work is that through addressing this type of issue the community now has increased understanding that legal issues impacting on Indigenous people can and do sit *outside of criminal law*. As a final point on broader impacts of the HJP, by upskilling Indigenous people in immediate contact with the clinic (clients, Wuchopperen staff, WHS Board members, etc.) the wider community is more informed and ultimately more empowered – a very effective form of CLE.

### **Partnering in an ACCHO space: key learnings and challenges**

Key learnings related to working in an ACCHO space include that building relationships takes time. There may be issues of trust between Indigenous and non-Indigenous organisations, for instance. Additionally, legal services without sufficient experience working in an ACCHO space may require upskilling. What has made the difference in this instance, to a significant degree, is LawRight's Torres Strait Islander lawyer, who has connected partners, and the HJP and local Aboriginal and Torres Strait Islander community. She has been instrumental to the brokering of relationships, drawing on those that pre-existed or sit outside of her employment at LawRight. This reliance or dependence on an individual, however, raises issues for the longevity of the project.

#### **4. Building on the success of the partnership**

There were a range of suggestions provided about how to build on what is currently working well within the HJP, as well as ideas for improvement on things that might not be working quite so well.

Under-resourcing, funding insecurity and the necessity for further resources to build the partnership was discussed during the evaluation to a significant degree. It is suggested that greater understanding is required within government and, to some degree, within health services in general that health and justice funding ought not to be as siloed as they currently are. There is interest in expanding HJPs like the WSHJPs more broadly, but this requires more strategic discussions about funding across all sectors and with government

It was also suggested during the evaluation that more days or more staff be added to the partnership. In an ideal world, a lawyer could perhaps be sitting at Wuchopperen full time. Suggestions for additional staffing were not always about increasing lawyers, however. The clinic might draw more benefit, for instance, from the addition of an Aboriginal and Torres Strait Islander client support worker or similar to liaise with clients and staff and engage with community more broadly. Dependent on the role, this might be someone employed by the legal partners or by Wuchopperen. There was also discussion about whether the partnership should become wholly-Indigenous, with mixed views shared on this point.

Some participants felt there would be benefits in health and legal staff working more collaboratively with clients, beyond making and responding to referrals. Wuchopperen staff suggested that increased feedback following referrals, for instance, could be beneficial, informing their ongoing work with a client. Also suggested was co-case management of clients through more comprehensively integrated approaches. There was some suggestion too that an increase in regular conversations between legal clinic and Wuchopperen staff (across the whole WHS or through particular WHS work areas) about general issues of relevance to servicing the shared client base would be useful. Perhaps this communication might occur in a structured way, with a practitioner or working governance group established.

The importance of building capacity of Wuchopperen staff to identify and respond to legal issues through additional training about the law (particularly civil law), the clinic and their role in referring clients to it was highlighted. It was also thought that community members ought to be better informed about the law and the clinic, including so that they might self-refer for legal help. Increased CLE and broader dissemination of the Law Yarn into community might assist in this context.

A final point related to systemisation or structure within the HJP at various levels. Though flexibility within the HJP has its benefits, further formalisation of processes was identified as likely to be of some use, for example. This includes with respect to referral processes and those that relate to confidentiality.

## **5. The Law Yarn**

All staff who responded to an evaluation question asking if they felt that the Law Yarn would be of use to them responded positively. Key positive elements of the Law Yarn identified by staff include its focus on a small number of specific areas of law, particularly useful because of the complexity of issues of clients; its simplicity (overcoming literacy and language issues); and that it was culturally safe. Staff felt that for these and other reasons would be helpful in guiding conversations between WHS staff and clients about legal issues.

It was also noted that the Law Yarn has not been rolled out as originally expected (more limited in scope) or as is now expected (across all of WHS). Issues identified as impacting on its roll out and implementation related to resources. Lack of resources inhibited a more comprehensive roll out but also impacts on capacity of the legal clinic to respond to need likely to be uncovered through broad use of the Law Yarn. Staff also require much more training to improve understanding about how to use this tool. Further issues related to the fact that it was not embedded within existing WHS processes, impacting on uptake by staff. However, some preferred it not be systematised in this way.

## **6. Concluding comments and recommendations**

The WSHJHP is attaining its stated goals. The partnership is using best or at least very good practice, including early intervention approaches, to address the multiple legal and other needs of persons who, without accessing the legal clinic, are unlikely to be accessing legal help for legal issues experienced. Alignment of values and understandings between Wuchopperen and LawRight, including in terms of what best practice service delivery looks like in an Indigenous context, is contributing much to the effectiveness of the partnership.

One of the stated goals of the HJP is to address the multiple needs of vulnerable individuals. Complexity of need in Aboriginal and Torres Strait Islander communities arises, in part, due to the range of legal and other issues for which support and assistance is needed. An important positive outcome of the HJP is that it is working with *civil law* issues as they impact on Indigenous people, much less likely to be respond to than criminal law issues. The HJP is also responding well to Indigenous barriers to accessing justice, with the ACCHO partner involved in this instance contributing much in this regard, including because of what it represents in terms of self-determination and cultural connection. What the partnership is also doing well is responding to legal and health issues - and the ways in which they interact. It is doing this on a more strategic level, demonstrating the importance of and effective outcomes to be derived from the two sectors coming together, and on an individual level, delivering very positive health and wellbeing outcomes for clients.

There is considerable support for expansion of the partnership, building on the strong foundations established to date. What this might look like – outreach, additional staff and so on - is dependent on what if any additional and sustained resources are made available to the HJP. One area that needs attention, and that would benefit from an injection of resources, is building capacity of Wuchopperen staff to respond to client issues. Wuchopperen staff are an important link between community members and the legal clinic. Increased community knowledge through CLE and otherwise about the law and the clinic should also help to link community members to the legal clinic.

There is a high level of interest in using the Law Yarn amongst staff. This tool has not had the positive impacts it might have had on capacity of staff to respond to legal issues, including because of changes to its roll out. It has strong potential in this regard, however. Issues impacting on implementation may, however, be difficult to address without additional resourcing or some creative thinking.

Some more specific recommendations include exploring what further structures or formalisation of processes might be established to underpin the WSHJP work. A working group consisting of LawRight and Wuchopperen staff (at least) that could discuss practice-related issues, amongst other things, could be beneficial. Suggestions have also been made about adding staff to the partnership, including by way of an Aboriginal and Torres Strait liaison position situated almost full time at Wuchopperen. This role could involve community engagement, training and mentoring of Wuchopperen staff and client liaison work. If there was capacity, building this work into an existing Wuchopperen position might be one way forward.

## **Report: Evaluation of Wuchopperen Health Justice Partnership**

### **1. INTRODUCTION**

This is a report on an evaluation of a Health Justice Partnership (HJP) established in March 2016 by LawRight (LR) with Wuchopperen Health Service (WHS) in Cairns, QLD,<sup>1</sup> and of a Legal Health Check tool, the Law Yarn, being used within this partnership.

A brief discussion of HJPs helps to set the context within which this report has been prepared and is presented. HJPs involve collaborative legal and health service delivery designed to respond to the multiple points of intersection between justice and health issues and through this approach to improve health and legal outcomes, particularly for more marginalised sectors of society

The latter points of intersection from which HJPs have emerged and to which they seek to include the following. Health and justice issues and outcomes are connected more directly, for instance in coronial inquiries, mental health proceedings and medical negligence litigation. Individuals experiencing domestic violence presenting to health and/or legal services may require assistance with both health and legal issues associated with violence. Issues impacting on health - ‘social determinants of health’ - such as access to an income and housing and/or experiences of racism may have a legal element.<sup>2</sup> Where this ‘legal element’ is adequately addressed both legal and health outcomes will be enhanced. Additionally, factors leading to negative criminal and non-criminal justice outcomes (such as incarceration, child protection interventions, debt) may be directly associated with (unaddressed) health issues (disability, mental health or drug addiction, for instance). Addressing health issues helps to improve a broad range of justice outcomes, including by reducing the incidence and complexity of legal issues. Generally speaking, the same set of broader socio-economic issues (such as poverty, social exclusion, unemployment, homelessness) require attention to avert or reduce problematic health *and* justice outcomes. Improving access to justice for marginalised groups is one important strategy through which to achieve this.

The aims of this particular HJP, the Wuchopperen Health Service Health Justice Partnership (WHSHP), are much like those of similar partnerships, the number of and levels of interest in

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<sup>1</sup> Law Right (n.d.) *The Wuchopperen Legal Clinic Story – an innovative partnership harnessing lawyers to help Close the Gap*

<sup>2</sup> The social determinants of health are discussed by the World Health Organisation at: [https://www.who.int/social\\_determinants/sdh\\_definition/en/](https://www.who.int/social_determinants/sdh_definition/en/)

which have been increasing in Australia in recent years.<sup>3</sup> The WSHJHP, firstly, seeks to improve access to justice for those that ordinarily face significant barriers to addressing legal issues; that is, Aboriginal and Torres Strait Islander people. Access to justice is commonly framed within the law and understood as aimed at ensuring resolution of legal disputes or problems through adequate access to effective legal processes and outcomes. Access to lawyers, law and policy reform and access to legal information are additional elements of access to justice. Access to justice may be increased through an HJP because situating a legal clinic in a health setting helps to reduce barriers to accessing ‘the law’ (such as distrust or not knowing that you have a legal problem requiring attention). In this context, HJPs have been defined as ‘a multidisciplinary approach’ used to ‘address the social and legal problems that are intertwined with a patient’s health through a mechanism that is accessible to the patient in a clinical setting’.<sup>4</sup>

Additionally, HJPs provide a space through which individuals are able to have their legal and health needs met through an integrated health and legal service delivery framework. As such, health and wellbeing outcomes are enhanced alongside justice outcomes through HJPs such as the WSHJHP. This happens at multiple levels. As LawRight suggests, as well as improving responses to more obviously overlapping health and legal needs for individuals (with situations of domestic violence a good example of this), the ‘legal advocacy’ of an HJP ‘can improve social conditions which impact on people’s health’ more broadly (responding to issues such as housing, income and social exclusion, amongst others).<sup>5</sup>

## **1.1 The partnership: introduction**

### **1.1.1 The legal clinic**

The HJP in this instance incorporates a clinic through which LawRight provides primarily civil and family law legal information, advice and casework to clients of Wuchopperen.<sup>6</sup> The legal clinic was initially running one day a week at Wuchopperen’s Manoora location but from August 2018 was expanded to a further day a week at Wuchopperen’s Edmonton location (in Cairns South). QLD’s Aboriginal and Torres Strait Islander Legal Service (ATSILS) has relatively recently joined the partnership (with weekly attendance at both Manoora and Edmonton), along with solicitors from the private legal firm King & Wood Mallesons (monthly attendance). This

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<sup>3</sup> HJPs in Australia are discussed on the Health Justice Australia (HJA) website:

<https://www.healthjustice.org.au/hjp/health-justice-partnerships-in-australia/>

<sup>4</sup> Beeson, T, M Callister, Regenstein, M (2013), *Making the Case for Medical-Legal Partnerships: A Review of the Evidence*, The National Center for Medical-Legal Partnership, Department of Health Policy School of Public Health and Health Services, George Washington University, 2. This paper refers to HJPs as Medical Legal Partnerships, as they are known in the US.

<sup>5</sup> Law Right (n.d.)

<sup>6</sup> To access legal help through the legal clinic an individual must be a client of Wuchopperen

firm provides legal assistance on a pro-bono basis. The Queensland Indigenous Family Violence Legal Service (QIFVLS) was also previously a partner.<sup>7</sup>

To provide a brief snapshot of what one year of work at the WSHJJP looks like, in the last financial year (2018/19) a total of 92 clients were assisted at the legal clinic at Wuchopperen. The bulk of the work undertaken is categorised on the CLASS (Community Legal Assistance Services System) database as ‘information’ (nearly half of all matters), followed by ‘legal advice’ and ‘referral’ to another legal or non-legal service (each of the latter constituting roughly a quarter of all matters). Around two thirds of clients were assisted with a civil law matter. The remainder of clients were assisted, for the most part, with family law matters, with only a small number of clients accessing help for a criminal law matter.

WSHJJP Clients 2018/19			
	Total no. of clients	New clients	Repeat clients
Wuchopperen	16	4	1
Wuchopperen Edmonton	30	35	4
Wuchopperen Manoora	46	46	13
<b>Total</b>	<b>92</b>	<b>85</b>	<b>18</b>

Discrete assistance tasks					
	Information	Referral	Legal advice	Legal task	Total
Wuchopperen	23	4	3	0	30
Wuchopperen Edmonton	37	27	26	7	97
Wuchopperen Manoora	60	30	43	6	139
<b>Total</b>	<b>120</b>	<b>61</b>	<b>72</b>	<b>13</b>	<b>266</b>

Clients by type of matter assisted with			
	Family law	Civil law	Criminal law
Wuchopperen	2	14	0

<sup>7</sup> QIFVLS was involved in the HJP from August 2017-September 2018.

Wuchopperen Edmonton	12	19	3
Wuchopperen Manoora	19	29	5
<b>Total*</b>	<b>33</b>	<b>62</b>	<b>8</b>

\*This total is 108, more than the total number of clients above, presumably because clients are sometimes being assisted in more than one area of law.

Only a small handful of HJPs in Australia involve Indigenous community-controlled health and/or legal service partners.<sup>8</sup> The WSHHJP has both, with ATSILS and Wuchopperen as partners, making it relatively unique and innovative. Previously, QIFVLS was also involved as partner, another Aboriginal Community Controlled Organisation (ACCO). The Indigenous focus of the HJP, including in terms of the clients it works with, requires that more generic HJP principles, practices and outcomes are, to a degree, adapted to ensure they work effectively within an Aboriginal and Torres Strait Islander community-controlled setting. For instance, objectives of HJPs may generally centre upon improved client outcomes, positive organisational change within health and legal institutions and broader policy reform, amongst other things.<sup>9</sup> What these outcomes look like in an Indigenous as opposed to a non-Indigenous context is likely to be different, to a degree. The recognition and realisation of the principle of self-determination and other goals of importance to Aboriginal and Torres Strait Islander people will be important in an Indigenous-focused HJP, and are likely to underpin definitions and attainment of HJP objectives.

### 1.1.2 Law Yarn

The Law Yarn is a Legal Health Check (LHC) tool introduced in May 2018 at Wuchopperen. It was designed by Indigenous designer Riki Salam, in collaboration with Indigenous legal services, LawRight and Wuchopperen staff. Formal workshops were held at WHS in late 2017, during which the designer and services came together to discuss development of the Law Yarn. Prior to this there had been around 18 months of conversations between LawRight, Wuchopperen executive level staff, Elders on the Wuchopperen Board and local legal services. These conversations identified that a resource could help increase awareness of legal issues for and link community members with the legal clinic. This gave rise to the Law Yarn.

The Law Yarn is intended to assist those working within the health service (who have no or little legal knowledge) and legal partners of the HJP, including LawRight staff, to identify legal issues of and to communicate about legal needs with Aboriginal and Torres Strait Islander people in a

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<sup>8</sup> Institute for Urban Indigenous Health (IUIH), for instance, has employed inhouse counsel to address legal issues for clients. See IUIH (2018) *Annual Report 2017-2018*, 42.

<sup>9</sup> Beeson et al (2013).

culturally specific way. It builds on a pre-existing LHC tool developed by LawRight, used since 2009 with vulnerable client groups in inter-disciplinary, collaborative care settings.<sup>10</sup> The initial LawRight LHC is identified as ‘in essence a menu – a list of effective and appropriate questions’ to be used by community workers to ‘diagnose’ the legal needs of their clients and to ‘collaborate with legal services to develop effective referral pathways to address those legal needs’.<sup>11</sup> The LHC tool is identified, additionally, as being more than just a printed resource for non-lawyers. Key to the effectiveness of LHCs are, for instance, ‘well-developed collaborative service delivery frameworks’ and upskilling of non-lawyers about the law and how to use the tool.<sup>12</sup>

The LawRight LHC tool has been revised in this instance to build engagement with Aboriginal and Torres Strait Islander people, specifically, around their legal needs. As such, the main objectives of Law Yarn are described by LawRight as:

- to build capacity of health workers working with Aboriginal and Torres Strait Islander clients to recognise and refer clients’ legal issues;
- to build knowledge of the Aboriginal and Torres Strait Islander community generally to become more aware of legal needs and that a legal response to these needs is important; and
- to reduce any disconnect or lack of cultural safety in steps taken to address legal issues, including by ensuring a level of connection between mainstream law and cultural or traditional understandings of lore.

Law Yarn is a two-sided document with graphic imagery on both sides (attached as **Appendix A**). The graphics are used to yarn with individuals about the law, and about legal problems they might be experiencing. There are four focus areas of law on Law Yarn: ‘criminal law’, ‘family law’, ‘money law’ and ‘housing law’. These areas have elsewhere been identified as significant areas of legal need for Aboriginal and Torres Strait Islander people, including in QLD.<sup>13</sup> Each area of law is represented by an icon, used to talk through (and to record on the document) legal issues arising for community members. Each of the issues arising are also prioritised in order of importance or urgency, and this too is recorded on the Law Yarn.

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<sup>10</sup> The LHC was introduced by Queensland Public Interest Law Clearing House Incorporated (QPILCH) as Law Right was formerly known for use in its Homeless Persons Legal Clinic.

<sup>11</sup> QPILCH and NACLCLC (2015) *Legal Health Check online portal for community workers, Project Report: June 2015*.

<sup>12</sup> Ibid.

<sup>13</sup> See, for instance, Cunneen, C, Allison, F, Schwartz M (2014), *The civil and family law needs of Indigenous people in Queensland*, JCU, QLD and Indigenous Legal Needs Project (2013) *Submission into Productivity Commission’s Inquiry into Access to Justice Arrangements*, JCU.

## 1.2 The evaluation

The evaluation was conducted over approximately 18 months (November 2017 to September 2019). It has had a dual focus: concentrating on both the WSHHJP, including the legal clinic, and development and implementation of the Law Yarn.

### 1.2.1 Aims of the evaluation

The evaluation has considered both processes and outcomes in assessing whether the WSHHJP is meeting its **stated goals** and is otherwise effective. The stated goals of the partnership are to:

- 1) provide best practice, effective, early intervention for the multiple legal needs of vulnerable Indigenous people who would not otherwise access legal assistance;
- 2) build the capacity of health and allied professionals at Wuchopperen to identify and refer the multiple legal needs of their clients;
- 3) develop, use and evaluate culturally safe resources and practices for the delivery of effective legal services;
- 4) improve the health and well-being of clients of the partnership; and
- 5) share the outcomes and resources developed by the partnership with the health and legal assistance sectors.

The aims of the evaluation have been focused on assessment of the following.

- a) The impact of the partnership for clients and stakeholders of the project;
- b) Whether the model or resources applied by the partnership were effective;
- c) Whether best practice principles (for legal and, more specifically, HJP service delivery to Aboriginal and Torres Strait Islander people) were applied by the partnership; and
- d) Any recommendations for effective continuation of the partnership at Wuchopperen or in other potential locations.

In many respects, Law Yarn is an attachment to, an extension or element of the broader HJP. It is designed to assist with achieving the stated goals of the partnership, which also specifically refer to the development, use and evaluation of culturally safe resources (incorporating the Law Yarn) and practices. Evaluation of the Law Yarn, therefore, has been broadly informed by the above aims, though specific evaluation activities have been used to conduct assessment of the tool.

### 1.2.2 Evaluation methodology

The methodology used to evaluate the project was developed initially and over the 18-month period of evaluation in close collaboration with LawRight, particularly with the Torres Strait Islander solicitor who provides legal advice at the legal clinic at Wuchopperen. This staff member also has a leadership role within Wuchopperen, and has therefore assisted with engagement by the evaluator with WHS for the purpose of conducting this evaluation.

The evaluation has collected and analysed both qualitative and quantitative data. This data has been gathered from clients, client files and LawRight's database, from Wuchopperen staff, staff of LawRight and of legal partners. Somewhat different tasks and methods have been used to evaluate the clinic, partnership and Law Yarn, separated in discussion that follows. However, all of the data collected is relevant to and is used in evaluating the overall impact and effectiveness of the partnership.

#### **Client input, client data**

##### *Client focus groups and clinic observation*

It was agreed by LawRight and the evaluator that clients and client input needed to be a significant focus of the evaluation, given that their voices (as community members whom the partnership is focused on supporting and empowering) need to be heard.

A questionnaire (largely multiple choice, though with some space for written comment) and a set of semi-structured questions were developed for use in client focus groups. These are set out at **Appendices B and C**. These groups involved between 2-6 client participants. Participants filled out the client questionnaire and engaged in group discussion. One-on-one interviews (including in clients' homes and by phone) were more appropriate for some clients, who were not able to attend Wuchopperen due to disability or other health issues and/or poor access to transport, for instance, or who preferred not to participate in a group setting. A **total of 24 clients** completed the client questionnaire and met with the evaluator, with or without other client participants. The questions and questionnaire provided the evaluation with qualitative and quantitative data pertaining to, amongst other things:

- how clients accessed the legal clinic and whether they would have accessed legal help without going to the legal clinic;
- their satisfaction with, and perceptions of positive and/or less positive aspects of and contact with and outcomes achieved through the legal clinic;
- perspectives on the importance and/or benefits of the clinic being located at Wuchopperen;

- and any recommendations for change, amongst other things.

Quantitative data gathered from clients has been analysed and is set out as tables at **Appendix D**. It is incorporated in discussion throughout report.

### *Observation of clinics*

The evaluator also sat in on a number of legal clinics at Wuchopperen in Manoora and Edmonton, observing client/lawyer and lawyer/Wuchopperen staff interactions. This has informed the evaluation in important ways. For instance, both staff and clients highlighted WHS staff/lawyer interactions as key elements of the success of the HJP. It was useful to observe these interactions in person.

### *Clients: statistics*

It was initially intended that the Community Legal Centre (CLC) database used by LawRight might provide statistics useful for assessing, amongst other things:

- the degree to which the clinic is addressing barriers to accessing legal help (such as transport, disability);
- numbers of client referrals from Wuchopperen staff to the clinic (to identify the effectiveness of referral pathways); and
- the scope and outcomes of work undertaken.

There were and are some important limitations in the data accessible through the database (particularly at the time of commencement of the evaluation). This was due to issues related to the data being collected and arising within the database itself. For instance, the data captures administrative outcomes of client work (such as provision of legal advice, referral of a client). Broader outcomes identified in the database are similarly generic in nature. This data says very little about outcomes likely to be of importance to Indigenous people or to evaluation of an Indigenous-focused HJP.

It was determined that a manual scan of a randomly selected sample of legal clinic files would help to address these limitations. A set of fields were established to draw out information from the selected files. These fields were developed by the evaluator and LawRight staff.<sup>14</sup> They were intended to provide more detailed information about client demographics, client access to the clinic (point of referral, whether they needed transport, for e.g.), and outcomes of legal clinic assistance, for instance. Outcomes highlighted were expanded beyond those captured in the existing database, encompassing (for instance) ‘feeling heard, validated in a culturally proficient way’, ‘addressing racism and social exclusion based on race’, ‘health’ outcomes, and

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<sup>14</sup> These have now been incorporated, too, on file intake and closure sheets to allow for the relevant data to be captured.

‘strengthening social’ and/or ‘cultural determinants of health’. Cultural determinants of health, discussed later in the report, are described as:

... the cultural factors that promote resilience, foster a sense of identity and support good mental and physical health and wellbeing for individuals, families and communities. While the cultural determinants of health are a less understood concept compared to the social determinants of health, there is strong evidence emerging around the various ways that culture can support better health outcomes.<sup>15</sup>

LawRight staff and volunteers, including LawRight’s Torres Strait Islander lawyer, scanned the selected files to draw out this data. The Torres Strait Islander lawyer took overall responsibility for entering data on outcomes. In total, files for **77 clients** were scanned for data. This provided the evaluation with data from a total of **152 files**. The data collected was analysed, with this analysis set out in detail at **Appendix E**.

Files from 50 clients were scanned, initially. It was intended that additional client files would be randomly selected for collection of data a second time around, after roll out of the Law Yarn. It was expected that this second set of files would provide data of relevance to assessing Law Yarn’s impact: for instance, whether it was used by Wuchopperen staff to refer clients and whether types of matters being referred through the tool had changed. Law Yarn, however, has not been implemented to any significant degree by Wuchopperen staff, a point discussed further below. An additional 27 files were selected and data was drawn from them, but without an expectation that this would yield data of use to an assessment of the Law Yarn.

## **Staff and other stakeholder data**

### ***Initial staff consultations on Law Yarn***

Gathering data for evaluation of the Law Yarn was an early priority for the evaluation. The intention, initially, was to capture statistical and other data about the Law Yarn prior to its roll out, expected to take place in the second quarter of 2018. This data, it was thought, could then be used to gauge the tool’s impact after it had been in use for a period of time: for instance, by identifying changes it might have produced in numbers and types of client referrals made by Wuchopperen staff to the legal clinic (as above), or to levels of staff understanding of particular areas of law after provision of training during Law Yarn’s roll out.

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<sup>15</sup> Commonwealth Government, Department of Health (2017), *My Life My Lead: opportunities for strengthening approaches to social and cultural determinants of Indigenous health – report on the national consultations December 2017*

These early Law Yarn-focused consultations (in late 2017 and early 2018) sought to engage with those staff expected to be the first to use Law Yarn with clients. These staff were at that time situated within the Family Wellbeing and Child Wellbeing units at Wuchopperen. Focus groups were held with a total of 13 staff participants. During the focus groups a staff questionnaire and discussion were used to collect information. Questions posed were aimed at gathering information about the capacity and inclination of Wuchopperen staff to identify and respond to legal issues and ways to improve this capacity, and to ascertain initial views on the potential utility and ‘useability’ of Law Yarn. More specifically, participants are asked to identify:

- whether they think it is important or beneficial to talk about legal issues with their clients;
- how confident they were in identifying legal issues;
- the frequency with which they were currently identifying legal issues;
- the type of issues being identified and how they were responding to them;
- their level of knowledge of criminal and non-criminal law
- potential barriers to identifying and responding to legal issues;
- initiatives or approaches that might help address these barriers; and
- likely benefits of and/or concerns they had about use of the Law Yarn.

The questionnaire was largely multiple choice, though there was also some space for written comment. The questions on the questionnaire formed the basis for group discussions. The discussion and the completed questionnaires generated both quantitative data and qualitative data. Qualitative data gathered from staff is incorporated into the report discussion. The staff questionnaire is attached as **Appendix F**. Responses to the staff questionnaire have been analysed, with this analysis set out at **Appendix G**.

Early interviews focused on the Law Yarn were also conducted with key Wuchopperen staff. These staff, for the most part, were those in managerial roles and/or who were identified as especially engaged or connected with the legal clinic (and who might, therefore, have valuable input about staff referrals of clients to the clinic). A set of semi-structured questions were used during staff interviews, with a very similar focus to those used in the staff focus groups, discussed above: to assess what was currently happening in terms of the linking of clients by Wuchopperen staff to the legal clinic, as well as what might be done to build capacity in this context and whether the Law Yarn might assist with this. These staff interviews yielded qualitative data which has been incorporated into discussion in the report. The questions used to interview staff about the Law Yarn are attached as **Appendix H**.

### ***Follow up Law Yarn consultations***

The intention was to come back to Wuchopperen staff who had initially participated in interviews and focus groups about the Law Yarn *after* it had been introduced, as noted, in order to measure potential impact. It was also expected that challenges identified at this time might

have been addressed at these early stages of Law Yarn's implementation. The Law Yarn, however, has not been rolled out to the degree that was originally expected. A decision was made after its initial introduction to implement the tool across Wuchopperen in its entirety. The legal service had thought, at first, that it might work better if particular staff were trained to use the Law Yarn – thereby taking 'particular staff on a journey'. It was later determined, however, that to build 'relationships across the micro-communities in that big community that is Wuchopperen, even just between Aboriginal and Torres Strait Islander people, the legal clinic staff had to be everywhere', as did the Law Yarn. The original intentions for roll out of the Law Yarn were therefore changed to 'work with what was needed'. Resourcing issues have, however, impacted on capacity to achieve a more comprehensive roll out. For this and other reasons the tool is not being used to any significant degree by Wuchopperen staff, though LawRight staff are using it with clients at the legal clinic, to a degree.

In 2019 the evaluator, Wuchopperen and LawRight staff determined that it would be useful to complete the staff questionnaire discussed above with a broader range of Wuchopperen staff members than had been originally intended, given that the tool was now expected to be introduced across all of Wuchopperen. This would also provide opportunity to discuss the partnership and the legal clinic with a large number of staff and to increase staff awareness of both Law Yarn and the clinic.

It was expected that during these groups, information might be drawn out about Law Yarn training attended and/or perspectives on what using the Law Yarn had been like for staff, but very little data of this nature was gathered. Most staff indicated that they had not been using the tool, nor had attended training. There was also an initial expectation that responses provided by each staff unit during these consultations (particularly survey responses) might be useful for planning around future implementation of the Law Yarn (for instance, one unit may indicate that they had limited knowledge of the law, requiring more targeted training). Numbers in the groups, however, were generally too small to do this and to also maintain participant confidentiality.

Five groups of staff were brought together in this last set of consultations. This second round of consultations yielded both qualitative and quantitative data from completed staff questionnaires and group discussions, with an additional 31 staff participating. In total, **48 staff** completed questionnaires and participated in focus groups during the evaluation. All staff survey data is analysed and set out in Appendix G. The additional qualitative data collected during this second round of consultations is incorporated into discussion throughout the report.<sup>16</sup>

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<sup>16</sup> Of note, there were some relatively minor additions to the original set of questions used in discussions about Law Yarn during these later consultations. These revisions and additions are included at Appendix H.

### *Staff interviews: partnership and legal clinic*

The legal clinic and the broader partnership were discussed during focus groups and staff interviews aimed at gathering data for evaluation of the Law Yarn, particularly during the second round of consultations. Wuchopperen, LawRight and legal service partner staff were also interviewed about the legal clinic and partnership. These interviews discussed both the WHSHJP and Law Yarn.

Semi-structured interview questions have been used in these interviews. Questions discussed were directed towards ascertaining what progress was being made against the stated goals of the HJP, for the most part. Participants were asked, for instance, whether they identified links between health and justice (relevant as a barrier to effectiveness of the HJP and to whether it had built capacity, including through increased understanding of these links). Also explored was the importance of situating the HJP within an Aboriginal and Torres Strait Islander community-controlled organisation and the benefits and challenges of this approach. Questions also related to best practice in establishing and operating an HJP for Aboriginal and Torres Strait Islander people: what this best practice might be and whether it had been adhered to in this instance. Participants were asked to identify key strengths of the partnership (impacts for clients, stakeholders and more broadly), and areas that might need improvement. A final question sought comment on the future of the HJP. The qualitative data drawn from these interviews is interspersed throughout the report. The questions discussed during interviews are set out at **Appendix I**.

Of note too, upon completion of the evaluation a broad range of Wuchopperen staff had participated in focus groups and interviews: including executive and managerial level staff, clinical and administrative staff, and those working in areas focused on client social and emotional wellbeing.

### **1.3 Coding of interview material**

Input provided by stakeholders (referred to as ‘participants’ or ‘stakeholders’ in the report) has been included in discussion below without identifying the speaker. This is because some of the groups participating (for e.g. LawRight staff) are so small that their contribution becomes identifiable, even where coded (for instance, as ‘legal service provider stakeholder’).

It was, however, both important and possible to identify (without breaching confidentiality) comments provided by Aboriginal and Torres Strait Islander clients of the legal clinic. Their input is coded as ‘client participant’ input, but only where it needed to be distinguished from stakeholder participant data. In most cases, it is clear that comments have come from clients, as this is identified in the substantive discussion.

## 2. STRENGTHS AND SUCCESSES OF THE PARTNERSHIP

### 2.1 Understanding health justice links

The coming together through this partnership of health and justice has had significant positive impacts for clients and stakeholders. We start with discussion of how participants see health and justice as connected to provide some context for the discussion that follows, and also as it demonstrates levels of legal and health stakeholder awareness of the links between, and the necessity for and benefits of connecting health and justice issues and outcomes through an HJP. The partnership has contributed to this increased awareness through a range of methods and approaches, discussed below: for instance, through having an open-door policy at the legal clinic, encouraging Wuchopperen staff to approach the lawyers with questions about legal issues arising for their clients.

We begin with the following stakeholder comment. This Wuchopperen staff member saw the linkages now being made between health and justice service delivery as welcome, but as long overdue.

A holistic approach means we are looking at and identifying not just clinical aspects. We see how all other issues impact on clients. Legal needs stand very strongly in that group of health determinants [for instance] ... For whatever reason, though we've known of this for years, there's been not enough cohesion or coordination to make the links. We've got to be very aware that this concept of just the health approach isn't holistically supporting our community. [Health] can't be isolated from [justice].

In discussion, participants described the connections between health and justice as taking various forms. That improving access to justice enhances health outcomes was highlighted by participants, as an example. One participant likened accessing legal help to 'preventative medicine'. Conversely, failing to respond to legal issues, including in a timely way, can cause stress and other health problems.

Legal stuff can be more pressing to clients than health - certainly compared to more chronic health issues. If someone's acutely ill they'll come in, and similarly, they'll often prioritise legal [issues]. It's the stress these issues are causing them [that brings them in].

One affects the other (health and justice). Legal issues make you more stressed out. It affects your health. That's when we turn to health services. But we also need legal help.  
Client participant

Accessing justice also affects health outcomes because of the relationship it has with or impacts it has on social determinants of health, many participants noted. As one Wuchopperen staff member stated ‘these markers (social determinants), they have a justice component. Like accommodation and financial issues.’ Failing to address legal issues has negative socio-economic and health impacts, as the following example shared by a participant related to access to housing shows. Conversely, being able to access justice and resolve legal issues improves health and other circumstances for individuals and whole communities. The first comment below identifies housing as a social determinant of health. The second comment identifies social exclusion as a determinant.

[There was an] Aboriginal woman living in substandard housing in a private tenancy. There’d been flooding. Her and 5 kids staying in a unit with flood damage, mould and no running water. All her possessions were destroyed. It was an unhealthy environment. The property manager had complete disregard for her rights under tenancy law, and racism was likely to be playing a role in how she was treated. She was sick with an awful respiratory illness. She passed away from that illness. We’ll never know if the living situation contributed to this. There’s no doubt though that it wouldn’t have helped. She was quiet and shy, had limited understanding of her rights and of the housing market. She was paying an extraordinary amount for the house she lived in. But she didn’t seem to understand she might have other options. She was being exploited.

So much of the gaps in terms of health outcomes comes down to socio-economic issues, together with racism, historic and present, and general social exclusion ... Hopefully by addressing ... justice or legal problems this can impact a person’s socio-economic situation – though of course there are limits. It can impact circumstances individually and on a bigger scale, where we apply systemic advocacy. For instance, increasing community wide awareness of legal rights can have impacts beyond individuals.

Participants also pointed out that it can be difficult to address health problems without or prior to resolving legal issues that feed into them.

Critical relationship between health and law. Often, we don’t even get to the health issues until people have sorted out their more immediate concerns. These are often really basic ones. Might be about shelter, being safe ... If they’re going to get chucked out of their house, we need to start with that before we get to health. You can talk to people about healthy diets and not smoking but if they’ve got 5 kids and their husband is beating them up.... it’s just not relevant.

As the above examples indicate, legal rights and issues are not just based in criminal law - though they are often understood as such by Indigenous people, including given the high rates of Indigenous contact with the criminal justice system.

People who are disadvantaged often have a very narrow understanding of what is a legal issue – like everyone, but maybe even more so, as most interactions are family violence or criminal law related.

Civil and family law issues affect many aspects of our lives, including our health *and* by way of key social determinants of health. Extending understanding of and efforts designed to improve access to justice to encompass *non-criminal* legal issues is a further important outcome of this partnership, discussed further below.

One of the challenges is around the word ‘justice’. People don’t see justice as anything other than jail. They don’t see it as linked with health. It actually encompasses health, education ... disability, housing and employment. The idea of a health justice partnership is really about the early identification of a *good range* of legal assistance needs (emphasis added) ... So, it picks up on the health issues but also looks at other underlying legal assistance issues across criminal, civil and family law that are experienced on a daily basis.

Health issues for Aboriginal and Torres Strait Islander people relate to determinants of health – housing and so on. These are often linked to a justice issue. That justice issue is not just a criminal issue. Civil law issues are massive part of this.

Legal or justice issues and outcomes clearly impact on health, but the reverse is also true. Participants discussed health issues as leading to criminalisation, but also feeding into civil and family law problems or disputes. They were also identified as inhibiting capacity to respond effectively to all types of legal problems, including by impeding access to legal assistance.

We’ve got to get our health right. We know that people from lower socio-economic backgrounds tend to have poorer health outcomes. They also tend to make poor choices in life related to drugs, alcohol, smoking - whatever it may be. The upstream is really important to me. We need to address the drivers that bring people into the criminal justice or child protection systems ... We know that 80% of men and women going into correctional facilities in QLD have psychological issues including PTSD. There’s also FASD (Foetal Alcohol Syndrome Disorder) from a disability perspective.

Diabetes will cloud judgement. With chronic renal failure people do get slow. And so, they don’t respond as fast or they respond differently. There’s a whole lot of work that

hasn't been done yet on the impact of this on thinking ... I used to work in a prison and I realised I was working with a lot of adults with FASD. I realised lots of people were imprisoned due to limitations on their executive functioning.

Trauma can impact on capacity to access justice. You might unravel easily, get angry, which stops you getting legal help. Disability, drug and alcohol, mental health issues all have similar impacts.

## **2.2 Demonstrated benefits of partnering health with justice**

Given the links between health and justice, having a Wuchopperen-based HJP not only made good conceptual sense to participants – they also saw it as making a *real* and *tangible* difference. Though we may understand that health and justice are inherently connected, and that an HJP *should* make a positive difference, this particular HJP is identified as a highly effective and successful example of this type of partnership, delivering positive health and legal outcomes that all involved could clearly identify.

### **2.2.1 Delivering health and legal outcomes**

#### **Client perspectives**

Client participants were asked if they were satisfied with the way in which their legal issues were resolved. Almost all clients were satisfied, with only one client selecting 'no' for this question, but adding to this 'not yet' (Table 4: Appendix D). Their matter had not been finalised at the time of participation in the focus groups. *All* clients indicated that they would recommend the clinic to others (24/24 responses) (Table 10: Appendix D).

Though client satisfaction will be further unpacked as the report progresses, general comments provided by clients about the help received at the legal clinic were overwhelmingly positive. Some examples are as follows. 'Really worked well. They did what they do best, listen and help us. Nothing to improve.' 'The service was good, though I didn't get the outcome I wanted. There was nothing to be done about that.'

Client satisfaction was not just about accessing good legal help, however. They also identified improved health and wellbeing outcomes attained through accessing legal help. Clients were specifically asked if getting this help had improved their health and wellbeing. *All* clients answered yes to this question (24/24 responses provided) (Table 7: Appendix D). One client indicated that he was plunged back into distress when his legal issue was re-ignited by the other party involved, but that when it had apparently initially settled his health was significantly improved. 'You can eat properly, you can sleep properly, you can talk properly, communicate to

people, even strangers. You've carried it for so long. It's a release'. Other client comments are as follows.

I feel really, really good. I didn't know you could come here 'til somebody told me. I was 'stuck'. Stuck is a dead end. It's like getting to that door and you can't get out. You can see on the other side, but you can't reach it. Someone behind you has got the key. You just have to ask for help. I know other people that are stuck too. What do you reckon I'm going to do now? I'm going to pass [details of the legal clinic] on to other people. 'Go there, talk to them, they'll help you.'

I find it good to have this resolved. I'm getting out in the morning. I'm walking again because I have good results. It makes me want to do things like before. Before, I was just thinking about the case. I'm out 3 to 4 days a week to try to look after myself.

We are both very good and honest people. We've worked hard all our life, tried to look after people the best we can ... When something like that (legal dispute) lands on you it really destroys you. When I got the [legal] results, I thought what a relief! Now I can get on with my life. Then it came back. I can't get the relief now. I have a wife with early stage Parkinson. I've got this on my hand. I can't settle. [The respondent] lit the fire again. I have to find a way to put it out. It's dragged on and on. I want it finished so I can get on with my life. I have a hard job caring for my wife. And I'm fighting this too ...

One stakeholder participant stated that whether staff 'understand' what the partnership is about and identify it as being 'of value' is a good indicator of an HJP's success.

The way that staff can articulate the partnership has developed over time. This is what make this an HJP, as opposed to an outreach project. It's whether the health staff know what you're doing there. This is a key impact. When you sign up to do a partnership, that evolves. We've seen that evolution. They value the partnership and understand what it might do for staff and clients.

Wuchopperen staff indicated that the WSHJP partnership is valuable in a number of ways. They saw the legal clinic as working well, in general. 'The clients keep showing up so something's working okay!'

I'm not hearing anything negative and this is a nobody pulls any punches kind of place. You'd hear about it if something wasn't working. You hear it about other services ... Nobody's come back and said that was useless, thanks for wasting my time.

They also identified the legal clinic as delivering good legal *and* health outcomes for their clients. 'It enhances wellbeing of our mob. It's a one-stop shop. You get your health needs met, and also your legal needs.'

It's a plethora of issues people need guidance on and how to move forward... If they've gotten a letter ... It's the advocacy, all those things external to health but definitely linked. They go hand in hand. We see clients that are overwhelmed, stressed, anxious, engaging in not so positive ways of coping based on a situation that they've not got advice on. When they engage with the clinic that anxiety is levelled out. They've got some support, there are ways forward.

Unpaid fines, people move around a lot and the bills don't follow them. All of a sudden, they're hauled into custody by police. [Referring those clients has] been really helpful. Once I refer to the lawyer, a letter goes to police to say you need to make sure there's a structured payment, all that stuff. People will sometimes get aggressive first and ask later. That's been their experience. A measured response, that means you can interact more politely in a constructive way.

Staff see the WSHJJP as beneficial for clients *and* for themselves. Being able to deliver good legal and wellbeing outcomes adds value to their work. 'It's made a huge difference for me because I know there's an option for referral. You don't want to open up that can of worms if there's nowhere for people to go.' 'It's beneficial for us in our job, we know we're working on determinants of health that are stopping the family moving forward.' 'It's also about making sure all the needs are met, and the most pressing of these are not always health related.' A group of staff commented as follows.

We can't close no doors. We have to have every opportunity to connect our families when they're in crisis.

In a safe place.

It enhances our holistic approach.

Additionally, Wuchopperen staff identified the legal clinic as delivering good health outcomes because it is drawing clients to the service for legal problems, initially: but clients were then seeking assistance with their health issues. This benefits clients (improved health outcomes), but also the health service and its staff (who want good outcomes for clients).

The legal clinic will encourage people to come back. I know people that wander in here. They're not really here to see the GP. When you start talking [you can see it's] ... all the other issues - risk of homelessness, AOD (alcohol and other drug) issues, mental health, legal

issues. They don't really know what to do, but they know where to come. They come with one paper. The next week they come with three papers.

'I like it that you have to be a client of Wuchopperen to access the clinic. It's bringing a lot of the clients back. Oh, while I'm here I might as well see the doctor too.' As this comment indicates, to see the lawyer at Wuchopperen you must already be a client of the health service. Currently, those accessing the legal clinic might have visited clinicians at Wuchopperen *many* years ago. As one participant stated, the service has been running for over 30 years. The last visit to the doctor might have been as long as 15 years ago. One idea put forward is that as a condition of access to the legal clinic community members must have had a health check done in the last 12 months.

### **2.3 Things that are working well: seamless service delivery, stepping in early, holistic responses**

The previous section indicates that the partnership is delivering positive results. As noted in the introductory chapter, participants were asked to identify specific aspects of the HJP that are working well. This section details a few key aspects of the partnership highlighted in discussion in this context.

#### **2.3.1 Seamless service delivery**

Many participants pointed to the holistic service delivery being provided to community members both within the legal clinic *and* by health and legal practitioners working in partnership. Numerous examples were provided of how seamless, 'joined-up' lawyer/clinician interactions were delivering significant health/justice outcomes for vulnerable individuals – outcomes seen as unlikely to be attained in any other context.

This is evident where lawyers refer clients to the health service and vice versa, as well as in cases where both services are working together to assist a particular client. For instance, whilst providing legal advice the lawyer may 'look at clients, see an open wound, see them struggle to get up, and will check in with them. Do you need to see doctor? A referral is made.' A victim's assistance application may provide opportunity for effective joined-up service delivery, as follows.

[The lawyer] ... can explain what the client is going through [to the Wuchopperen staff member]. This can be a good link. There's shame involved. But the lawyer can say [what's happening] ... to the psychologist or counsellor - this is what I'm doing, it will take this amount of time. They can then support client.

I referred a couple of patients to get victims assistance payments. It was fast tracked. I was able to access the clinical information [for the application] from the hospital by getting the patient's consent... By doing that I could put on a support letter about what injury it was, what date it was. That helped the get payment through ... It's the partnership that helps. The client can't get their records. How do they know how to do that?

The following quote is drawn from an interaction observed during a focus group between the LawRight lawyer and a client. It again illustrates how the lawyer and health staff can work together for clients.

[Client] I'm living in the house by myself now. I'm living there since 1993, me and my husband. He's died now... Housing told me they're going to give me a 2-bedroom house. I've paid my rent up to date. I have a lot of things in the house. I don't want to move. That's my home. After living there that long, I've planted everything. When I got that letter, I started to cry. ...

[Lawyer to client] You come and see me. We can look at the doctor here saying that you have to have access to Wuchopperen. They put you somewhere else that's going to have an impact on you accessing the health service. I'll talk to Dr Tony. That's your community here!

[To evaluator] In a health setting you can do that very quickly. There is the stress of being moved, also a health issue.

This further account is another useful example of outcomes achieved through coordinated health and legal service provision for a shared client.

I saw a young woman, pregnant with a first child. She came to see me with her partner. She was very quiet. I didn't get much of a chance to talk to her. She was living with her partner's family. I saw her on her own the next time. I asked if she was normally like this. She seemed grumpy, no eye contact. She ended up disclosing significant DV. She had been alienated from her community ... She wasn't speaking with her family. She was in her late teens. She had no proof of ID and was in her third trimester, with limited ante natal care ... She had no mobile phone. She had no bank card, no phone in the home. He would monitor her all the time. He wanted her to go to [named location] to have the baby. He threatened to take the child off her if she didn't go. His parents also were going to traditionally adopt the baby. She didn't want that. So, this was the opportunity. Thankfully, the lawyer was here on that day. I was able to walk her over. I said, 'I think you have some legal options', but I didn't know what they were. She talked to the lawyer. A safety plan was put in place. The lawyer said 'phone me and I can get things that you need in place very quickly'. The lawyer gave her a form to apply for proof of age card, ensured she could get her own payments from Centrelink for the baby, applied for

housing. All in one session. Then two days later I got a call, she was in [named location]. He took her there. She was evacuated ... because he had harmed her. She came back here. I phoned the lawyer, who was in Edmonton that day. She said 'give me half an hour'. Within half an hour, she had organised things .... The client was extremely vulnerable, but she got fast track payments. The baby was coming in 3 weeks. The client was amazed and very grateful. The lawyer did everything so quickly. You're not going to get that with someone off site. It was the speed ... *and* it was culturally appropriate ... If we didn't act right away, it wasn't going to happen.

That's where you know, this has huge impacts. It means that referral has become so instantaneous, in a very small window. The victim is here without the perpetrator. First time he's not in room. Suspicions all the way along. ... [And addressing all of these issues averted a more serious legal issue for this young woman]. When she gets to hospital to have the baby, she's 17, bruising on her arm, no income, homeless, that baby will be removed. She like others probably wouldn't even be thinking how not sorting that stuff out will lead to that.

### **2.3.2 Early intervention**

Individuals will very often present to a lawyer only when issues have escalated in seriousness, or when they must take action (for criminal law matters, most commonly). Lawyers, too, are used to working quite reactively with legal issues. This is due to a whole range of legal system, client-related and other barriers, some of which are discussed further below. For clients, barriers include fear, distrust of the legal system, and difficulties in identifying a legal problem (unless the issue is criminal), for example. Barriers also inhibit access to health services, but they are likely to be higher in a legal context. As is the case in a health context, as the following comment by a Wuchopperen staff member indicates, good legal outcomes become more difficult to achieve the longer legal issues are left unaddressed.

I suppose they think, if they bury their head underneath the sand the problem will go away. If you forget about it hopefully it goes away. Is it the emu that does that? Buries their head thinking - if he can't see you, you can't see him. That's when they get more confused, frustrated and stressed.

Embedding the legal clinic within Wuchopperen means that staff are able to pick up legal issues earlier than might be the case if we are expecting individuals to present at a (stand-alone) legal service. Though the above example is of a young woman with more acute legal and health issues (DV), the legal clinic responded to a referral by the GP (once again, seamlessly) to her legal *and* non-legal issues (applying for benefits, for instance), and through this was likely to have averted a child protection related legal problem.

This is a good example of how the LawRight clinic works in a preventative space alongside Wuchopperen, a stated goal of the partnership. This focus on preventative legal work was recognised by participants as one aspect of the HJP that is working particularly well. ‘We want the lawyer to be working in the non-legal space. Once it’s gets into the legal side of things, the client’s options are reduced. It’s all about early intervention.’

I refer people [to the legal clinic] whenever I can. If you look at the way legal issues impact on health, one of the things we can do to really make a material difference in people’s lives - try to work upstream. Do a bit of prevention. So, respond to a first letter, timely intervention – prior to court action.

We need to work not at the sticky end. The clients just bail when that happens ... When it gets to the sticky end, there’s so much going on. It’s easier to put your head in the ground. The clients bail, they’re out. This applies for health and legal problems

That the lawyers at Wuchopperen are working preventatively may be illustrated by data measuring the level of assistance provided to clients. Analysis of the data drawn from the 77 client files, discussed in further detail below, suggests that this assistance is at the lower end in terms of complexity. The assistance provided in over half of matters for these 77 clients is categorised as ‘low’ (53.9% of matters). Remaining matters were fairly evenly distributed across the categories of ‘medium’ and ‘high’ level assistance (23.7% and 22.4% respectively) (Table 20: Appendix E).<sup>17</sup> The lower level of legal assistance provided at the legal clinic is also indicated in the CLASS data set out in Chapter 1.

### **Understanding legal rights and options**

Prevention in this context often involves the lawyer providing a client with information about legal rights or where they stand legally. Perhaps this is all that is done in some instances, but it has significant positive impacts. These include averting legal issues altogether or preventing their escalation to more serious or complex levels, as well as empowerment of community members. Empowerment or feeling in control of a situation increases capacity to challenge legal problems directly but also contributes to improved wellbeing as stress and anxiety are reduced. Disempowerment, on the other hand, is a key barrier to Indigenous access to justice, discussed further below.

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<sup>17</sup> Definitions of these categories are as follows. Low refers to ‘assisting to fill out paperwork (e.g. for Stolen Wages), one or two telephone calls on behalf of the client.’ Medium refers to ‘looking at documents and reviewing information, researching factsheets, communicating with at least one agency, telephone calls on behalf of the client.’ High refers to matters that involve several phone calls, communicating with at least two agencies on behalf of the client, writing letters and or emails on the clients’ behalf.’

Comments on this point were provided by participants. ‘Building legal knowledge in a community setting ... Once people know their rights, they’re feeling empowered. I know my rights. I’m going to challenge this.’

The fairly simple things - custody, the unpaid fines – they are also the most common, and people are incredibly grateful to have help. I’ve had clients with mental health issues who have lost their kids. They now know more about options. This is incredibly important, having information about rights.

I’ve had a lot of clients come back a lot more reassured [from the legal clinic], with greater peace of mind. They’ve been a lot more settled. One woman hasn’t seen her kids for 6 years, saw the lawyer, mapped out the process. She felt a lot happier about the situation. She was clearer on what needed to happen, what she had to do. That aspect of wellbeing, someone more informed about their rights.

Wuchopperen is, in parts, already working preventatively with clients (and understands the importance of doing so), which is one example of the ways in which the legal clinic and health service align in terms of service delivery. This happens in other areas, raised throughout the report where applicable.

In an AMS (Aboriginal Medical Service) you’re often putting on band-aids, and it’s well after the point of prevention. Upstream services we have like CWB (Child Wellbeing unit) and FWB (Family Wellbeing unit), the legal service is one of these in my view. If you can provide people with education about their legal rights you offer them choices that they didn’t have previously that in itself has a health advantage. It’s been well shown. That’s one of the huge advantages strategically in this partnership.

Clients too spoke of the feeling of relief when they better understood their situation and their rights. ‘Just talking to the lawyer put my mind at ease. It was a bit of relief for me. It took the pressure away.’ ‘Peace of mind. Cloudiness around what to do adds to your illness. That goes away when you have a clear pathway to walk on.’

Clients were also asked, more specifically, to identify the *three most positive aspects* of their contact with the legal clinic, the results of which are set out in more detail below (see Indigenous outcomes: client perspectives). One factor that clients were asked to consider was whether the clinic ‘helped me to understand how to deal with my problem’. A relatively small number of clients identified this as one of the three most important factors (5/73 responses provided) (Table 5: Appendix D). However, comments shared by clients indicated that providing information on legal and other options may be all the help that some needed. It allowed them to then take some control of the situation, to feel more confident in decisions made and actions taken - again

pointing to empowerment as a key impact of the WSHJJP. 'Legal advice pointed me in the right direction.' 'I ended up doing things for myself, but the lawyer gave me information to do this.'

A lot of the other places you've got to pay [for legal help]. I tried to get a peace order against my neighbour. I tried to get housing to do something too. They did nothing. Same with police. I came here, the lawyer told me what to do but it was too much money. If you go to court you have to pay \$50 to take out an order. So, I thought, okay - I'll play it another way. 'Housing', I said, 'you've got to do the job or you'll be sacked. I'll go to my MP', which I did. I know a lot of people would find it hard to get up housing or go to their MP. I know it's difficult. I came here to the legal clinic first. By going to the lawyer and going 'listen, I don't know what to do. If these people don't behave themselves I'm going to knock them out.' But then I didn't want to put myself in that position. The lawyer helped me with advice. I could do the rest. And the outcome was good.

Sometimes, clients had previously attempted to address the problems they were facing, but with little success. Accessing the legal clinic provided them with information about what to do next, or with a bit of a 'push' to move things forward. The clients were then happy to take matters into their own hands.

My partner is an Elder and an Aboriginal woman. She's having problems with neighbours. There are no office hours for when it happens - when the neighbour gets drunk, calling her a black this and that. The police say, we can't do anything about that. We need somewhere to go to ask 'what can I do about it'? But then, you can know your rights, and then try to assert them. You don't always get anywhere when you do this.

I need direction now about how to talk with human services. Lawyers talk a different language to how I talk. But if someone who knows how to speak like that speaks first then I'll take over. I don't know anything about the law, bar being locked up for no reason, discrimination. When it comes to this kind of thing you have to watch what you say and do. You might end up cutting your own throat so to speak. That's the reason why I need someone to get the ball rolling.

### **2.3.3 Working holistically: addressing non-legal issues**

Contributing to the success of the partnership has been established good practice in terms of Indigenous service delivery at Wuchopperen, as noted above in discussion of working preventatively. Other areas in which this emerges include Wuchopperen's capacity to understand and strengthen culture, and its understanding, too, of the need to work holistically and with a focus on client empowerment. Staff at Wuchopperen saw the legal clinic as, in many respects, an extension of good practice of this nature already used by the health service.

Clients can go into health setting and have health addressed holistically, that's great. Wuchopperen already has a very broad view of health, the legal clinic is an extension. Anything that works holistically is a great impact.

We don't just provide health services. We provide family support, family wellbeing ... We provide holistic, integrated model care, and it's not just about medicine. It's all those things that impact on whether you're physically or mentally well and able to do what you need to do on a daily basis. Resolving legal issues is part of this integrated space. Our organisational ethos is that we're trying to be a one-stop shop. If they come in here, they see the doctor. They might see another health professional like the dentist. They can also see someone at the legal clinic, if operating within our footprint.

As the above example of the young woman experiencing DV indicates, the legal clinic also works holistically. It assists clients with a broad range of (non-legal) issues impacting or likely to impact on legal outcomes.

People feel that they're the mercy of big brother with child protection and there's nothing they can do when up against that. The legal clinic assists them to address things around that, whether legal or not, so they can respond to that system in a more empowered way. There was a client in situation of DV. She thought her child had been taken by child protection. Told as much by her partner's family. Actually, that wasn't the case. There were no orders in place. Nothing stopping her from having kids. For many years, she was surrendered to that outcome – as she thought the system was. It wasn't the case at all.

A lot of the legal clinic work is not purely legal. People are understanding this will prevent difficulty down the track. When things happen, they come to have that yarn. If they are not able to access benefits from Centrelink, benefits they're entitled to ... dealing with this might help to avert removal of kids.

As a legal service delivery model [the legal clinic] goes well outside the box in terms of addressing legal issues... trying to address the real stuff impacting someone. People who have come in who aren't on Centrelink benefits at all, are completely off the system. [This might require] ... getting someone a birth certificate ... [T]hose things that are a precursor to enforcing their legal rights, to having a decent living.

We turn now to consider what the partnership is doing to address barriers to Indigenous access to justice in addition to the above ways of working.

## 2.4 Improving access to justice

Participants of the HJP believe that it is working well for a sector of the community which has, in general, problematic levels of access to justice, particularly with respect to civil and family law issues: that is, Aboriginal and Torres Strait Islander people.

The reach of the clinic in terms of people coming through door – they wouldn't have or are unlikely to have engaged previously with legal services. That's a huge success. And obviously, if they're not going to engage with those services ... The issues won't be resolved in any positive way, for the most part, without that assistance.

There's a big need. Most people who come here might have a legal problem and need advice. Most of them are not accessing legal help – only when they get caught by the cops.

What is working well in this context, for a start, is that the legal clinic is set up in a health service already well connected to (and that understands how to engage with) the local Aboriginal and Torres Strait Islander community. As one participant states, having the legal clinic 'in an organisation where there are people that need the most help makes the best sense.' Others commented on Wuchopperen's client group and their particular struggles (which the health service is working to address) as follows.

There are a lot of ATSI people who don't access Wuchopperen because they have paying jobs. The people we see are those that have no other choice. They need to access care without charge. For health checks people we often get families come in because they get a voucher. They come in on a Friday get all the family done and be here half a day. That means they can go straight to the supermarket to get food for the weekend. Unless it's 24-hour, we are the only option for them. We see that stripe of high levels of socio-economic disadvantage, so we provide services that address that disadvantage.

The partnership is improving access to justice for this same group, for Wuchopperen clientele - ordinarily very difficult for legal services to connect with (though criminal law issues are an exception for this, given that people are pulled into the criminal justice system involuntarily). Common barriers inhibiting Indigenous access to justice, including as access to lawyers, have been discussed in previous research to encompass:<sup>18</sup>

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<sup>18</sup> See Cunneen et al (2014), Indigenous Legal Needs Project (2013), Productivity Commission (2014) *Access to Justice Arrangements: Productivity Commission Inquiry Report*, No. 72, Allison, F, Cunneen, C, Schwartz, M (2015) Submission to the Senate Inquiry into Access to Legal Assistance Services, JCU.

- complexity of legal and other (including health) issues
- financial difficulties
- geographic or physical barriers
- fear, resignation, fatigue, disempowerment
- language, literacy and cultural barriers
- distrust of the legal system and of lawyers, particularly where mainstream
- limited knowledge of the law (particularly civil and family law), and of how and through what avenues to respond to legal problems

Some of these barriers may not be exclusive to Aboriginal and Torres Strait Islander people. They are, however, exacerbated for this group because of the disproportionate level at which they experience the issues in question (such as financial difficulties, disability and illiteracy). Additionally, as the list above may suggest, Aboriginal and Torres Strait Islander people have *particular* barriers to accessing justice, particularly those related to culture (including language barriers) and to experiences of colonisation (which gives rise to distrust of the law, disempowerment, for e.g.). These barriers are further discussed below.

#### **2.4.1 Client data and client perspectives on accessing justice**

##### **Data: 77 client files**

The data drawn from the 77 WSHJ client files describing the work of the legal clinic provides information about clients assisted. The data also points to barriers faced, and overcoming of these barriers (as clients had accessed legal help).

The data indicates that clients accessing legal help at Wuchopperen were substantially more likely to be female than male (75.3% were women and 24.7% men) (Table 12: Appendix E). All clients were Aboriginal and/or Torres Strait Islander. The largest group were Aboriginal (41.1%), the second largest group was Torres Strait Islander (38.4%) and 20.5% were both Aboriginal and Torres Strait Islander (Table 14: Appendix E). A significant proportion (88%) identified speaking an Indigenous language/dialect, rather than standard English (12%) (Table 15: Appendix E). The largest group of clients assisted in terms of age groups were aged between 42-56 years (32.4% of clients), followed by 27-41 years (28.4%) and 57-66 years (18.9%) The smallest group were aged between 19-26 years (6.8%) (Table 13: Appendix E).

The majority of the clients were in receipt of Centrelink benefits (87.8%). Only 9.5% were earning a wage (Table 16: Appendix E). For nearly a quarter of the clients a disability was indicated or identified (24.7%). For nearly one in ten clients a mental health issue was indicated

or identified (9.1%).<sup>19</sup> For just over half of all clients (50.6%) there was an indication of domestic or family violence (Table 17: Appendix E).<sup>20</sup>

Pointing to difficulties in accessing justice for this group, most had not had prior legal assistance for the issue with which the legal clinic assisted them (86.3%). Only just over one in ten (13.7%) had had prior legal assistance (Table 18: Appendix E).<sup>21</sup> Illustrating the complexity of client legal and other needs a total of 152 files were opened for these 77 clients. Similar proportions of individual clients had had between 1 to 4 files or matters opened for them (24.3% had one file opened, 23.7% had two or three files opened, and 21.1% had four files opened). A small percentage of clients had had 5 or 6 files opened (3.3% and 3.9%, respectively) (Table 21: Appendix E).

The most common issues assisted with were tenancy, Stolen Wages (both 13% of matter types) and 'other civil' (12.5%). This was followed by credit/debt (9.2%), family violence (7.9%), family matters and guardianship /administration /power of attorney (POA) matters (both 6.6%), and Centrelink and child protection matters (5.9% and 5.3%, respectively). Only 3.3% of files involved criminal matters (Table 19: Appendix E).

It is reasonable to surmise that barriers to accessing legal assistance such as disability, financial difficulties, complexity of need, language and limited access to transport (due to financial or other reasons) were overcome in this instance because the clients were linked to the legal clinic through the HJP.

Clients were generally assisted with language, for instance, by multi-lingual LawRight staff, for instance (Table). Only two clients (for whom this information was available) had *not* used Wuchopperen transport to get to their legal clinic appointment.<sup>22</sup> The bulk of clients had been referred to the legal clinic by Wuchopperen staff, addressing barriers related to not knowing where to go for legal help (65 of the 67 clients for whom this information was available).<sup>23</sup>

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<sup>19</sup> Moreover, 2.6% of these clients indicated that they had both a disability and mental health issue. The disability or mental health issues in question included work injuries, osteoarthritis, a heart condition, depression and anxiety.

<sup>20</sup> The absence of an indication of issues of this type does not mean the client was not experiencing or impacted by them, but that they did not disclose their presence.

<sup>21</sup> In some instances, the source of prior assistance was indicated. Prior assistance had been provided by legal and other services. Assistance was provided by QIFVLS, ATSILS, Legal Aid Queensland, the Women's Centre FNQ, for instance.

<sup>22</sup> To clarify, this information was only available for 43 clients. Two of these did NOT use transport.

<sup>23</sup> One client had been referred by QIFVLS and one is identified as having been referred by a friend/family member or as a self-referral. Of note in this context, the Law Yarn was only used for five clients. The Law Yarn has capacity to help address barriers related to not knowing about the law or how to access help (see Law Yarn discussion below).

## Client survey data

Client participant responses to survey and other questions confirms and/or provides further information on barriers to accessing justice faced by the WSHJP clientele to those outlined above.

A majority of client participants indicated that they had not accessed legal or other help previously for the legal problem the legal clinic had assisted them with. Only one quarter (6/24 responses provided) had accessed prior legal or other help (Table 8: Appendix D). Clients were also asked if they would have resolved their legal problem without going to the legal clinic. A majority of clients indicated in response that their matter would *not* have been resolved if they had not accessed legal help at Wuchopperen (18/24 responses provided) (Table 9: Appendix D). As one client stated: 'If I didn't come here to the lawyer I would have lost my case. He [the respondent in the case] would have been sitting back playing with that jewellery I gave my wife, laughing.'

A further question posed to clients was what stopped them accessing legal help prior to attending the legal clinic (if they had not done so). One issue raised with some frequency by clients was a lack of knowledge about rights and/or where to start with getting help for legal problems, particularly when you have no pre-existing connection or experience with the law or with lawyers. 'Laws are very complicated. You know it or you don't.' 'I'm grateful that we've got something to help Indigenous people out there. Us Indigenous people, we're sitting out there. We've got no help, no direction.'

I didn't know who to turn to or how to approach anyone for help. I know there's another Aboriginal service for legal problems in Cairns but I didn't know where it is and I don't know them.

A lot of people don't want to go and talk. They're shy. And all that information that people in capital cities and towns get, us people in communities don't get. And that's why people get left behind. I was told, for one - you never complained about your PTSD. But who do I complain to? I've been fighting this since 2001. I put a claim in then through my GP. I didn't get any money for it. As my psychiatrist told me, they're not reading what I'm writing. They're not taking any notice of what I'm saying. We're going back through the system again. It's a long process. Lose the appeal and it goes around and around. I did 655 days in Vietnam, 2 tours. When Morrison said something about quiet Australians, my psychiatrist said 'that's you, you're one of the quiet Australians. You don't complain'. I've got nobody to talk to.

Comments provided by clients also highlighted disempowerment (including as a result of past experiences with the law) as a barrier. Disproportionately negative experiences of the legal system for Indigenous people (often as police interactions) give rise to perceptions that it is not a space in which your rights will be protected or can be asserted.

They don't know what to ask for help with, what the help looks like ... Police did things to us on Thursday Island. We were told to shut up or we'd be in trouble. We didn't know what to do. Bulliman (police) tactics. They just get away with it. [Refers to Palm Island riots, death in police custody]. If somebody can get to them and train them. They can say, if you touch me I'll go to legal aid. I had my butt kicked in Earlville. Coppers got me and my mates against the wall. Next thing bang. Kicked us all. There's a lot of that going on. People got no help.

Other issues raised by clients touched on the cost of getting legal help. 'The legal system is very expensive if you need to see a lawyer'. Problems are 'not knowing who to turn to, plus the financial issues' (cost of lawyer). A private lawyer 'wanted to charge me \$600 for a five-minute yarn! What do they think? Money grows on trees?' Also noted was that people may seek legal advice from those they are connected with in the community rather than from lawyers.

I didn't know where to start, who to see, where to go. Thinking .... I don't want to pay for this [advice]. Do I have to pay for this? How much will I pay for this? What to do? Who to see? We get feedback from relations and friends. They talk to us about legal issues. This sometimes stops us from getting legal advice.

Clients also spoke of feeling like they had not been listened to or that their needs were otherwise not being met in earlier attempts to resolve issues, including through lawyers – deterring future contact with legal services.

I went to a lawyer. Waste of money. They're too lazy. I asked them to come to court. 'It'll be easy mate, just go and do it'. I said 'I've never been to court in my life. I come to you for help.' That's where I first started. Then someone put me onto [another legal service]. Then I came here and got what I needed.

I've been into [another] legal service. They didn't want to listen to me at all. I just looked at them and said 'have a nice day, see you'. That was the only way I could answer it. I didn't want to get frustrated.

Other information about barriers clients might have faced if they had not accessed help at Wuchopperen was shared in responses to further questions related to:

- the ease with which a legal clinic appointment was made by or for client
- whether clients needed help (transport) to get to the legal clinic at Wuchopperen (transport)
- client's points of access to information about the legal clinic at Wuchopperen
- whether it was helpful or positive for clients that the legal clinic is located at Wuchopperen
- and the most positive or important factors associated with client contact with the legal clinic.

Responses to these questions and input provided by stakeholders about the same tell an important story about how the partnership is addressing barriers to and thereby improving Indigenous access to justice. This material is set out below.

#### **2.4.2 Physical or geographic barriers**

One area in which barriers to accessing justice arise is geography or physical location. This has been, in this instance, addressed through co-location of legal and health services.

Clients were asked how easy it was to access the legal clinic. In answering this question, they were asked to think about wait times (if the clinic was booked up for a period of time) and referral processes, as well as physical access, with barriers to access in this context likely to include transport difficulties or disability. Most clients found access to be 'very easy' (14/24 responses provided), followed by 'quite easy' (9/24) (Table 2: Appendix D). Nobody found it 'difficult' (and one client wrote 'not sure'). Comments provided by clients were as follows. 'It was just done in passing. It was quite easy. Just a phone call. Got in pretty quick.' 'It's really good to have it here. Pretty accessible because you have transport to Wuchopperen.'

Staff know about the legal clinic and about our problem. They contact the legal clinic. The clinic tries to fit people in. Staff said 'Oh, you're booked up. But Aunty needs such and such ...'. The lawyer said, 'then I can make the day bigger'.

If a client sees a doctor and is very stressed and legal issues need to be dealt with, if the legal office is way out in White Rock or far away, that's more stress to get from A to B. If you have it in the Wuchopperen buildings the doctor can send them out of their room straight into the legal clinic. It causes less stress. And if you're in a chair or buggy, it's right there.

Clients were also asked in a separate question if it was helpful or important that the clinic was located at Wuchopperen. All but one answered positively to this question (23/24 responses provided) (Table 6: Appendix D). Clients identified it as very positive to have what is effectively

a ‘one-stop-shop’ for health and justice issues. They also highlighted the benefits of accessing legal assistance in a space with which they were already familiar. ‘I think it’s a great idea to put a legal clinic in a health clinic to help with all the issues we’re needing help with.’

You could go see the doctor because you’re stressed. Then they tell you to go to the psychiatrist. Then they tell you to see the lawyer. It’s a lot. At Wuchopperen you get all your needs met at once.

Having a room that’s not daunting, a doctor’s office – in a funny way... Being in a doctor’s room may not be the most appropriate or ideal, but as opposed to a stuffy office, it’s a much more relaxing environment. We’ve all been in a place like that.

Yes absolutely, it was good the clinic was at Wuchopperen. I was familiar with the surroundings, with Wuchopperen. I was sitting in the same room that I see the doctor in. That put me at ease.

Geographic ease of access was discussed by clients who visited the legal clinic at Manoora. Its physical proximity to Raintrees Shopping Centre was noted, which has a large Aboriginal and Torres Strait Islander clientele. ‘It’s situated in a good area. People go into town and you can’t get parking. Here, it’s easier.’

It’s central as well. Being here in this area. It’s like the centre of town. Going out northside or southside, it’s a long way to travel. If it’s somewhere on the other side of town.... But here, we go from one door into another door. Raintrees is there. They can walk up. I just live down the road. So yeah... it’s good situated here.

The comments provided by clients about joined-up service delivery and the clinic’s physical location were similar to those shared by stakeholder participants. When asked what was working well within the partnership stakeholder participants commented on the relative ease with which clients were able to access the lawyer, and that it would be unlikely or less likely that they would make their way to a lawyer off site, including as they wouldn’t have transport. ‘A lot of people we see, they’re so financially strapped for cash. They don’t have the money to get on a bus to go into town [for a legal appointment].’ ‘Takes me two ticks to get an appointment [for a client]. People need to see visiting a lawyer as a major priority to go into town.’ Similarly, that Wuchopperen provides transport for clients, including to the legal clinic, was seen as a positive. Client survey data confirmed that a reasonable proportion of clients (one third) required transport to get to their legal appointment (8/24 responses) (Table 3: Appendix D), as the data drawn from the 77 client files also indicates.

Transport is a barrier, but we have a bus to pick people up. If you need to go out and pick someone up and take them somewhere, to support them, [Wuchopperen workers are] ... already doing this. We can send the bus out to get clients for the legal clinic. Client

Stakeholders highlighted too that the current partnership facilitates community member access to legal help *alongside* health assistance, and in a timely manner (most commonly). This they identified as important to addressing barriers to accessing legal help. ‘Clients book [legal and health] appointments to be here for a full morning. It’s about convenience, a one-stop-shop.’

If you give them a piece of paper, go to Shields St. If you can say - we have the clinic here tomorrow or even better today would you like me to introduce you? That’ll be more successful than an external referral.

Being one or two steps removed from a health service, it’d be a bit more difficult. There are too many barriers. How do I get into them again? Where are they? People have so much going on. You might identify it as a pretty high priority for your client. They might not see it like that. They think: it’s low on my list, but it’s here so I’ll deal with it.

Stakeholder participants felt that it was important to connect community members with the legal clinic as quickly as possible (some are walked over there from a health service appointment), once they had decided they would like to see the lawyer. Otherwise, the opportunity for connection can be lost. With the legal clinic operating on certain days only, and sometimes being booked up for a period of time, these quick connections were not always possible (see also Expanding the partnership: more staff, more days, below).<sup>24</sup>

If we don’t respond in a timely way, they just let it fade. They’re just accepting, they’re used to people not responding. They think, I’m not worthy. It undermines the [social] determinants. The legal things, this is something we can do for them, easily pass them on to someone [to help with].

Once a client’s engaged... we want to support our families. Sometimes if we’re too slow, we lose the window of opportunity to help them move forward, to help them feel empowered.

I was speaking to one client. She went into issues for her son/daughter and custody. Oh, there’s a legal clinic here today. I walked her straight down there. That was just opportunistic. She came back out and saw the doctor too and she was like, oh thank you!

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<sup>24</sup> LawRight will see clients at the LawRight office if the matter is urgent, but it is not clear how many Wuchopperen staff know this (and how many community members might be able to or have made their way to the LawRight office in such situations).

As an additional important point, the legal clinic is ensuring very warm referrals for clients when they need to see a lawyer outside of Wuchopperen, given difficulties of linking them with external service provision.

The clinic has gone beyond referrals. Knowing that that is the only way they'll get to the meeting, they've gone with them to sit with private lawyer to ensure their story is heard about personal injury, to assist with getting documents, to get them in the front door, to address language and other barriers.

For staff too, geography affects staff connection with the lawyers at the clinic, which in turn has impacts on the linking of clients to the legal clinic by staff. Proximity builds relationships and increases staff awareness of the availability of legal assistance.

The evidence is, when you build a health hub, people engage better ... There's a lot of 'water bubbler' conversations, conversations over coffee. You only have to move people a few buildings away from each other and it all changes.

There are huge benefits to placing this in Wuchopperen. Not just those corridor conversations but we can also say, oh there's the legal clinic here today. Ah, I was going to follow up on this particular issue. This jogs your memory.

The legal clinic has been moving between units or buildings a fair bit. This was seen as a positive by some, and for others it doesn't work so well. Demonstrating the latter point about proximity, the legal clinic picks up more clients from whatever unit or building it is located in at the relevant time. 'The [legal] clinic gets relocated into the different clinics. You hear stuff in the corridor, you can get a bit of a feel of what's happening.' 'It's been moving around. It went from women to chronic and complex ... I asked her to come here. There's lots of issues coming up, so we need the clinic in this building.'

Workers are under the pump, under-resourced. If the clinic is in Rainforest, clients come from there. Sitting in clinic, that's where you get the best reach. When the legal service is in your face, it increases referrals. If it is situated in your building it makes a big difference.

Some stakeholders felt that the legal clinic needed to have a permanent location, separated from any particular clinic.

Having it in any one building doesn't work. We need a central individual place on one campus. That makes lawyer seem more independent, not being seen with this person or that person.

### 2.4.3 Awareness of the law and of the legal clinic

As noted above, clients pointed to limited awareness of the law and of how to address legal issues as a barrier to resolving them. This was identified by staff as an issue, too. ‘It’s all the time. The majority of our families has legal issues. They just don’t understand their rights. They don’t know how to get information, where to get help.’

Knowledge of legal issues and rights is currently increased for community members directly during contact with the legal clinic, discussed above as a key outcome of the partnership (see Understanding legal rights and options). ‘Giving Aboriginal and Torres Strait Islander people capacity to understand what a legal issue is and how it impacts on them – this is what HJPs can do’, states one stakeholder.

What seems to work particularly well in this context is that the net is cast fairly wide in terms of issues the legal clinic will respond to, wider than may be the case if someone was presenting to a lawyer outside of a health service – also discussed above (see Working holistically: addressing non-legal issues). Community members may come forward with issues that are (potentially) legal in nature, but not necessarily be (initially) recognising them as such. They are assisted by the lawyer regardless of the degree to which their issues are, strictly speaking, ‘legal’. Once ‘in the door’, they are upskilled around both legal and other issues.

You’re going to increase the possibility of connecting our client group to a lawyer. They don’t identify they have a legal issue. Will find their way to a lawyer when they have a hearing date, when at the sticky end of the law. This increases our ability to connect in with group that has limited understanding of what lawyers do, what types of issues they work with. Particularly for Aboriginal and Torres Strait Islander people, who have specific access to justice barriers ... Just that shift has opened up access and early intervention and prevention. Not just coming when they have a problem. They come to yarn. They are developing through this an understanding of what legal problems are.

This is likely to be the case too for the type of matters passed across by Wuchopperen staff to the clinic, which again the clinic does not put tight parameters around.

One of the stated goals of the HJP is to ‘build the capacity of health and allied professionals at Wuchopperen to ‘identify and refer the multiple legal needs of their clients’, helping to overcome knowledge barriers that impede community member access to legal help. This is an issue discussed in greater detail below. However, at this point it is noted that referral processes are currently working reasonably well, but with room for improvement.

The bulk of clients surveyed indicated that they had been referred to the legal clinic by Wuchopperen staff (20/25 responses provided) (Table 1: Appendix D), as the data drawn from the 77 client files also indicates.<sup>25</sup> According to responses to the staff questionnaire too, a majority of staff *are* identifying legal issues when working with clients (41/48 responses provided) (Table A: Appendix G). Staff report identifying issues ‘quite often’ (22/47 responses provided) or ‘often’ (14/47) (Table B: Appendix G).

Some staff felt that identifying issues was relatively easy. ‘I don’t have any legal training but I don’t find it terribly hard. If they’re saying they’ve got major debts, that’s a pretty clear flag. I may be missing people, I probably am.’ ‘Most of us working here in this area would have a sense of social justice. So, you’ve always got your feelers out. Is my client being looked after or treated properly?’ Wuchopperen staff provided examples, too, of *how* they were talking about legal issues with clients and about the possibility of accessing legal help. Linking it to health issues was useful in this context. ‘It’s not a priority for clients. They’re not understanding the legal part of the problems they’re having. If we can tie it to wellbeing, this will bring them back in.’

We say to clients ‘you could possibly get some help with this’. ‘These people are taking more money than they should be. How about you have a chat to somebody about it? Maybe we can work out a way to fix this so you get more money in your pocket.’ Making the connection for them too. ‘Well, this is probably impacting on your wellbeing, your stress. It is important to address it.’

I often find that patients come to you with a problem, but it’s not necessarily an organic problem but circumstantial. They raise a problem that they think is two dimensional but you show them it’s three dimensional. You can say to them, we can address this part as well. That will address your health issues. They didn’t necessarily understand this.

Of relevance too, staff were asked if they thought it was important or useful to talk about legal issues with clients. This is an important question because if they don’t see this as part of their role they are less likely to make referrals to the legal clinic or otherwise respond to legal problems arising for clients. The majority of survey responses indicate that staff do see assisting clients with legal problems as part of their role (40/44 responses provided), sometimes an integral or essential part (Table D, Appendix G). ‘If you’re not addressing those issues you’re not addressing health’, as one participant stated. ‘If you’re going to deal with these issues holistically, you have to respond to them if they identify legal problems or if it’s affecting their

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<sup>25</sup> Significantly, however, this included staff members with whom clients had a family or other connection, not only staff members to whom they presented with a health issue. Others came to the legal clinic through direct connections they had with Wuchopperen as Board members or as members of the Wuchopperen Elders group. As one client stated: ‘I saw [the lawyer] at the Elders meeting. I thought, oh this is good! I can come here to see the lawyer at Wuchopperen and share my problem. We were so happy we had someone like that to go to.’

wellbeing.’ ‘It is most definitely part of our role. If we’re doing a full emotional psycho-social assessment it’s all part of that.’

You help support them through all of the issues they have. All of their issues are inter-linked. You can’t *not* address it if they’ve shared it with you. They might not see it in a certain light. It’s our place to educate them about their options. ‘We can refer you to others who are more knowledgeable about the law’.

The issues being identified by staff also appear to sit across a reasonably good range of areas, but most commonly involve child protection (36/215 responses provided), DV (33/215), family law (27/215) and tenancy law (25/215) (which fit within the four focus areas of the Law Yarn) (Table C: Appendix G). Examples of the issues being picked up by WHS staff, described by these staff, are as follows.

Issues relate to housing, especially housing. We have tremendous concern ... around private housing and tenant selection process of agents. It’s discrimination, as well as other legal issues

...

Lots of families too in one or two-bedroom units, and their kids are at risk for this reason. It’s so overcrowded. Housing is one of our biggest distresses for clients. We can’t move things forward without access to housing. We can’t reunify kids if there’s no housing.

People won’t tell you that much. You get the young fellas saying ‘I have a fine, I want extra time to pay it’. They need help to get housing. Access superannuation early ... Mum or dad have cancer so they can’t go to work. They have no money. Sometimes also accessing superannuation in context of estate.

Staff were also asked what they were doing with issues once identified.<sup>26</sup> The highest proportion of responses (close to over half of all responses identified, in combination) involved a referral to the legal clinic (29/128 responses provided) or to other legal services (primarily to ATSILS and QIFVLS) (26/128) (Table I: Appendix G).

### **3. Establishing an HJP with an ACCHO**

This section considers what the ACCHO environment, in particular, contributes to improving Indigenous access to justice. HJPs with ACCHO or ACCO partners, such as the WSHJJP, have much to offer to help reduce Indigenous-specific barriers to access (related to culture, colonisation), as the following discussion indicates.

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<sup>26</sup> Note that staff could be using a number of different responses for each client (at once or over time).

### 3.1 Indigenous outcomes: client perspectives

To provide further information from a client perspective on what is working well within the partnership clients were asked to identify the three most positive or important factors associated with their contact with the legal clinic. What is significant about analysis of the responses provided and of additional data gathered through the evaluation is that it points to *Indigenous*-specific indicators of effectiveness or success for and outcomes likely to be delivered through an HJP that has an ACCHO partner (see also Community wide impacts).

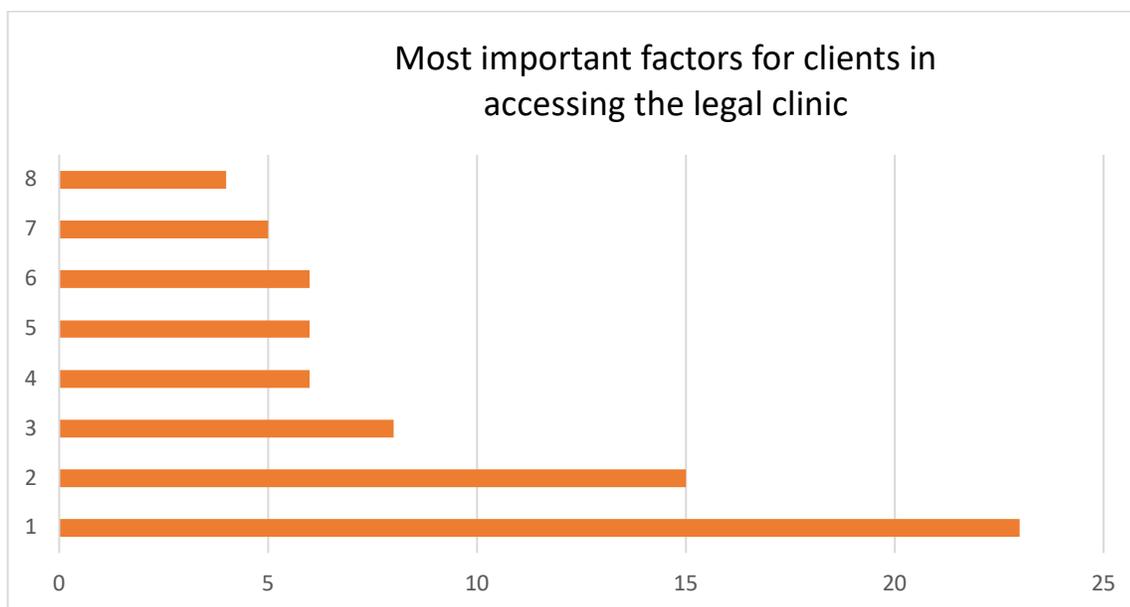


Figure 1: Most important factors for clients during contact with the legal clinic

1. The lawyer listened to me and was friendly and respectful
2. Having a First Nations lawyer to talk to
3. Being able to access legal help in an Aboriginal community-controlled organisation
4. I know where to get help now for future legal problems
5. My cultural needs as an Aboriginal and/or Torres Strait Islander were met
6. Clinic helped me to access health and other support services
7. Clinic helped me understand how to deal with my problem
8. I didn't have to pay for the legal help

The most significant factors clients have identified as impacting positively during contact with the clinic are that the lawyer was 'friendly and respectful' to them during contact (23/73 factors identified), followed by being able to speak with a First Nations lawyer (15/73) (Table 5: Appendix D). Overall, three of the five most commonly identified factors point to the particular needs of Indigenous people being met through the HJP: that is, 'having a First Nations Lawyer to talk with', 'being able to access legal help in an Aboriginal community-controlled organisation' and having cultural needs met (2, 3, 5). Additionally, for many clients having access to a

‘friendly and respectful lawyer’ (1) was also about being connected with an Indigenous lawyer through the HJP.<sup>27</sup> The WSHJ’s Torres Strait Islander lawyer has provided advice to a significant number of clients at Wuchopperen.

These four principal factors of effectiveness, as identified by Indigenous clients, help to overcome cultural (including language) and other barriers to accessing justice commonly encountered by Indigenous people, including fear and distrust of mainstream systems, society and law. They have, in this instance, enabled clients to address legal issues that they might not otherwise have addressed. In many respects, however, other factors listed above such as ‘helping me to access health and other supports’, ‘being helped to understand one’s legal problem’, ‘knowing where to get help in future’ when identified as important by clients are likely to have had positive results, to a notable degree, because they arise in the context of access to legal help through Wuchopperen. In short, accessing a lawyer through an Aboriginal community-controlled space has made a significant difference to clients.

### **3.2 Strengths of placing HJPs in ACCHOs**

Situating legal help within a health setting works because community members are more likely to access support for a health issue through a health service than a legal issue through a legal service. This is not just the case for Aboriginal and Torres Strait Islander people. ‘A patient will go to a doctor, a wonderful relationship. Lawyers don’t have that.’ The connection between health and justice ‘leads to referrals to the lawyers here’. ‘With all our clients coming in, they don’t always come in for medical problems. They come in because they trust us, they trust the doctor or health worker.’

One of the major benefits, if someone’s coming in here and can see a lawyer, it may be less confronting to approach that legal service and get the help and support they need – as opposed to walking in off the street into [a legal office] which is corporate, very justice-based, very legal-based. This can happen with Indigenous legal services, too. Going into non-Indigenous legal spaces, it’s even more scary. We try to make a welcome feel at Wuchopperen.... You can access a number of different services. It’s not so confronting, you see the doctor and then walk through another door and talk about your legal issues. It’s a safer environment for them.

The strengths of this partnership, however, are not solely attributable to co-locating a legal clinic within a health service, as this last comment suggests. That Aboriginal and Torres Strait Islander people are able to access legal help through an Aboriginal and Torres Strait Islander community-controlled health service contributes significantly to the outcomes of this HJP.

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<sup>27</sup> This is not the case for all clients as not all saw an Indigenous lawyer, and the lesser number of clients who had accessed the non-Indigenous LawRight solicitor identified her as having similar qualities (friendly, respectful).

### 3.2.1 Importance of community control

Situating Indigenous-focused legal service delivery within an ACCHO is both symbolically significant and more likely to deliver positive Aboriginal and Torres Strait Islander justice outcomes.

Key recommendations of the Law Council – you must work alongside first peoples. It’s the same recommendation over and over. We’re being proactive by putting lawyers in the Wuchopperen space.<sup>28</sup>

Community control is an absolute necessity. It’s representation of community. It is community run, including the Board, which staff then have to follow. Yes, it has funding from government, but it aims to engage community as a whole. It aims to identify the needs in the community. This partnership is taking the trust and loyalty developed in this space by Wuchopperen and piggy backing on it ... If you’re wanting to service First Nations people, you better be looking at community control to do this.

As noted above, Indigenous-specific barriers to accessing justice are both similar and different to those of other marginalised groups. Differences arise, in part, because of culture, as well as Indigenous experiences of colonisation. The disempowerment and dispossession associated with colonisation are key drivers of poor Indigenous justice outcomes. In establishing access to justice strategies or initiatives that reinforce self-determination and strengthen culture these drivers and other Indigenous-specific barriers are effectively responded to. Setting up and providing Aboriginal and Torres Strait Islander people with access to such strategies or initiatives is in fact a justice outcome in itself, as one participant suggests.

The biggest ‘justice elephant’ in the room in this country is the historic and continuing place of Aboriginal and Torres Strait Islander people within our society, within our legal system. That’s a problem of lots of things - but at its crux is lack of Aboriginal and Torres Strait Islander control over their lives. We can’t hope to change the legal situation of people without addressing this issue. Any solution must involve greater control by Indigenous people in the things that affect their lives and their communities.

This particular HJP is much more than just about ‘delivering legal advice in a different space’. It reinforces community control and self-determination, and also strengthens culture. Participants strongly emphasised the importance of ACCOs, and ACCHOs in particular, to Aboriginal and Torres Strait Islander people and to the success of Indigenous-focused HJPs. ‘When I think about self-determination, ACCHOs are a very small remnant of where our power still sits’.

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<sup>28</sup> Law Council of Australia (2017) *Aboriginal and Torres Strait Islander People: Justice Project Consultation Paper*

It's only through our ACCHOs that many ATSI people are getting access to the health assistance that they are. Mainstream orgs can't replicate that, even if they have RAPs or Indigenous staff. That was the reason why such organisations were set up to begin with, recognising that. We can't expect it would be different in legal context either. Legal service delivery is likely to be more successful, just as health interventions are, in that setting.

Of note, the partnership presently has two ACCOs as partners: a legal and a health service. This is significant because of the early history of ACCHO and ATSILS connections, lost to a degree over time. That they are now coming together through this HJP is seen as symbolically important – moving beyond their 'historical siloes'.

[We have] strong brands and the history of ALS (Aboriginal Legal Service) and AMS. We've been around for well over 40 years. We know who we are and what we do. It's a real opportune time to come together. We need a multipronged approach and to work collectively to support ATSI men, women and children. This gives us that.

We are honouring that model of community control. It's because of legal advocates that we were able to improve Indigenous access to health. [The first AMS in Redfern] led to ... funding for the first doctor at Wuchopperen. Now have lawyers coming back into that space. There's been a disconnection over time. But the two areas or organisations are not separate. They're all part of same bundle.

### **3.2.2 Feeling overwhelmed, distrustful, disempowered**

Disempowerment and related barriers were identified as inhibiting capacity for Indigenous people to resolve issues, including legal issues. When staff were asked about barriers inhibiting capacity of staff to work with clients around legal issues, clients feeling 'helpless, hopeless and/or afraid, or generally not empowered enough to identify or deal with issues' was the most frequently identified barrier. This was identified in the staff survey as a barrier to staff identifying legal issues (29/109 barriers identified) *and* responding to them (20/86 barriers identified) (Tables J, K: Appendix G). One comment on this is as follows, which links Indigenous disempowerment to history.

Clients don't recognise legal support or worthiness of support. They're also used to following, not leading. They just follow whatever is said by housing, by police. It's historic. They don't recognise that they can lead the process of questioning things. They're used to doing it or not doing it. Having an opinion is not something that happens. They're so used to people taking over, controlling them. This means they think they can't do it for themselves. That generational stuff. That overpowering stuff.

Staff highlighted issues such as fear and lack of trust (of the law, government, anything mainstream) as causing difficulties for clients in terms of addressing issues.

It's always a question of access and equity for a lot of our mob .... The ability to go to a place and go in straight away and ask questions of someone.... Do our families have the capacity to do that? ... They're scared of lawyers, of legal questions. Scared of legal jargon and consequences and everything else that comes into play.

Legal issues in general can cause fear for Aboriginal and Torres Strait Islander people because of historic and ongoing oppression within the law (particularly in the areas of policing and child protection). One client also commented as follows. 'Also fear [is a barrier] – legal and police are so connected. How is it a legal issue if it's housing? I've not done anything with police, they say'. They can't identify non-criminal legal issues (including to assert their rights) because they are used to law being punitive.

Cycles of helplessness or resignation can inhibit (constructive, positive) action on the part of clients. They may be resigned to poor legal and other outcomes or engage in behaviours with negative health and other repercussions in the face of legal problems.

With some of our male clients, they think that the way through some of this might be to do time. If it goes too far down the track, gets bigger than this. They let it slide. That's the expectation. They've probably done it before. I find that sad.

It's disempowerment.

I can't do anything about it so I'll just wait for that outcome.

It's that resilience issue. It's like with health, they get to a point. It's the same psychological thought. When it starts getting too complicated I just have to back off 'cause I can't do it no more. I'll just give in.

It's about moving clients to proactive not reactive spaces, as this creates huge issues. When it becomes a psychological issue that's when our people become very self-destructive. That's why they do things like drinking, substances, binges. It's a way of numbing the pain or stress. A lot of our people are extremely focused on the negative aspect of what they're going through. Overanalysing, overthinking. The challenge is that if that's all you've never known when you have a problem, that's normalised behaviour. Depends how you've grown up. The child protection continuum is inter-generational, for instance. If we have kids that have been in care nine times out of ten they'll end up with their kids going into care. They've not had that one steady person saying, hang on, no - if you do that you're going down the same path. Sometimes it's a question of ownership, name what's happening, and if you take that ownership, what can I do to deal with this situation. It's a massive challenge.

Staff highlighted, additionally, other client-based barriers impacting on staff capacity to respond to clients' legal issues. These issues included clients not bringing up or wanting to talk about legal problems they are experiencing, clients having so many issues that it's hard to know where to start and/or staff having little time to discuss them all, and clients not knowing 'what to do with legal issues.' In some respects, these may be linked back to the larger issue of disempowerment, though they also relate to clients' limited knowledge the law, their feelings of shame and lack of familiarity with particular workers or Wuchopperen, for instance. 'It's mostly about finding a safe space to talk. There may be shame. Clients don't want to bring it up, or talk about it'. 'Clients asking to go to legal clinic, this hasn't happened to me. ... If they're sitting there thinking how they are going to pay their rent they might speak up.'

It's not our experience [that they don't bring issues up] as we have a strong relationship with them, generally. But, if you've just moved here from somewhere else, you may not feel comfortable or familiar with the workers or the organisation and just don't know where to turn.

They may also fear breaches of confidentiality or other negative outcomes of sharing information with Wuchopperen staff and lawyers. 'They need to know they're going to have confidentiality. What are they going to do with our information? They might think about this.'

The DV perpetrator may still be there in the house. They might have reconciled with perpetrator. They don't want to see a lawyer. Same with child safety. Mandatory reporting inhibits disclosure to Wuchopperen staff and may mean they don't want to go and talk to the lawyer at the legal clinic.

Identified as a barrier to accessing justice above, complexity of client needs can also be due to high levels of Indigenous social exclusion. This cannot be divorced from historical and ongoing experiences of colonisation. Working out where to start with the range of issues impacting Aboriginal and Torres Strait Islander people can be overwhelming for staff. As one staff member stated: 'the hardest thing about identifying problems is that once they're (clients) comfortable with you, more and more comes out'.

They also usually have lots of problems. In relation to say one thing and then that leads to another thing and to another thing. You have to work out which is a priority and deal with it and the others will have to follow. It's overwhelming.

A lot of our clients have multidimensional issues going on. And sometimes the legal stuff is the least of their issues. If they haven't got a house and food, the legal issues get pushed to the back. And if child protection is breathing down your neck, then the other legal issues really take a back seat to that. They gain momentum in the background. It all

comes to a head at once usually. It can be really overwhelming – even just putting it down onto paper can be quite scary.

In various ways, disempowerment as a barrier to resolving legal problems may be reduced where Aboriginal and Torres Strait Islander people can access justice through an ACCHO.

### **3.2.3 Trust, comfort and cultural safety**

Client comments about the most important factors associated with their contact with the legal clinic emphasised trust, comfort, familiarity – all likely to help address the feelings of powerlessness, fear and distrust outlined in the preceding section. These are elements of their experiences as clients of Wuchopperen.

Clients were asked about the importance of the legal clinic being placed in a ‘community controlled’ organisation. Rather than speaking directly to the concept of ‘community control’, one participant suggested that community members might understand this concept in terms of connection and cultural safety.

Only certain community leaders have fought for ‘community control’. They could spend the whole day defining community control and what it means. For everyday community members, it’s about the connection. They might not describe [what happens in Wuchopperen as] ... community control, but if you set it all out, they’d see the importance. [They would see Wuchopperen as a place they] trust ... That’s not there at a CLC or Legal Aid Queensland. [It’s] culturally safe. Everybody has a different interpretation of [community control], but this is what it is. Because it is owned by community.

Indeed, in responding to the above question related to community control, clients spoke about Wuchopperen as a culturally safe place, a place with and through which community is connected and which the community trusts. They also pointed to it as giving community a sense of ‘control’, of ‘having a say’. Wuchopperen was also identified by clients as an important hub or gathering place, through which community meet with and support one another, and as connected with and accountable to the community. ‘If you’re stuck you’d go to any legal service. But here there’s good control, away from mainstream. You get tired of the mainstream.’ ‘Wuchopperen is a place where the people gather for all sorts of reasons. It’s a centre. There are more people here than gather anywhere else.’ ‘Having it here is ideal. And everyone knows this place. We grew up with it.’

Wuchopperen is a safe communal space. When we come to the clinic here we see all the other families. We’re really happy when we get together. We miss them when we go. We

say goodbye to them. See you next time. I come to sit here just to see them, even when I don't have a clinic appointment. This makes it easier for people to see a lawyer.

We are told if we disagree with something, if something bad has happened, we can put in a letter of complaint [to Wuchopperen]. And then we have the Elders here. We can come as an Elder and have our say. It's not just completely run by Wuchopperen. The Elders have a part too.

It's very community minded. We're all practically family, helping one another and supporting one another. It's important that we're community controlled. We can all have a say. Client

Participant comments revealed similar perspectives to those of clients about the importance and value of placing this HJP in Wuchopperen, indicating that it helps to overcome distrust and cultural disconnect: barriers impeding Indigenous access to justice.<sup>29</sup> 'They trust Wuchopperen. They feel safe here. It's access, but it's in a culturally safe environment. A welcoming and nurturing environment.'

There's also a psychological link. Clients already accessing medical care at Wuchopperen tend to feel at home and in their own place. They feel a connection to the service. Bringing the legal service into a place that they're comfortable in is less of a trauma than going into a legal office.

Wuchopperen had no idea they'd have lawyers coming here 40 years ago. It was just about providing basic health service access. Now it's grown into this enormous hub. It has its problems like all organisations but if it was to disappear it would be such an enormous loss for community. It'd be catastrophic.

Wuchopperen used to be the heartbeat of the community. This is where everybody came, whether just to see family ... We had a lot of events here before. That word of mouth brings everybody back here. Clients have negative associations with the hospital. They don't have the same associations, or not for the same reasons... with Wuchopperen.

These themes of safety, connection and nurture are evident in the following comment about levels of community engagement at Wuchopperen.

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<sup>29</sup> As one participant stated: 'If the legal clinic was located next to Centrelink offices, when people go into there, they might leave a bit frustrated. This means it's not appropriate to have an Indigenous health or justice centre next to anything government.'

The partnership's branding (of Wuchopperen) seems to get that really good engagement. The clients are very, very happy they have access to the legal service if they need it. They can come, engage, in a safe place, in the one place – a number of services and issues all dealt with under one roof, spend a couple of hours, do everything they need to do - rather than running all over town. That's a great benefit. When they're here, they catch up with family, catch up with friends. There's a lot of staff members here that are engaged with and related to community. There's that real good opportunity and atmosphere for them. They come here when they're sick, not well, when they're in trouble. They'll be scared, sensitive, they'll all sorts of issues going on. We need to make an environment that they can come into and get through whatever they're dealing with, with support.

The CLC has been able to draw on this engagement, again demonstrating that existing strengths of Wuchopperen are contributing much to the partnership. ACCHOs are an 'existing piece of the puzzle. It is something legal services don't need to set up,' as one participant stated. A further comment is as follows.

Building trust in a legal setting is critical, and where there's an organisation that already has that trust, that's effective. If CLCs want to have larger impact than just for individuals, then engaging with community through ACCO is the best way to go about it, just in a practical sense as well.

### **3.2.4 Indigenous staffing**

As some of the above comments indicate, trust and connection come from the relationship community members have with Aboriginal and Torres Strait Islander staff at Wuchopperen who are members of their families and their community. Staff speak the same language as clients, in every sense. They share links, histories and understandings with community members. This helps to address communication barriers, which in turn increases the possibility of linking community members with the legal clinic. 'If you don't trust someone you're not going to open up. Here, they trust everyone'. 'Sometimes people say when asked if they understand that they're all good. But they're really not. They need someone to break it all down so they know what's going on.' 'Employees have close connection as employees with community and understand the cultural nuances, whether through verbal or non-verbal communication.'

Communication is hard with non-Aboriginal people. When I'm talking to you I can understand what you're talking about. But some Aboriginal people, you'd see them turn their head or put it down, you know you're not getting through to them. They can't understand words in legal documents either.

A lot of people prefer to yarn. If they know who you are. If you have a built rapport already. There are no barriers for people talking to me about this stuff. They know they can trust you, they'll have a conversation with you.

Also essential to the success of the partnership is that it has been set up and led by a Torres Strait Islander lawyer. Her connections with community have been of fundamental importance to the WSHJP, including to build engagement with community members.

Someone can build trust over time, but you can't build standing in community and other things she has to draw on every day. A client was talking to their health worker and the staff member said you can see the lawyer here. They weren't keen. They said, it's a Torres Strait Islander person. That wasn't enough. Then they got the family name ... 'I'll go and see them.' No hope of replicating that stuff.

Staff commented further on this point as follows. 'The lawyer makes them feel comfortable instantly'. 'She's quite connected with the community. A lot of people know her or her family.'

As noted above too, important factors for clients when accessing the clinic was feeling respected and comfortable with a friendly lawyer, particularly an Indigenous lawyer. Clients suggested that being able to talk with an Indigenous lawyer makes the client/lawyer relationship a much more effective one, and delivers better justice outcomes. 'Having a First Nations lawyer, we look for our Indigenous people first. In the olden days we would have had to turn to mainstream lawyers.' 'Lawyers can frighten you. They shout and carry on. If you've got our own people there, it's good.' 'I can talk to the lawyer about anything. If you get an outside person it might be a little bit difficult. To have someone who knows us and the community is important.'

The lawyers listened to me, friendly and respectful. You going into that office to see the lawyer, you're very stressed. They need to put you at ease to get all this information from you. When I go to see a doctor, I talk about fishing. Up in the Torres Strait we do fishing and hunting. They have to be friendly and nice and respectful to get all the information they need. Take the time. Offer you cup of tea or coffee.

[The lawyer is] an Indigenous person and I'm a Torres Strait Islander. It puts people at ease. How you speak to people as a lawyer makes a difference to people ... They'll answer more questions if they are at ease. They'll react to how you speak. They'll be thinking 'are you a good person'? If you speak down, people clam up.

Being able to communicate in an Indigenous language or dialect was also highlighted as important, which again, was achieved because LawRight has an Indigenous lawyer, a point raised above in discussion of the data drawn from the 77 client files. 'Language is also a barrier.

English is third or fourth language for Torres Strait Islanders. Everyone has to come to know English. Legal explanations though are hard.’

If there was a non-Indigenous lawyer, people would just go to the Indigenous person. I hope I have good English expressions but some words are just too hard for me. They need to be condensed, the words – bring it down to our level. We’re a verbal people.

Non-Indigenous lawyers don’t understand culture or language. Torres Strait Islanders have 13 different dialects. I know which island they come from when they talk. I can talk to them in Creole. I can give them some direction. If they’re up to no good, you won’t know if they’re lying, but we do. We can turn the tables.

I’m thinking about the community. Coming from the Torres Strait Islands, coming here with lots of issues. I know that our people don’t know much though the younger ones might know more.... The health and the legal problems are stressful. They need an interpreter sometimes. They’re shy people when they come from the island they’ve been on for years and years. Coming from there to here with a health issue. Then they have a legal issue that might be part of this. It’s hard. We need to have Indigenous lawyers so we can speak our tongue.

With a white lawyer you can make an appointment, and wait so long for it. Then they don’t send you a letter. I know because I’ve done this. We come here. We don’t have be struggling with this. Struggling with language and other things.

The Torres Strait Islander lawyer understands how to work well with Aboriginal and Torres Strait Islander people. She has understood (and shared that understanding with other lawyers at the legal clinic), for instance, that community needs help not just with ‘sticky end’ matters, and that taking time to ‘yarn’ with clients leads to great two-way communication, including as it builds trust.

It’s a subtle thing. There’s more trust with someone who is ATSI than there is with non-Aboriginal. That’s about familiarity and a sense of belonging. It would be ideal if another ATSI lawyer could come on board. I’m sure that would encourage further trust. It’s not that you don’t build the trust you do. But it’s something to be aware of.

Building trust and empowerment. Mob don’t have strong relationships with government, historically. The legal clinic responds as quickly and respectfully as possible. If that’s good engagement they’ve had with the lawyer, the next time they have a legal issue they’ll move quicker instead of just tossing it to one side. Any time client understands that their issue is legal and has a good interaction with lawyer, this in itself is a good outcome.

They're not quick. They don't come in and know what the issue is. It's a lot of big yarning, re-track, step through it really slowly. The lawyer identifies what can be done. Then they go back and re-identify.

Some participants felt that the cultural connection between clients and Indigenous staff, including an Indigenous lawyer, might in *some* cases or in some ways be a detriment, however. Those seeking legal help may want greater anonymity. Of note, that clients might fear breaches of confidentiality was raised above in the context of discussion of disempowerment. It can also arise *due to* community connections.

Potential barrier of shame, people knowing their business, or thinking they will .... Oh, I see Aunty so and so is here, seeing the lawyer. It's a confidentiality or privacy issue, with family working and spending time in the same space. But the benefits outweigh this probably.

Some Aboriginal and Torres Strait Islander people, according to participants, might also prefer a non-Indigenous lawyer because they see them as 'more professional'. This all suggests that legal clinic staffing combinations that mix up different cultural backgrounds might work well, as it gives people choice. In this context, participants also spoke of the need, culturally, to have male and female lawyers to assist male and female community members.

You're only going to get half the clients from this service. A lot of the staff, a Torres Strait Islander woman, won't go to here ... Some of our clients prefer to go to non-Indigenous lawyers, because there's no connection.

Additionally, there are challenges for the Torres Strait lawyer, who has professional and community expectations and relationships to manage, on all sides.

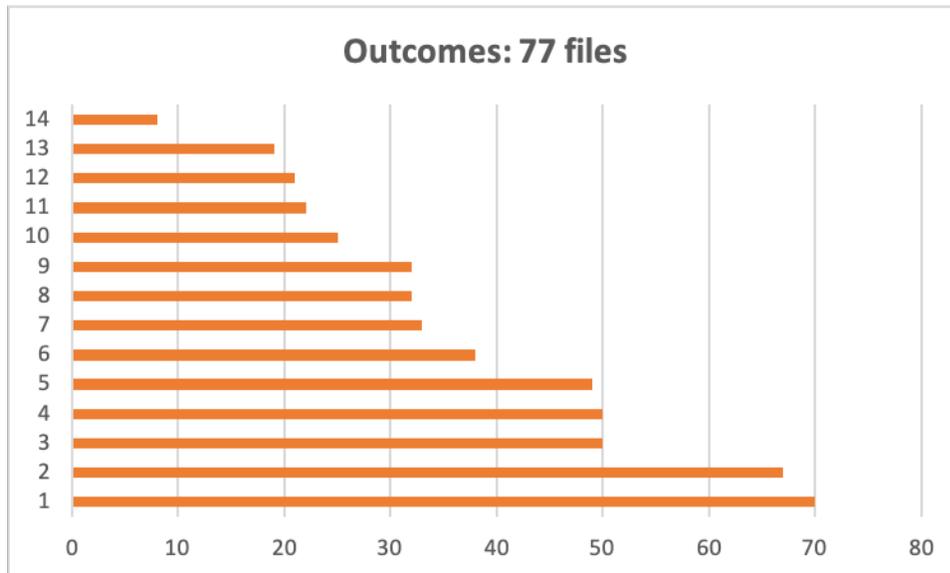
Extra layers of connection, this has benefits when you're sitting down with a client. You understand the client's background, there's some degree of trust before you come into the room. But this connection also gives rise to expectations. Your duties as a lawyer are only one feature of that, there are all sorts of other obligations to people in a relationship with you. This is not always well recognised or supported in the legal system generally. Same with CSOs at ATSILS. There's no neat boundary around their roles at all.

Other challenges are that that individual staff person might need to build relationships with the ACCO, which requires relationships beyond individual staff. It's about relationships with community and your standing in that community. It's not enough to just treat it as a job. And that has particular pressures and challenges for the staff member involved. Unless they can show that connection and standing, it won't work. Would

LawRight have got into Wuchopperen without [this individual]? Would they be *really* in without her? They might just be in a room in Wuchopperen, but without the relationships required to make this work.

### 3.2.5 Community-wide impacts

Analysis of the 77 client files provided information on outcomes attained by clients accessing the legal clinic at Wuchopperen. As noted in Chapter 1, the intention in identifying these outcomes was to look to how an Indigenous-focused HJP might seek to and/or achieve different objectives to other HJPs, or perhaps the same objectives but in different ways.



The order of frequency with which outcomes were attained by clients is as follows.<sup>30</sup>

1. Improve social determinants of health (education, employment, housing)
2. Gain understanding of the law, systems and rights
3. Safety outcome: reduce exposure to family violence, reduce child protection risks
4. Health outcome: connect to health service, reduce anxiety, improve decision-making capacity
5. Felt heard, validated in culturally proficient way
6. Income: improve financial resilience, earning capacity, reduce debt

<sup>30</sup> Note that outcomes may overlap, and clients will often have multiple outcomes (including as they have multiple matters). As an example, social determinants of health are improved when housing and income related outcomes are achieved. Cultural determinants of health may be improved when community conflict is reduced by way of legal assistance.

7. Non-legal support: improve access to non-legal support
8. Reduce family/community conflict: address parenting dispute, neighbourhood disputes, etc.
9. Improve cultural determinants of health
10. Housing: reduce barriers to stable housing, prevent homelessness
11. Claim redress for historic injustice
12. Address racism and social exclusion based on race
13. Build capacity in community to exercise rights
14. Support recovery: victim of crime

A number of these outcomes might be available to all individuals assisted with resolution of a legal problem by a lawyer, such as gaining understanding of the law or outcomes related to income or housing. However, that the partnership is providing these outcomes to Aboriginal and Torres Strait Islanders is significant, given the difficulties many Aboriginal and Torres Strait Islander people have in an access to justice context. As noted above in discussion of factors of importance to clients, the WSHJP facilitates access to these outcomes for Indigenous people because of the ways in which it is engaging with this group. Of significance too are the number of outcomes related to social determinants of health and/or health outcomes. These types of outcomes might also be accessed through another legal service, but perhaps not to the same degree – and/or the outcomes attained may not be recognised as related to health. Additionally, some of the outcomes attained are specific to Aboriginal and Torres Strait Islanders, providing benefit to both individuals and the community more broadly. These types of outcomes are evident in discussion above (for instance, in discussion of Indigenous staffing), and are as follows:

- i. improving cultural determinants of health
- ii. feeling heard, validated in a culturally proficient way
- iii. claiming redress for historic injustice
- iv. build capacity in community to exercise rights
- v. addressing racism and social exclusion based on race.

The following discussion provides further detail about how these outcomes are attained at a broader level by the partnership.

### **Systemic advocacy**

Firstly, the legal clinic is primarily addressing unmet *civil and family law need*, as the CLASS and other data set out above indicates. Civil and family law issues are important issues in themselves, and require attention. Furthermore, addressing problems in these areas of law helps to prevent criminalisation. Unaddressed civil and family law issues can lead to contact with the

justice system. These issues also feed into social disadvantage and exclusion (where they lead to homelessness, debt and financial struggles, for instance). This also feeds into criminalisation and other negative health and justice outcomes.

The partnership is also, however, working with these and other issues in ways that reflect and respond to Aboriginal and Torres Strait Islander circumstances and perspectives, with positive community-wide impacts. The issues it takes on may address or provide redress for, for instance, inequalities or injustices (historical or ongoing) arising from the relationship and interactions between Aboriginal and Torres Strait Islander people and government. Clients commented on the importance of accessing legal help to negotiate or respond to mainstream (foreign) systems of law, often used to control and disempower Aboriginal and Torres Strait Islander people.

We've got our own lore. But we've got to live with the 'law'. We have to respect this. More mainstream law comes into it now. The control of the white people today in this country, the things they get away with. The laws they make up. We might see that avenue of attack, using these laws. But who's going to push us through that door? We say to the lawyer 'you go through that door for us, you go before us, you open it. You're the frontline.'

As an example of this, Centrelink is an issue the legal clinic responds to, including when Indigenous people are disproportionately dependent on social security benefits and have difficulties working with the system set up to administer payment of these benefits. Policing, child protection and discrimination are other areas in which the legal clinic is responding to more structural inequalities.

Centrelink is a big one. Getting cut off, getting debts, not understanding ... The way those letters are written. Families are so in fear. That's how they survive. That spikes up everybody's blood pressure. Clients paying off debts at ridiculously high rates, not negotiated at all. The default rate should be \$5 a fortnight.

Addressing racism, systemic racism – that's what the legal clinic does – whether that's in child protection, policing. It's just the way these systems work. They're so disrespectful, there's such a power imbalance. It is the hugest barrier for mob to be able to access very basic services ... Discrimination just sits under everything. It stops them going and getting help, legal, health [or otherwise]. You are addressing that, as a legal service within an ACCHO space. That's powerful.

LawRight's work with Stolen Wages (one of the more common issues for the 77 clients, as noted above) is a further specific example of the latter broader impacts, of the challenges experienced by Aboriginal and Torres Strait Islander people in navigating government systems (including to

access positive justice outcomes) and of how the partnership is responding to these challenges. LawRight identified that Aboriginal and Torres Strait Islander people were not connecting to the Stolen Wages compensation scheme set up by Queensland's Department of Aboriginal and Torres Strait Islander Partnership (DATSIP) due to a number of issues, including some inherent to the scheme. LawRight stepped in and ran a number of pop up clinics for community members, bringing in a pro-bono legal firm to assist. It also worked with a range of organisations connected with Aboriginal and Torres Strait Islander people, including those living in local camps, to assist with access to the scheme. DATSIP was sending letters to those that might be eligible for compensation, but this was not an effective means of communication due to itinerancy, illiteracy and other issues.

This work led to successful outcomes for a significant number of clients. 'The clinic was able to locate additional people all on government income. But at some stage they had worked their butts off for nothing', stated one participant. A client of the clinic, for instance, had tried to apply for compensation for Stolen Wages on three different occasions. All applications were rejected. The clinic identified that the man in question had left out 15 years of his work history. Once this information was provided to DATSIP the application was successful. The man, on an aged pension, was awarded \$9,200.

This was both symbolically and financially important ... Mob worked so hard and somewhere along the passage of time they've been treated so inhumanely and live in shit poverty now. Treated like animals, paid rations. Government did that. We forward to today, and this pitiful amount of money is being paid, but it's significant [as a form of redress, too].

A further example involves a client and her husband who were both eligible for Stolen Wages compensation. The client had been living in a Red Cross shelter for 5 years. Her husband had passed away very recently. She had no money to send his body back home. The legal clinic was able to assist.

This lady was awarded \$4400. She used this to get her husband's body home. English was her third language. The granddaughter was there translating ... DATSIP released the money the next day. The family was found as they were being supported by an FWB worker. This meant something enormous, to take the body home. Costs are so high. She might have had to go and get one of those disgusting loans. Because those cultural practices are key. Those kinds of things come out of Wuchopperen all the time as it's health. We don't like to talk about this stuff, but we need to bring it out.

Significantly, the Stolen Generations work brought together health, justice and community around an issue of importance to Aboriginal and Torres Strait Islander people.

For the health organisation this provides an avenue to address issues that aren't directly health but that impact on health and wellbeing. With the example of Stolen Wages, it potentially impacted large sections of community but many weren't accessing or knew about what was available to them through the Stolen Wages scheme ... The legal clinic was able to a pretty good extent to get the word out through Elders group, Wuchopperen staff, media, to enable 100 people or more to get a payment when they would not have done so before the cut off or to understand what might have been available to them, to link them to a class action if they wanted to do that ... This brought people together again to advocate on the issue in a bigger way... There were a lot who just wanted to come and tell the lawyers stuff. They obviously felt that that was important in itself and presumably it had some value to them. To say, 'I worked for nothing for 20 years' ...

More broadly, the work also recognised and reinforced Indigenous-specific cultural perspectives on family ties (where families are beneficiaries of compensation).

This is where we're deadily here. There was a case on Stolen Wages 'on behalf of another person'. It involved traditional adoption. When we're talking about 'on behalf of another', government don't recognise traditional adoption. And you don't have a will... Just talking to community, we have our way. You have this institution (government, the law). It doesn't recognise our way. It's really hard when people say I belong to that family. They're entitled to it. But government doesn't recognise that.

The community came to see the legal clinic as a 'Stolen Wages' clinic, to a degree. Though it is more than this, this association has built up trust and connection, likely to increase access to the clinic by Aboriginal and Torres Strait Islander people. A further impact of the work is that through addressing this type of issue the community now has increased understanding that legal issues impacting on Indigenous people can and do sit *outside of criminal law*, including issues that might be specific to this group.

We're here to assist with all sorts of matters. Tenancy, for instance, has a legal dimension. They just think this narrow pathway – criminal and kids. If someone is chasing you for money, SPER (State Penalties Enforcement Registry) debt – that impacts on tenancy. These areas all have legal dimensions. Wills and estates. Looking for the first blackfella that passes with a will! Nobody has wills. Just what that means culturally, for sorry business, nobody talks about it. We never see wills. Our families are so complex. Lots of customary practices that come into family relationships. There are no guidelines [about how to deal with this when someone passes]. Families just breakdown [in this situation] ... Wills would help. Traditional adoption, [also shows the] importance of a will. Who has rights to corpse? Nobody talks about death, if you're a blackfella, or

traditional adoption. This can actually play out down the track when people are trying to put forward an interest in Stolen Wages. The legal clinic tries to use examples to talk with these things with community, something not to be frightened of.

First year, booked solid by people just seeing that poster while sitting in waiting room. Clients self-ID and come to the lawyer, but with clear criminal issues. Once they're in, the lawyer would draw out tenancy and debt issues. Community can pick up criminal issues, issues to do with children. They don't usually identify that lawyers can help with other issues.

As a further point on broader impacts, by upskilling those in immediate contact with the clinic the wider community is more informed and ultimately more empowered – a very effective form of CLE. This occurs when staff and Board members access legal advice, information about the law or are otherwise connected with the legal clinic, clients and those attending CLE all pass information back out to the broader community: about both the clinic and the law. In this way, capacity of community as a whole is built through the partnership. 'A lot of our staff are living what our clients are living. Nine times out of ten a client is related to a staff member. So, building staff capacity is building capacity of community.'

They go and talk in their family group or extended family group after being at the clinic. They listen to yarns – hear that someone is struggling. They say, you need to go and see the lawyer. They become problem solvers themselves. The yarn goes out 'she helped me with this'. They then understand that the lawyers can help with tenancy, with debt. This helps community to identify issues.

Skilling up that middle person – the health workers. Especially for this community, the more it understands what is happening the better. Our route to them is through health workers, and through governance and community governance at Wuchopperen.

The legal clinic has provided CLE through Wuchopperen to community members, staff and Elders. It has engaged community around key issues, such as the development of the Uluru Statement.<sup>31</sup>

This should be one of the partnership's key functions: community engagement and information sharing. CLE is at its best when delivered at Wuchopperen. Those people, goddam they need it. All those conversations, a lot of ATSI families, we don't talk about this stuff around our dinner tables. We're making space for it here. We have them

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<sup>31</sup> The Uluru Statement is a 2017 declaration by First Nations Peoples calling for an Indigenous voice in Parliament and Makarrata Commission: <https://www.1voiceuluru.org/the-statement>

bursting out of the room at the Elders luncheons. There is word of mouth that works well. Stolen Wages, SPER, victims assist, Constitutional stuff – we talk about all this. Once you tell one family group it goes out further to community. This is also about paying respect through this platform. To make the project work it had to have Elders’ support ... Elders are our judiciary. You have to make roads into them, you have to get their approval.

### **3.3 Partnering in an ACCHO space: key learnings and challenges**

A number of points were raised during discussion about the challenges and learnings arising during the process of establishing and running an HJP in an ACCHO space.

#### **3.3.1 Trust between organisations**

Setting up a partnership in an ACCHO space takes time. ACCHOs, for a start, may still be quite siloed, working predominantly within the space they are most comfortable – that is, health. Additionally, they may not immediately jump into partnership with a non-Indigenous organisation, in particular. This is due to issues of trust, including a lack of confidence in the latter organisations and their ability and/or inclination to work appropriately in a community-controlled space (and concerns about the impacts this might have on clients and the organisation).

ACCHOs may not be looking to partner, and not with non-Indigenous organisations. It’s a protected space. This is a systemic issue and it’s about changing ACCHOs thinking. This can limit partnerships and outcomes achieved through partnerships ...

For the same reason that people set up ACCOs to start with – mainstream orgs not doing well enough in all sorts of contexts because the crucial factor of community is control not there - a mainstream org coming into ACCO has challenges. An org that has set itself up for that purpose would legitimately be wary of other orgs claiming to have all the answers.

When you’re looking at community-controlled organisations like Wuchopperen, in today’s environment we’re probably amongst the last organisations available. We have a good connection and engagement with community. Client numbers range from 10,000 to 12,000 ATSI people here. This engagement and connection, the level of trust we have with community – any partnerships we engage in we are very, very mindful that it needs to be in the best interests of the community. We do get a lot of people wanting to partner with us because they know we have this connection to community and that is a valuable connection that you can’t just walk in and gain. We don’t want to damage the relationship

we have with community. Our people will tend to support and engage in services or partnerships that have our logo on it.

What has made the difference in this instance, to a significant degree, is LawRight's Torres Strait Islander lawyer, who has effectively served as the 'connector' between partners and between LawRight and the Aboriginal and Torres Strait Islander community. She has been instrumental to the brokering of relationships, drawing on those that pre-existed or sit outside of her employment at LawRight.

We do have a partnership with a mainstream legal service. We've made it very clear that having Donnella (Torres Strait Islander lawyer) in the clinics has strengthened the partnership. She is a Board member, community member, she understands protocols, the people and the community. It's critical that she continues to work with the legal service. It's a safe environment. We don't want that to be impacted by having new entrants. People feel comfortable with who they know. They also tend to feel comfortable with – if they know someone and trust someone, and this person says – this person is also trustworthy. You can work with them. They'll support you and work with you. There's more likelihood that there's going to be engagement between our community members and this law firm, for instance, if this happens - because they don't know the firm from a bar of soap.

It's about cultural influence on the services being provided. With Donnella in the position she's in, connection with organisation and community [is easier]. She can take the advice from the community and factor that into the partnership and service provision. If Donnella is not involved, we'd need to work with Law Right and who they're proposing to bring in. We'd need to think about whether it'd work. We'd take advice from our staff members on this. Clients are engaging with non-Indigenous doctors, but in some respects, they're doing this because they have to, not because they want to. The concern is that at the moment there's lots of clients happy to engage with the lawyer because it's Donnella.

Raised in this context by a number of participants is that when an individual has been so pivotal to the partnership, what happens if they are no longer there? This reliance on a single person 'creates challenges for the lawyer, and for longevity of the HJP. Without her here, will it sustain itself?'

### **3.3.2 Building legal service capacity**

As the above comments indicate, relationships are everything, and these take time to develop, particularly given issues of trust and the significant barriers arising for community that impact on engagement with anything to do with the law. As such, this type of partnership will only succeed

‘if it’s a long-term project – you need to keep building understandings, communication pathways.’

It takes time. You need to spend 12-18 months [setting things up]. Needs to be consistent, 100% respectful. Coming in as lawyer, this doesn’t translate out to community. You have to be recognisable to community: not staff - community members. You need huge buy in. You need to do some heavy lifting, and have real understanding of historical stuff.

A lot of the work may also require skills that legal services, specifically non-Indigenous legal services seeking to work in an Indigenous space, may not have practiced to any significant degree.

Legal services in this space need a whole lot of skills that aren’t legal. It’s also about connections, relationships, building [strategic and inter-personal] relationships or relying on pre-existing ones. Have to get back to basics .... Who is the right person? ... Who has the appetite and interest to look at this as benefit to the patients ... Word of mouth is so important. You have to be careful not to mess things up as it can wipe out whole [sections of the community in terms of engagement].

Adhering to cultural protocol, responding to the particular needs of Aboriginal and Torres Strait Islander clientele and alongside this, having capacity to work in a health and, in particular, an ACCHO space are all important. As an example, the legal clinic is working through and with existing cultural protocols, including respect for Elders. Legal clinic staff have met with the Elders group at Wuchopperen every couple of months, as far as is possible. ‘We talk with them about what things they want more information on. I will bring services in to talk directly to the Elders.’ They may say that they want help with wills, or ‘we want to support our youth in the youth justice space.’

It’s so important to be closely linked with the Elders. They’re on the ground. They see what’s going on. Working with Wuchopperen staff is not enough. The community are the people that actually access this service. They know what’s needed. Our Elders Group - they’re the people we need to answer to.

Whilst much of this may have been intuitive for LawRight’s Torres Strait Islander lawyer, lawyers without relevant experience may need formal or other upskilling to work in an ACCHO space. Of note too, *all* the lawyers at the legal clinic have had to pick up skills related to working in a health space (related to health needs of clients). As such, HJPs present an opportunity for learning for all involved.

Clients come in here and they have wellbeing issues. The lawyer has learnt how to work with clients with these issues. They can have a rhetoric that goes around and around. They are at that critical point. I need you to solve it! None of us have that power. And that pain, that trauma...

Whoever is coming in, they must do a cultural induction with Wuchopperen. You have to have a good understanding of our history, of why the AMS mean so much to us. That will increase your capacity. You must have cultural understanding, some knowledge to have a decent relationship. You can't just walk in there. Non-Indigenous staff must have cultural competency or other training that would prepare them to understand that clients have ... complex needs. It's about recruitment, selection, retention of personnel and then how each entity ensures capacity and understanding of staff about what they're dealing with every day.

You can't be just superficially culturally safe. Having Aboriginal and Torres Strait Islander staff is essential, for instance. Working respectfully with existing governance structures. Working from a strengths-based position .... But also recognising the likely disadvantage [in the client base], and the need to respond to that.

The legal profession can learn so much from working in a community-controlled space. Many lawyers think that pro bono [is the solution] ... There's so much good intention out there. But there's a certain way of working ...

## 4. BUILDING ON THE SUCCESS OF THE PARTNERSHIP

There were a range of suggestions provided about how to build on what is currently working well within the HJP, as well as ideas for improvement on things that might not be working quite so well.

### 4.1 Under-resourcing of the legal clinic

We begin with discussion of resourcing. Though resourcing is not everything, it has implications in its own right, as well as for further issues discussed below in this section. Limitations in resourcing has current impacts, as well as impacting on the longer-term sustainability and potential for expansion of the project. These impacts include gaps in terms of the type of matters and work the clinic can undertake for clients, but also more broadly – including engagement with partners, other stakeholders and with the broader community. Funding insecurity also causes uncertainty. ‘There was period of time when funding was not clear. That was a big issue. You have people there needing legal help, but where do we send them?’

Capacity issues are a huge obstacle. There’s only so much they can do in terms of casework. What’s also required of the roles is involvement in organisations, community stuff as well – which is also what makes it work. Lack of time to follow through with casework, actual legal issues that can be responded to. There’s a huge level of need in terms of child protection, family violence and other issues but the legal clinic can’t help in a substantial way. Personal injury, wills and estates. They’re not issues CLCs generally practice in or have expertise in. What that means for the person in middle of it all, it puts pressures on the lawyer due to expectations about what can be achieved.

A timeline of milestones and resourcing of this HJP is attached at **Appendix J**. The partnership has not received substantial amounts of money to date, but has still achieved significant outcomes, as this Appendix indicates. Governments may not understand levels of resourcing required ‘to build an HJP’, initially and over time. In some respects, this partnership has worked by drawing on resources that haven’t been paid for through funding provided by government: that is, the existing connections of LawRight’s Torres Strait Islander lawyer.

A greater understanding is required within government and, to some degree, within health services in general that health and justice funding ought not to be as siloed as they currently are, given that these two areas are so closely entwined. It is suggested that ACCHOs (and the national representative body for ACCHOs, the National Aboriginal Community Controlled Health Organisation (NACCHO)) are in a good position to help lead conversations with government about funding health and justice differently. For government, ‘everybody has their

own little story. Nobody wants to cross over. And yet clients require us to understand [and respond to] the whole picture.’

There’s nothing in Wuchopperen contracts about funding access to legal needs. Government doesn’t connect the two, health and justice, in the way they fund. Money from PM&C (Prime Minister and Cabinet) goes into health, with no legal component. If staff are delivering health services and part of it isn’t about law, we’re just putting band-aids on clients.

To have to turn up and not understand the [legal] process when kids are being removed, it’s so devastating for family. Government is funding this end [family wellbeing] at Wuchopperen, but they’re setting families up to fail because they’re not effectively funding the justice part of it. If they can’t connect to the legal clinic [or to lawyers generally], it’s impossible. One can’t work without the other ... So much more money is going into the health space. Health budgets are massive. Proportionately, justice budgets are so tiny. A whole of government approach needs to be resourced.

This leads to discussion of the potential expansion of ACCHO-embedded or led HJPs around Australia, something that both Wuchopperen and legal service partners are advocating for. In expanding the model that Wuchopperen and LawRight have been using into other communities, more strategic discussion about funding of such partnerships would be of considerable benefit.

Something like this would be great within all Aboriginal and Torres Strait Islander medical services. It’s a good thing for our people. Because law goes hand in hand with certain stresses that might be impacting on health, affecting them.

I’d love to see a lawyer in every ACCHO around the country. FIFO is worst design every. Have an advocate sitting in ACCHO in remote locations, to provide legal information so not even getting to legal problem. Understanding rights. Multi-disciplinary way of doing our work. That requires resourcing. 140 plus ACCHOs, but think about it from a cost benefit approach. Fund lawyers into that space. Re-directing dead dollars going into prison systems, for a start. NACCHO is there. There are six ACCHOs that have lawyers coming and visiting. Wuchopperen has lawyer more embedded in it.

#### **4.2 Expanding the partnership: more staff, more days**

There was originally discussion of expanding this model into other ACCHOs in Far North Queensland. The current emphasis, however, appears to be on ensuring that the initiative is

funded to keep going at least as is, or ideally, to increase the days it operates and its staffing levels. 'The clinic needs to be more days, there's a big demand for it. It wouldn't be wasted to add days.' This is particularly important as Law Yarn is rolled out more comprehensively, picking up substantial numbers of clients needing assistance.

The clinic is well received. It's been a huge advantage to people. Providing emotional and physical relief and support in approaching justice and civil systems. There's frustration that more can't be done. There are limitations.

Clients suggested that the legal clinic needed more resourcing just to do what it is currently doing. They also called for its expansion. 'The lawyer is with a client for over an hour. She needs extra support'. 'We need it in Manoorra maybe *twice* a week. There's always a legal emergency, people needing help'. 'Get more people working, more lawyers. Cairns is growing. You're going to have more people coming in. You've got to grow this'. WHS staff too spoke of working to ensure clients can connect with the lawyer on the limited days they are there.

It can be hard to get appointments. The lawyer is only here once a week and she can be booked out.... She's only on person. You might have to wait a couple of weeks. We had to keep checking the weeks after.

I am old school. I really like the old introduction, but also understand how this looks time wise. And we won't be lucky enough that everyone presents on a Tuesday. When we are referring clients, we do try to support them as much as possible. So, offer them transport or whatever they need. We can pick them up. One of our workers will go and pick them up for the appointment. The support worker has, for instance, taken them out to Edmonton because they needed it and the clinic was down there that day.

In an ideal world, a lawyer could perhaps be sitting at Wuchopperen full time. Wuchopperen might have a walk-in clinic. It is important to note, however, that current funding pays for a full week of work for a single LawRight lawyer. Two days are spent in the legal clinic and the remainder of the week is spent on client follow-up. Adding more days in clinic will also mean additional days are required for follow up. Additional days therefore requires additional staffing. 'With more staff we could offer more support - for courts, for Public Trustee, etc. ... That would be a huge development. It becomes more of a legal service not just a clinic.'

I can see it expanding. I certainly hope that now this trust is established and we're a presence there that it can continue. There's been an awful lot of work put into setting it up. There's acceptance of it, and positive outcomes. This indicates it could get bigger and better if we have the staff to provide the service. It's not about physical facilities it's about staff. And it's about the right staff. Client participant

Suggestions for further staffing were not all about increasing lawyers. The clinic might draw more benefit, for instance, from the addition of an Aboriginal and Torres Strait Islander client support worker or similar rather than having two lawyers. This support person would liaise with clients and staff and engage with community more broadly, for example. Dependent on the role, this might be someone employed by the legal partners *or* by Wuchopperen. ‘Could we get a legal cadet – talking about the Law Yarn, mentoring staff, talking to clients - that conduit between health professionals and legal professionals? They can bridge that gap.’

Staff are not expected to be lawyers, just to help identify issues. Currently, staff send things [to the legal clinic] that probably don’t need to go to a lawyer. You’d want to encourage that. But having an intermediary, maybe a Wellbeing Worker, would be useful to run questions about issues by, like a field officer. Maybe [they’re more open to talking] to that person ... whereas if it’s a lawyer. ‘I don’t want to raise this with the lawyer, I might look stupid’. With an intermediary that they work alongside all the time, ‘hey, let’s have a quick chat’ ... And it’s about employment, which is what ACCOs are all about. In the law sector too, where we have very few of our mob qualified. We need more employed in this area.

Upskill someone with more knowledge in the legal sphere. Funding models are so tight that we’d have to get really savvy about how to withdraw someone from a program to shadow the lawyer to get more of an idea about the law. That would be ideal though. The team then doesn’t need to run everything through the lawyer. We’re sending people to mental health training, DV training, setting them up as ‘specialists’ ... Having your team have expertise in certain areas has benefits. The area is so broad so it works really well to do this. If one of the team leaders or practice supports will do this they’re the go to people when there’s a question.

There was some discussion too about whether the partnership should become wholly-Indigenous. Some thought this was a good idea.

I’d prefer it be delivered by ATSI services in true collaboration and partnership for the benefit of the community members. In the end as we build it people would want to see an ATSI legal service there. And we’d employ ATSI lawyers, and there’s recurrent funding available.

This might involve positioning a lawyer within Wuchopperen full time. ‘If there’s any possibility of expansion, my dream is we pass it all back to ACCOs to lead this. And you could have a live-in solicitor at Wuchopperen.’ Others suggested that this might take away from what was working well in the current partnership.

With an AMS lawyer you'd lose the partnership element, which is a current strength. It has two different types of expertise right now. If you try to absorb one into the other it dilutes the expertise. [Health] could put different resources in it [instead].

There's strength in two organisations coming together. At the end of the day, if the service needs to employ a full-time lawyer, that would be quite concerning. We access legal experts as and when we need them. There's always funding limits, competing priorities. Our focus has always been health. 80-90% is health. The rest is those wrap around services. We're dealing with the experts. Why would you go and try and replicate that yourself? I'm finding value in the partnership. If we set up our own legal area, obviously risk would sit with us. Now, it's sitting with the experts, who know it, who understand it and can deal with it. If we set something up inhouse, there's all sorts of risk considerations, insurance considerations.

There's a continuum between being an outreach service or being embedded. The legal clinic is more embedded than normal outreach. There's more time involved, for a start. There are strong connections being built ... Not sure what the ideal might be, it's different for different organisations. One might be being having a lawyer employed by that health organisation. There are benefits too to *not* being so embedded in that way. The further along the continuum we are the better for clients. ... But a bit of independence is probably a good thing too.

#### **4.3 Expanding on current collaboration within the partnership**

Some participants felt there would be benefits in health and legal staff working more collaboratively to address complex needs of individual clients, beyond making and responding to referrals. Wuchopperen staff suggested that more feedback following referrals, for instance, could be beneficial. This might help with upskilling and encouraging staff to identify legal issues, as it would confirm whether a referral was appropriate, as well as informing staff that the client had received assistance as expected. This is of relevance and use to the ongoing work of the Wuchopperen staff member working with the client.

Staff aren't always aware of programs or other service to refer clients to. I can pick up red flags all day. I can pick up the concern before I get to the clinic. I know immediately. But when I send them there, I don't know what happens, whether the referral is right. If we're not getting feedback in any of the spaces we're not sure if that's something we need to keep working on, whether we just now focus on some other client issue. We can let go of the issue referred. If the client hasn't engaged and we don't know that, and that can happen often - if the client is shamed.

Getting a bit of feedback once they're referred. That closes the loop. If there's outcomes that are positive, you're more likely to refer... It may not be possible, if there's court cases or something. It doesn't have to be very specific. Just that a letter was written that held off debt collectors for a couple of months 'til she got her act together.

This is happening, to an extent, on an informal basis but some participants identified that they'd like a more formal process established (see also Frameworks, systems and processes below).

We do follow up on what's happened at the legal appointment but only from what the client has told you. We don't always sit in with them. It would improve service delivery if we were better linked up - but only if the client is okay with this. Doing a brief letter would be really, really useful. This advice was given. This is what was discussed. We can then incorporate this into our work.

It's the ongoing discussion that is so useful ... The ante-natal clinic at hospital is fantastic. They are always emailing, calling us, sending discharge summary. [Patient was] ... reviewed in clinic today, can you please follow up? There's shared care. If we got a letter back from the lawyer, [X person was] seen in the legal clinic, this was done. You get closure after a referral and it also keeps this option up front and centre. Other doctors will end up referring because they can see the positive results. Not all doctors are across the social determinants of health. I get information informally if the client comes back to me, but they're very mobile so I don't always see them again.

Some felt that what happened at the legal clinic was the client's private information, and not something to be shared with health or wellbeing staff. 'Do we need to know?' That's their information. It's not our information to know, is it?' However, it could be built into conversations that are aimed at empowering the client.

It's more about whether they're satisfied with the information they received. If not, we need to find solutions to increase awareness and education around that. This is what the solicitor has come back with. How does that make you feel? Where do you go from here? They are put into control of their own decision making and destiny. We ask the client to tell us what happened if they want to tell us.

There were some stakeholders who felt that the lawyers and health and wellbeing staff could probably also co-case manage clients through more comprehensively integrated approaches - beyond just sitting in on legal appointments, for instance.

For individual clients, we're looking at a care team type focus for complex clients sitting across services. Time is an issue, I know that [but could we bring the legal clinic into

this?] ... Even if they were to provide a written report for the care team meeting, they don't need to attend. We're looking at how we can better collectively support clients.

Others felt that the partnership was already much more integrated than traditional 'fly-in fly-out' outreach, but that it could also be 'wonderful to have collaborative case management.' This works best, it was suggested, in settings where the health service is 'itself innovative enough, drawing together multi-disciplinary allied health and/or a range of practitioners.' 'If a service has already positioned itself as doing more than just small impact work for clients. Really looking at holistic, client-centred work across a few domains ....'. If it is already working collaboratively with individual clients *within* the organisation. In these situations, adding justice and legal services into the collaboration 'is a good fit.' Also pointed out, however, is that adding greater complexity to the partnership is not possible without significant additional resources.

There was also some suggestion that an increase in regular conversations between legal clinic and Wuchopperen staff (in general or through particular units) about issues of relevance to the broader client base (of both services) would be useful. Perhaps this communication might occur in a structured way, with a practitioner group or similar established. LawRight has already discussed internally the possibility of setting up a group like this. '[We could talk about, for instance,] these are the types of issues we're seeing. Can you take them on? That would be really beneficial'. Again, this may require additional resourcing.

#### **4.4 Increasing knowledge about the law and legal clinic**

Wuchopperen staff play such an important role in helping clients to access the legal clinic. More work is required to build *all* staff capacity in identifying and responding to legal issues and knowledge of the clinic, given this.

Data indicated more work is required in this area. Staff were asked survey questions aimed at gathering information about two potential barriers to Wuchopperen staff working with clients around legal problems. These related to (a) knowledge of law and (b) confidence in picking up and responding to such problems. These barriers are inter-related to some degree. Having little knowledge of law is one reason why those working in a health setting might not feel comfortable responding to legal issues.

Staff were firstly asked about their knowledge of criminal and non-criminal law. The division of these different areas of law across two separate questions was intentional. It was thought that there might be higher knowledge amongst staff of criminal rather than civil or family law. The responses provided by staff indicate that this is the case, to an extent. Most staff had either 'quite good' (21/47 responses provided) or 'not so good' (17/47) knowledge of criminal law (Table E:

Appendix G). Most staff also had ‘not so good’ (22/46 responses) or quite good knowledge of non-criminal law (17/46) (Table F: Appendix G).

Comments about knowledge of the law are as follows. ‘I’d say my knowledge is not good. I maybe have my own interpretation of it but feel like it’s not enough to give families legal advice. I’m not a lawyer.’ ‘Legal is not even something that is part of the language. It’s all health language. People with legal issues are slipping through’. ‘I could identify issues with clients ... if I got a bit worded up. What I don’t know I don’t know’. In answering questions about knowledge, some staff were keen to point out that knowing about law in their role should lead to picking up the possibility of a legal issue, rather than involve being across the law in detail. ‘You don’t really need to know about law. It’s just about issues that come up for your client. If there’s a hint of it I’ll flick (refer) it’.

Identifying we’re ‘comfortable with’ rather than ‘having knowledge of’. That’s an important distinction. You can identify if something doesn’t sound right when a client’s telling you their story.

Staff were also asked about their level of confidence in identifying legal issues and in responding to them, which in some respects is identified in some of the comments immediately above. Responses provided indicate that staff are generally ‘confident’ (27/47 responses) or a ‘bit confident’ (15/47) in identifying legal issues (Table G: Appendix G).

I have certain knowledge because I’ve done a few years of casework. If there’s stressors about debt, this is a flag for me. When they’re talking about child safety. Or home stuff. They’ve gone in and tried to get things repaired. It’s just little things I’ve learn along the way. It is intuitive.

In essence, we identify a problem and out of that you identify that there might be a legal element to it and that’s when you’re directing that conversation. Throughout my professional career, there’s always been a conversation like that. Do you know what legal services are available in the community? Do you have someone to talk with? I’m pretty comfortable with this under supervision, asking about certain elements.

The level of confidence in *responding* to issues was slightly less than that reported for identification of legal issues. Most staff reported feeling ‘confident’ in this area (22/46 responses) or a ‘bit confident’ (17/46) (Table H: Appendix G). As one staff participant stated ‘We can identify the legal issue, but we just don’t know the processes behind responding to it’. This may reflect a lack of confidence in knowledge of legal responses to legal issues, rather than a lack of confidence in responding to issues as health-based workers. Staff are doing quite a lot of hands on work with client non-legal issues, once identified (see further below).

Staff were asked to identify barriers impacting on staff capacity to identify and respond to legal issues. As noted earlier in discussion about disempowerment, many of these barriers, according to staff, related to clients. Some, however, pertained to staff. Some staff thought that not knowing much about the law or not knowing how to talk with clients about legal issues inhibited staff identification of legal issues, though most felt fairly confident talking to clients.

It's not hard, once you have the person in the room. You're doing the general observation and are having a conversation, things usually come up. Because they trust you. I've been here over 20 years. Lots of our staff have long histories here. Our health workers are fantastic. They engage with them, get the information out of them. Even if people come in to get a dressing down. I usually engage with lots of people because I know them, coming here for all these years. They tell me and I say 'come and let's make an appointment'.

They indicated that what would be most helpful to them in building capacity would be training about the law and about responses to legal issues. This includes responses that might sit outside of the legal clinic.

Training would be good. I have sought out specific legal information when I was working with a particular client in a particular situation. This was with ATSILS, and just for my own information. I wanted to understand what the process was. It was so helpful. I could then go and talk with the client and encourage them to follow up with ATSILS. We know a little bit, but it's never enough. It was purely for my professional conduct in this case.

Having the ability to refer them on... It's more about knowing where to refer them. We can't be the experts in everything. It's about knowing there are services out there that can support the client.

It's just the referral pathways. You think, that's where to send the client. All of a sudden, no we can't help you. Bang, disempowerment. They just get over it straight away. You've got to send them to the right place straight away. Or you'll lose them. The referral pathways are key.

One idea was a simple tool or document setting out pathways (for referrals) rather than a workshop.

A road map of what's available and how to refer would be the biggest tool for us. We generally work quite quickly. We need to know what all the options are when we run out, to make sure we've exhausted them all. Quite often someone might bring something else

in. Isolating it to legal is good. That's what we need. Quick reference document. This is available and this is how to refer.

More information about legal clinic is also still required. 'I don't feel that enough has been done to communicate ... about the clinic. A lot of staff still don't know about it. We need more awareness.' This includes what it does, clarity around referral processes and around the role of staff in referring clients. For instance, it was not so clear to some staff whether *they* should be drawing out in conversation clients' legal issues, or *waiting for clients* to identify issues.

Being better linked in with legal services, including the legal clinic, both to make referrals and so that staff might discuss issues arising with the lawyer at the clinic was also identified as helpful for upskilling staff. The latter may involve discussion about individual clients, as was already happening to a degree. 'I've got no shame. I'll just ring the lawyer up and ask something on behalf of the client'. 'I have a relationship with the lawyer at the legal clinic here, so I can talk to her about issues that come up. Nine out of ten times she can take it on, or will tell me where to go'. The openness of legal clinic staff to Wuchopperen staff queries and conversations is good practice, delivering positive outcomes in this context.

It's just the benefit of having the lawyer here, people can come and have that yarn about what to do. If they're not there on the day, they wait. Or they email. Or might come and talk with them at the Hub.

I can talk with the lawyer openly about things. If something comes up. I approach her and ask if she can talk to staff at staff meetings. She comes and tells them who she is seeing and so on. She's had someone else there, a lawyer, looking just at housing. She bought a team, a barrister. They all came in and gave their speech so health workers knew what to do.

I'd go and talk with the lawyer for something that is a bit sticky. Definitely, I'd like their input about it. Is it something to discuss with the client or not? I don't know everything. Having the lawyer here, it's easy to get that information

It could also, however, take the form of group conversations about the legal clinic and/or legal issues arising for staff. Formation of a practitioner group that might have such conversations is discussed above.

We have a critical reference group within Wuchopperen. Might be a good idea if we could get feedback at this meeting or talk about and to the legal clinic there. We're going in there to have discussions about how the other services here can work together around child protection. So, this would fit in really well.

There was some discussion, too, on training or upskilling (a) particular staff member(s) around the law and pathways for responding to legal issues. This person would then be a ‘go-to’ person for other staff to talk with when issues arise. This appears to be happening in some areas of Wuchopperen already. ‘We have clients presenting to clinical staff, divulging information, and this then escalates to me. I decide whether it goes to the legal clinic.’ Some staff did not think this was such a good idea, however. ‘We should train everyone. One person might get a little burnt out. Train everyone or a handful, not one person’. Also discussed was finding ways to make it easier to talk with clients about legal issues, which the Law Yarn may assist with (see Chapter 5).

One thing that is working well in terms of upskilling staff is they are seeking help from the legal clinic for their own legal problems, which increases knowledge of the law and of what the clinic can offer to community members.

A lot of our staff are accessing the service. We can’t assume that because people are working here, they’re not going to have legal or health issues. We have an employee assistance scheme, but that’s focused on emotional issues. It deals with the symptoms, not the cause. The legal clinic [helps] ... in a way that puts you back in control.

### **Building client/community member knowledge**

Stakeholders also spoke of the importance of building *community* knowledge of law and the legal clinic. This will mean that it is not up to staff, completely, to identify or refer clients to the clinic. Clients can self-refer. This relates to a point discussed elsewhere: that there appears to be a lack of clarity as to whether staff are responsible for or tasked with picking up legal issues in discussion with clients or must wait for the client to raise them.

We need to make marketing better. People need to be more aware of it, that it’s here, that its part of our core business. Making sure clients know the whole story, as opposed to one story when they’re interacting around seeing a doctor. I make it my business to know everyone’s business. Some staff are different.

Make sure that all the clinical staff are aware. Put flyers in the waiting rooms for clients. So, come at it both ways so people are asking workers about it and the workers are also identifying it. Both are needed.

Other suggestions for increasing community knowledge about the clinic, some of which have already been used by LawRight, include the following. ‘Start playing messages on the radio. Put the message on the phone line at Wuchopperen while you’re waiting for someone on hold.’

Ask Law Right to present at NAIDOC celebrations, kid's day, youth day ... That attracts lots of people and staff. It would be a good place to present information at a stall.

Some of our families don't read. They don't read a lot. Breaking down information is really important – to get the key message across. Get some positive messages about getting legal advice, make videos. Not like the one's in Centrelink. Something genuine.

Whilst there was little negative feedback on the legal clinic amongst clients, there was a fair bit of discussion about how to build upon what was seen by every client as a very positive initiative. Clients shared ideas about lifting the profile of the legal clinic. They wanted more community members to be able to access it. 'We've got NAIDOC, CIAF (Cairns Indigenous Art Fair). Have a stall there.' 'Have a family get together. A BBQ, Kai Kai.' 'Most of those sitting in Raintrees are Elders, sit down and have a cup of tea, have a yarn. Nearly every day sitting in there. Tea is an ice breaker.'

Get the word out there. TV. Indigenous radio. Cairns Post. On the side of the buses. Raintrees has the shopfront on a Friday. It's a great idea. A corner shop giving you information inside the shopping centre on Deadly Choices and all that. Crime Stoppers do a lot of this stuff. They go to shopping centres. You could get volunteers involved. You would say hello to people passing by. Stop and talk. Make people feel welcome, saying you're welcome to come along to the legal clinic. Come to Wuchopperen. You're going to have an ethical legal service there. You have some pamphlets. Just handing something to someone. Magnets for a fridge. Got the phone number there.

The clients also identified how well word-of-mouth works in the community to convey messages. They were already sharing with other community members information about the legal clinic. 'Get people to understand help is here. We go out and talk to our families and friends'. 'A lot of people need lots of help. I say to the old ladies, we have everything up at Wuchopperen'. The profile of the clinic within Wuchopperen itself was also discussed. One female client suggested that the clinic was too 'out of the way'.

It's stuck down there. Nobody knows it's there. That's women's business. She's down that corridor. Maybe they could move her up the front.

If you had a really big notice in the main clinic. And flyers as well. Pamphlets in waiting area. 'We have a legal representative' ... Some people are not aware. I had to tell some people at my gym class. Well, Wuchopperen has a legal clinic.

A suggestion was made by stakeholders that a self-serve kiosk or similar could be placed at Wuchopperen in a central location, and that community members could work through this to

identify issues, and then, perhaps to make an appointment. This might overcome barriers related to shame or fear inhibiting conversations with Wuchopperen staff.

If you set it up as an interface or kiosk, that's worked in the past, up front of the centre. You can go through a number of preliminary questions. Very effective. Gives the client privacy and some discretion as to what they're putting in.

It could work. We have computerised systems out there. Could explain how to use the document and what it's used for. They could do it themselves. Not everyone needs support from worker. Some probably would prefer this to a worker.

Others felt that this approach was not appropriate for Aboriginal and Torres Strait Islander people.

Would clients be able to go through the Law Yarn on a screen or computer? Sadly, I see a lot of our countrymen go into Centrelink and be exposed to doing things on computer and it's really, really hard. It can be shame, causes humiliation. I sit down with a man or woman about their business and they tell me the whole story. From a cultural perspective this is probably a better approach. Just yarning.

Increased delivery of CLE to community was also highlighted as important - but again, this is dependent on additional resources.

Legal services generally – wholly overwhelmed with all those day to day issues ... They don't have the luxury of giving education to clients about rights. They just deal with what they see – going to court, remand ... Our men need to be aware of their rights, our children, our women, our Elders. Our Elders are also being ripped off by their own family members out there in the neighbourhoods. So legal... we grew up with customary law and everybody paid respect to that law. That was all disbanded and shattered and broken. Then everything started to fall apart. We have to now learn what the law is today, the Australian law. We have to understand that.

If there's a common recurring issue picked up through client contact, do they hold some workshops? Do they get ICAN in to talk about financial rights and responsibilities, for instance. Let people know there's going to be a workshop. There's opportunity for that too. Child protection shouldn't be the subject of a workshop as it's too sensitive, but other issues like tenancy could be. What are your rights and responsibilities as a tenant?

When you look at this legal stuff, usually people will only go to a lawyer when something's happening, about their own personal situation. How come there aren't legal conversations on topics for community? They could attend the session about this or that, and they'd then have some knowledge. If you've got no legal understanding things can be really frustrating. If someone can clarify this – their rights, this is what you can do, this is what you can't do. At least they know where their boundary is. They might think – okay, I don't need to worry so much.

Clients also spoke about CLE positively. 'Teach people the rights and wrongs of the law. We need education about this. What you can't do. How you can access lawyers.' Clients spoke of enjoying and of the benefits they drew from the client focus groups held for the evaluation. 'When we came in today, we're all very shy. But talking together, everyone's opening up. Everyone's smiling up, having a chat.' 'It's good to talk about these things together.' They asked that more workshops of a similar nature be held, where people could come together to talk about legal issues.

#### **4.5 Outreach**

Clients wanted the legal clinic to help community members in Cairns outside of Wuchopperen. They spoke of outreach services being provided, and about setting up similar clinics in health services beyond Cairns, such as Kuranda or Mossman, which could be staffed by a local field officer rather than a permanent lawyer.

It breaks my heart to see our people like that ... There's lots of people struggling. We can thank god for this place (Wuchopperen). But what are the rights of those people sitting down under that tree? They've got rights too. Sometimes they don't know the law, why they're being chased off (by police). Why doesn't somebody from the legal clinic come and help them? The police can be unjust to them, moving them on. They know authority, they come to chase us away. Black people have never been allowed to linger.

I'd like this to expand into other health services in other communities. You could have a lawyer or just a field officer ... Other field officers like in Normanton are for criminal law only. It'd be good if they did this. They do have people dealing with legal issues in some communities but they only look after family.

Stakeholders also spoke of legal need out in community that might be better addressed by the lawyer through outreach services.

It'd be valuable, if we had a properly funded lawyer at Wuchopperen five days a week. If government will pay ... There are thousands coming into Wuchopperen. We're picking

from very top. We need resourcing to do it differently. Getting onto Indigenous radio, setting up a stall at Raintrees. Looking for a condensed population – Manoora, Manunda, Edmonton. Could have enormous impact.

We've just established an outreach health promotion clinic to Raintrees Shopping Centre. The coordinator has been trying to get people ... to at least ensure there are flyers [of the legal clinic and Wuchopperen programs] sitting out there ... It's much more effective when someone goes and sits out there ... Everyone who accesses here goes through there. It'd be great if the legal service went out there too.

People could come to Wuchopperen through the legal service. not the other way around. ... The people that access the legal service are clients of Wuchopperen. There's probably a whole lot of people that need to access the lawyers, but they're not clients of Wuchopperen. At the moment, we provide the clients. They access the legal clinic. Is there opportunity for the legal clinic to go out there, with adequate resourcing, and say – hey, we provide this service at Wuchopperen. You can come and get help there ... Or maybe, if we're going to broaden this to clients that aren't just clients of Wuchopperen.

#### **4.6 Expanding collaboration outside the current partnership**

To address some of the limitations of the partnership, including by building on the type of work it might assist clients with, some advocated for a side-ways expansion of the HJP – bringing in additional partners and connections. 'And maybe more referral to more specialised services if required. We're just scratching the surface.'

Legal clinic becomes a referral point. I would think that would work. We probably do need to look at that. Given the resourcing restrictions of Law Right, and some of the complex issues that they will come across that they don't have capacity to deal with and need to refer on.

As this comment suggests, current limitations, discussed above, include not being able to take on all or more complex or pointier-end matters, including litigation. The clinic does not do court work. Some staff indicated that they would prefer to just pass a client on directly to the legal service that can assist them.

Advice is excellent and you need that, but the representation is key. I talk about child protection, when you're talking complex child protection that's a shitty court to be in. Then you have complex family law stuff. And to not have representation in either, it's ridiculous. This is people intimidated by the system based on trauma. [Right to it in CP and in criminal] Importance of litigation in certain areas; a lot of criminal stuff, warrants,

civil (tenancy, can't get a house because on the black list). Limitations .... potential to take things on at that deeper level. For my families, who we are trying to build hope in, there's no use sending them on through a referral to somewhere they're not getting to help. You're setting them up to fail. We need more clarity. [Stress: what you've got is great, but in terms of expansion] ... walking alongside through the whole journey. Might be another referral to another lawyer. Thanks for the referral, here's the advice, let's come with you. It's about feeling safe with that person. If you build a relationship and then you're moved on...

Say they have child protection matters and we refer it on, what happens? The legal clinic can help them identify what supports they could access. A lot of our families, their matter's in court. They need that intensive legal support. Other stuff like housing and finances we'd send them to the legal clinic.

One that wasn't so successful in terms of outcomes, a woman was effectively bullied out of work. All she wanted was compensation for that time off. I think that was beyond what the legal clinic could do. That wasn't a write a letter and then it's fixed [need more extensive casework] [need to build relationships outside Wuchopperen and Law Right to take on broader representation]. Final understanding was that they had to seek their own legal representation. [ATSILS might do this]. Like health, there's lots of areas of specialisation. I don't know everything. [ Build on this, bring in people with the expertise to build on what they are already doing. Things may be solved through minimal intervention... sometimes].

It always gets back to numbers of staff and what [service can be provided]. If the legal clinic had more personnel they could do more representation ... This would be good – support is not the same as representation or preparing a case. It ends up getting passed on to others. Public Trustee for wills for instance.

Additional resources would be required for the coordination and upskilling of any new partners brought into the partnership. It is not as simple as just inviting additional partners to be involved.<sup>32</sup> Currently, referrals to external legal services seem to be working pretty well, often done by way of a very warm referral, as noted above: with legal clinic staff accompanying clients to appointments outside of Wuchopperen. Also discussed was the good relationship the lawyers at Wuchopperen had with other legal services, making it easier for clients to be linked to them.

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<sup>32</sup> Data is available on the assistance ATSILS has provided since it has joined the partnership earlier this year in **Appendix K**.

It's so much easier to go through the legal clinic, because its connected with ATSILS and QIFVLS. It can get our clients through much quicker to them than we could do. Lawyer to lawyer. We could get an appointment two weeks down the track. Also, its triaging. It's sorting out the ones that need to go through. It's like the gatekeeper.

We generally have a good relationship or connection with the legal services. We generally can go directly there (rather than the legal clinic). With some clients, they're not as confident in going to other legal services. We refer them to the legal clinic here to get that general advice about where to go and to make that assessment on their own.

Again, with new partners on board, particularly if they are connected by way of referral, there is more work involved in linking clients to these partners than just a phone call. It was noted too that quite a few referrals are already being made, increasing access to external legal services.

For other legal services [as a result of this partnership] they'd also have greater numbers of people coming to them than they might have and they're probably the more vulnerable, those that would not usually have come through their front door.

Given that a number of clients are experiencing problems with government agencies or departments (Centrelink, Department of Housing), clients suggested it might be worthwhile bringing representatives of these agencies into Wuchopperen so they could speak to them there, directly. This might mean they won't need to access the lawyer, or could be done in combination with legal help provided by the legal clinic.

For housing problems you've got to go into Sheridan Street, find a parking spot. There should be a rep come out here. Or a Centrelink rep. Community would come here to talk to them. You get transport here. Especially Elderly people. Have it here, from 9-12 or after lunch until 4. Make an appointment.

People want someone here to help negotiate problems with housing or whoever. I had a problem. I had to take a witness in with me to make sure they did the right thing when we met.

Stakeholder participants also spoke of bringing into Wuchopperen, separate to the legal clinic, agencies with whom many Wuchopperen clients need to interact.

We're looking at getting Centrelink in. Also looking at a partnership with Access Housing. It's all those things that impact health – housing, financial issues, legal issues. You need to go and see Centrelink. The office is on site here today, by the way [not waiting for legal problem or dispute to arise].

#### 4.7 Build more capacity for staff to take on (non-legal) issues for clients

It was noted above that the legal clinic does a fair amount of non-legal work for clients. There was some discussion about whether building capacity of Wuchopperen staff around responses to legal need extends to increasing or enhancing *direct responses by these staff to clients' non-legal issues*, with appropriate training, mentoring and supervision, rather than just increasing referrals to the legal clinic. As one participant stated, 'there's 200 Wuchopperen staff and only one lawyer. These staff are a key part of this'. The development by the lawyers of pro-forma or template letters for health staff to use in advocating for or supporting clients was discussed, for instance.

Staff indicated that they were already assisting clients more directly with a range of non-legal issues: for instance, by going to court with them or talking on their behalf to agencies (such as Centrelink or housing providers). Other examples are as follows.

Negotiation with real estate, direct debits being set up without the client knowing and having to be cancelled. Clients signing up to internet and pay TV and having solar panels fitted to public housing. It's terrible. But these are things we can take on ourselves. We can work with the client to understand what's happening and how it's going to affect the family, the money, the tucker. Dispute resolution stuff happening with families and neighbours. If you're in public housing, you're a stressed family, neighbours are noisy and disrespectful, it doesn't take long for it to end up messy. I always encourage staff to call phone lines set up to assist our clients, to ask what dispute resolution process is available through a particular agency.

We definitely do take clients into Centrelink. We also make appointments with the social worker to see if there can be exceptions if their payment is going to be cut. We've built a relationship. We know the runnings of the family – like, Dad's not around. We also meet with property managers from Department of Housing and go through properties. If we feel like the families aren't getting anywhere we link them with [tenancy advice service]. Some things we take on ourselves without a lawyer. We do a lot of work with housing discrepancies and things like that. We have built up a relationship with their staff. So, we have conversations, regular meetings. We try to fix it first before it leads to any major stuff. With Centrelink we talk with social workers, trying to work out payments and stuff like that. We try to resolve it prior to it ending up in the tribunal.

SPER is another one. They might take this on themselves ... Not doing any of the legal side of it but doing other things. Setting up Family Tax Benefit, getting kids on the Medicare form, birth registrations, these are all things they can do ... They don't know how to, or don't think to do it. They just work within their grid. They might not think

about doing this stuff .... [The legal clinic can do it too] But it's also about building staff up.

Challenges raised in this context were that those without legal training might miss potential legal challenges or questions if matters are not sent across to the lawyer. So, for instance: rather than setting up a payment plan for a debt why not challenge that debt and get rid of it altogether? In this context, it was better for the lawyer to take all the matters referred, rather than send things back for Wuchopperen staff to respond to.

It may be dangerous ... The rationale for the LHC - we're not trying to train people to be lawyers. It raises potential insurance issues, and also doesn't use resources effectively. It's better to skill up people to be exactly what they are. If Wuchopperen had team of social workers – you could certainly work closely with that kind of unit

Additionally, the opportunity to uncover a range of unaddressed legal issues may be lost if the client does not see the lawyer. However, one participant noted that clients may not *want* to challenge things legally.

You see an elderly lady on a walking frame, about to be kicked out of her house. You talk with Aunty about what a legal challenge would require, ask her - do you have the energy? ... She won't want to challenge it. They may not want to take on a big thing to get to what is it they need

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Perhaps it's about [Wuchopperen staff] taking on this work, but the legal clinic having an open-door policy, you can discuss this if you're not sure if it's legal.

Other issues raised took the conversation back to discussion about the creation of additional positions within the partnership. Could there be someone trained within Wuchopperen to act as a paralegal, as discussed above, that might build on existing skills and work of Wuchopperen staff (as the legal clinic staff could also do)? Caution was needed in this context, one participant suggested.

Wuchopperen could have their own person doing training, promotion, coordination. That could happen. With a quasi-legal or paralegal role, that can be a challenge unless it's attached to legal service ... You don't want to separate things that come up from other legal issues. Wuchopperen could say though we'll take responsibility for training workers around Law Yarn and use of it in our practice.

## 4.8 Frameworks, systems and processes

There is some discussion above about setting up a process for follow-up of clients' outcomes at the legal clinic. Systems reform and other issues related to processes and frameworks were highlighted during the evaluation.

Firstly, participants discussed the need to continually adjust or respond to whatever comes up in an HJP. Complications, and adjusting to these complications, are all part of the process of establishing and running an HJP. Partners have come and gone during the life of this HJP, for instance. 'There are points where the relationship might end. But if you persist, think about - here's how you get around it ...' Though this indicates that flexibility is required, formalising and structuring the partnership was also identified as important: setting parameters and expectations through executive level conversations, for example, and through MOUs.

MOUs are really just statements of intent. Where you hope to go together. But they really matter. You need to get that stuff right. Structure is really important though it has to be flexible enough too. In the end it's about the will of organisations involved. Structure can only go so far.

In this instance, HJP MOUs came 'after the fact' (once the legal clinic was already operation), with some flow-on effects. The partnership was not built at an executive level early on to the extent it might have been: 'about why we're there, what does the evidence tell us, these are the areas we'll cover', what is the most effective use of limited LawRight resources, what might each partner bring to the relationship, and so on. This was, once again, partly because the existing relationship between the Torres Strait Islander lawyer and Wuchopperen was relied upon to set the HJP up.

In other areas, though there a sense that the absence of formalisation and bureaucratisation in the partnership is of some benefit, further systematising the way it worked was also required. As an example, there does not appear to have been detailed discussions about or structures set up around client confidentiality. There were mixed views about the utility of setting up such structures, with concerns raised that it might create barriers to collaboration and achieving outcomes.

We can keep going as is, we don't want [a whole lot of bureaucracy around confidentiality, which can be a barrier to collaboration and engagement]. Nobody is concerned about it as yet. The outcomes are fantastic. Why do this?

Confidentiality is potentially a more sensitive issue for our cohort, but usually people are happy to be helped so long as they know what's going to happen to their information ....

Confidentiality should not be an absolute barrier. But we do have to think it through it as well.

At one stage there client referral letters were being printed and put 'in a box for the lawyer'.<sup>33</sup> 'Maybe there's a way to do it so there's not a hardcopy sitting in a pigeon hole - through the database or by email', stated one participant. 'Most of our referrals are still all paper. There are e-referrals starting to happen. It's a work in progress'.

Other issues discussed related to the processes that bring clients to the legal clinic. There were a lot of questions raised about, for example, setting up and confirmation of client appointments, sharing of client information with the legal clinic and consent. These require further discussion, clarification and potentially systems changes. Questions were raised with respect to building Law Yarn into existing processes too, discussed in Section 5.

Consent can be an issue when we have young people. When someone is deemed an adult, that's different. These young people consent to service provision for Wuchopperen, does this cover consent for the provision of legal help? Could this be added to our new client registration form? We have juvenile crime issues we refer. Probation, parole. Some DV relationships, DVOs.

One thing I noticed, a lot of clients booked in come in in crisis. They are referred for this crisis. Come time for the appointment they're not in crisis. They think they don't need to go by then. There needs to be some follow up because I know it gets booked on the system, there's bookings on there for the next clinic ... We do follow up for transport, so we should do it for legal clinic too. We send an SMS out. This works pretty well, when they've got credit. It's worth trying. Cause you have to think about the workload of the lawyer coming here.

Setting up appointments on Communicare is a good thing. Anyone who has access to that can make appointments. It is happening. The lawyer should be able to go onto Communicare to start and stop appointments. She is not able to do that. Also, at the moment I can't book anyone into the future. It only goes a week or so ahead... It is useful to have that here and now capacity, to book someone in while they're there. Hand them the card, you've got an appointment Tuesday or Tuesday week. Strike when the iron's hot. This is what I need. Go and see a lawyer. That's really useful.

The biggest thing is working out how the data management client management systems talk to each other and what the privacy and confidentiality issues are. Communicare is the

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<sup>33</sup> Another issue raised was whether the lawyer could access patient notes on Communicare, the database used at Wuchopperen, in a way that improves outcomes but also protects confidentiality.

database. The item no. is 715, an ATSI health check. This gives you baseline data on current health of the patient. From that other blocks are built – chronic disease management plan, allied health referrals, medical aids and so on. One of the blocks could be legal support. This should be sitting in Communicare and be pre-populated. It'd be like any clinic or specialist clinic.

## 5. THE LAW YARN

As noted, some activities undertaken during the evaluation were specifically focused on assessing the value and effectiveness of Law Yarn. This work consisted of a staff questionnaire, group discussions with staff, and interviews with LawRight and Wuchopperen staff. Parts of this work that are most relevant to the Law Yarn are set out below. The information gathered, however, has relevance to evaluation of the HJP and work of the legal clinic, more broadly, and has in large part been incorporated into the above discussion.

### 5.1 Interest in and key positives of the Law Yarn

All staff responding to a question that asked whether the Law Yarn would be of use to them answered positively (42/42 responses provided) (Table M: Appendix G). Key positive elements of the Law Yarn identified by staff are as follows. These suggest that Law Yarn may respond, in various ways, to barriers to staff linking clients to the legal clinic identified in discussion above (such as clients having too many issues to deal with, staff not knowing how to talk with clients about legal issues, and clients not wanting to talk about legal issues).

- A. Its focus on a small number of specific areas of law is particularly useful because of the complexity of issues clients have.

Putting it into compartments like the Law Yarn does makes it not seem so much. They've got so much to deal with. That's the idea of just having those four legal areas. We're going to start here, and this is the one that's really concerning you.

- B. Its simplicity (including its graphic nature) is a positive for both clients and staff, overcoming barriers related to literacy, language issues and limited staff resources.

It'll be helpful. It's not a 20-page document, to start with. We deal with enough paperwork in our job. We do get 20-page handouts, as opposed to this

I think this would be great. It really dots out each area of law. If I was a client, this would make it easier for me to understand. It'll help a lot of people to understand. Because it's graphic, an image. We can actually say, I have one of these or these... I'm dealing with this at the moment.

- C. It will be helpful to guide conversation, to help staff to work with clients to increase understanding of legal issues.

It's just like asking them how much alcohol do you drink? How much do you smoke? You use the Law Yarn to ask 'have you got any legal issues'? Do you want to see a solicitor or anything? We'll be comfortable with that. You can put questions in here, have a sheet of prompts alongside. So, if they ask what do you mean - you can look at the prompts.

A lot of concerns and worries impact on health. If someone can have the conversation while doing the health check - any worries with debt, housing, the law? Tick that box and send them to the legal clinic. This helps to reduce the stress they're going through.

- D. It will help to 'connect' clients and their conversation with Wuchopperen staff with the lawyer. This will have a number of benefits, including building a sense of trust for the client.

The client I had today, this would have been useful. She wanted me to write down her next steps. I could have used this. She had a number of these areas of law. As a memory jog, for when she goes to see the lawyer. She can remember them. It's a good referral facilitator for the lawyer. The lawyer will have a clearer idea of why the client is coming.

Lawyers can speak a language that doesn't make clients feel so safe. This should help with that. If you're working with the client, send them through. We are working hand in hand. The lawyer will be drawing on the trust the client that Wuchopperen staff have.

- E. It can promote knowledge of the law, including civil and family law, for clients, who are then more likely to bring legal issues up with staff. Staff here were suggesting that it be marketed or distributed to the wider community in various ways, rather than just being a tool for staff to use.

This has potential to grow and grow. I hope it will be sitting in family's kitchens, on a tea towel. If overwhelmed and in crisis this might have some meaning for them.

I'd love a shirt 'Ask us about Law Yarn'. As we go out to families, 'if you've got any questions about this let's talk about it'. We need it to be out in communities, to talk about law in this familiar way (not Bulliman way). If this is out and about, it starts conversations. Make it into a mat. Aboriginal mats. T-shirts. Getting into the community, who need this right now right here.

If clients are bringing legal issues up in a health consult the health worker should be picking that up and thinking of that legal clinic. We should be advocating for that person to be booked into that clinic. It's currently happening sporadically. Depends on the skill of the health worker. Law Yarn will help.

Market it. Use the TVs. So, clients or patients start to ask questions about the legal clinic. Spark their interest. I can keep sending referrals, but this is what you need. It's up to them to initiate the conversation. I saw this on the TV. Then you bring out the LHC and talk to them about law. Aboriginal Health Network TVs. [Multi-layered approach]

- F. It is culturally safe for staff and clients. 'Law Yarn is just for us. It automatically feels safe to me.'

Posters with the Law Yarn up around and close to the health worker, it helps to make it culturally safe. If they see a mainstream service poster, it doesn't mean anything to them.

- G. It provides a good opportunity to link health and justice issues and outcomes in conversation. There was discussion of using the Law Yarn to 'triage' clients.

One staff member spoke of incorporating the Law Yarn into conversations they would usually have with clients about 'boulders' (or barriers) to achieving certain goals.

If their goal is to get their kids back from child safety, these are things that are stopping them. We work with them to remove those boulders. This could be some of the boulders, the issues you identify on the Law Yarn. This could be an absolutely good tool to talk about boulders preventing them from moving forward.

The Law Yarn is very positive. Benefits of this tool are that ATSI people who don't know about their rights, they can maybe not lose all their money to a debt collector. They'll have legal rights, they'll know what to do when they're getting evicted from their homes. It's a holistic approach. It will have health outcomes, which is what we're aiming for here.

- H. There is a sense that there is a high level of need within the Wuchopperen community, as yet uncovered and undocumented. The Law Yarn is seen as a tool for revealing and documenting that need.

Identifying the demand, identifying the need within Wuchopperen – there's a lot of uncaptured need out there. We can use the Law Yarn for this.

We have to start working with the clients to gather this data on legal things that are happening. With the 715-health check we ask all the questions. If they say it's about housing and accommodation, we need to dig a bit deeper to get to the legal stuff. Okay, do you feel there's discrimination in this? We need this data on legal issues.

## 5.2 Issues impacting effective implementation of the Law Yarn

Though there was a high level of support for and interest in using Law Yarn amongst staff, it is not currently being used to any significant or consistent degree. Likely reasons for this are as follows.

As a starting point, Law Yarn is just a document. It only becomes a ‘tool’ when rolled out by way of an effective, well-resourced implementation strategy. This was identified in Section 1 in discussion of the LHC initially set up by LawRight. There are lots of requisites sitting behind effective implementation of Law Yarn, as the following comment suggests.

It remains a good idea, but it’s this much of the puzzle. What we know from observation and literature that a shiny new object is not what’s needed. We know what works in this context is community control, relationships, time taken with clients. If we had lots of time to spend with clients identifying and addressing all legal issues - it’s clearly a resource issue too. Unless we have all those things right, we can’t expect to create or replicate that through a tool. With these essential things in place, including resources, the Law Yarn could add value. But to suggest that in any way it can replace all of that stuff, it does a disservice to established evidence.

If relationships and connection are key, then a worker may always want to have a conversation directly with the lawyer at the clinic rather than putting things on a form and emailing it. That’s absolutely how it should be, if this is what’s needed. The success of the clinic is that workers haven’t seen value in this document because they can go directly to the lawyer to discuss issues arising.

### 5.2.1 Need for further consultation

There was a fair amount of consultation by LawRight with Wuchopperen, Elders and other Indigenous legal services in developing and (with respect to Wuchopperen) in determining how to roll out the Law Yarn, but further discussion is needed - and certainly additional training around use of the tool. This is evidenced by inconsistencies in the understanding by staff of the purpose of and practice associated with the tool. As an example, some staff consulted thought Law Yarn should be used *only* when patients raise legal issues. Others thought it should be used by staff to help draw out legal issues. This is similar to issues raised above about lack of clarity of the staff’s role in picking up legal issues.

I definitely think it would be useful in our preparation meetings with our families. Information gathering, listening to their stories. We try to understand what their worries

are. If they were to identify a legal issue that was worrying them, we could pull this out and do a quick information grab.

Definitely a positive. It is a clinical issue when it spills over and impacts on health. We are just seeing the tip of the iceberg from those that self-ID as having a legal issue. Generally, you do have to ask though. That process of asking – if we've got tools to help with that, that'd be great.

Similarly, some staff indicated that patients, as a rule, should fill the Law Yarn out themselves. Others thought staff should probably do this, though this might depend on the capacity of the individual presenting. There is currently insufficient clarity about these and other matters.

I would fill this in, as clients would struggle with it. For some clients, just talking with them is enough. They have enough then to follow through and meet the lawyer on their own. But I'm reminded of one client. He got so frustrated. He was a walk in. He wanted to tell his story, but only a bit of it, and then tell it again and again. I'd get this bit of the story and then he'd go here... And then here. He ended up walking out. What he wanted was legal assistance, but he couldn't give me the information. Perhaps he was overwhelmed, and not sure how to order it. The Law Yarn would have helped so you would get not his conversation with me, but what I heard of it in terms of legal issues. This is what we need to focus on and deal with.

### **5.2.2 Resourcing issues**

Issues impacting on roll out of the Law Yarn include changes to the original plan to train staff and roll it out in two units within Wuchopperen. It was determined that all Wuchopperen staff needed to use the Law Yarn. 'Every staff member should be privy to the Law Yarn, whether it's the bus driver right through to senior management'. 'It's about getting all workers more confident in that legal pathway. Everybody is probably touching on legal issues with clients.' Partnership and staffing changes within the HJP have also had some impact, with resourcing a further significant issue. Current resources are likely to be insufficient to support an expanded roll out across all of Wuchopperen. As one participant states, the Law Yarn is designed to enable Wuchopperen staff to address the legal needs of clients, including so as to improve health outcomes. 'With current resources' it is difficult to 'achieve this objective'. 'The resources were adequate at the time of initial conception of project'. Additional resources, however, are now required. Implementation of Law Yarn is not a single point in time event. It is an ongoing process, needing significant resourcing.

There needs to be ongoing conversations with staff. 'Why would you use it?' 'Is it important to you?' 'How would you use it?' You have to constantly re-visit these

questions. 'Have you got the time to use it?' 'Is it respectful of your work, of your client?' You'd do this with a tool like this in any service... [as well as training staff in its use]. The complexity and size of Wuchopperen makes this difficult.

Resourcing is relevant in other ways, too. Staff indicated they like the concept of the Law Yarn but have so little time already to do what they need to do. 'I'd like it to be used', stated one participant. 'But I know it is time consuming. 25 minutes to do'. 'It's something we don't do very well, using the Law Yarn. It's not that it's not useful. We're just too busy fighting with child safety! We forget this element'.

Staff don't have the energy or reserves to deal with legal issues. It is just another job. Often it is too demanding ... to reach out in addition to what they already have to do with health.

Yes, too overloaded, and whether staff believe it's in their scope of work. 'We're overworked'. 'We need more staff'. It's sitting down with them, asking them 'what's a reasonable workload and capacity'?

There needs to be some caution in implementation, additionally, because of limitations in legal clinic resources. One of the positives about the Law Yarn identified above was that it would reveal and document legal need. Others were not so sure about this, as a positive.

Establishing levels of need has inherent value, and identifying legal needs for individuals has inherent value – if they are then empowered to do something in response ... If the legal service environment is such that we can't follow through and respond, not just Law Right but more generally – no one is looking for more referrals or can cope with more. As long as that's the case, what does it achieve to identify legal needs? It might achieve something through referral but it puts the lawyer committed to the client group and the community ... They expect something of her. And talking about legal issues can bring up trauma, and then there's no way to follow through.

Another comment made is that there is 'one lawyer only, and how many thousands of clients are there, how many boxes are they ticking?' A participant spoke of sitting with 'Aunty, identifying 7 issues, picking one that can be done'. This puts both the lawyer and Aunty in a 'bad situation'. The Law Yarn will 'draw it all out' and then you're 'going to shelve it'.

The legal clinic needs more resources before everyone is upskilled about the clinic and Law Yarn. I can say, 'Yes not enough staff know about it'. But then if you increase knowledge, we will book the lawyer out too far in advance. Selfishly, I'd like no other staff to know than are already making referrals. It can be two sometimes three weeks

before you can get an appointment. We've got to keep her booked, that's true - but not too booked.

If you get your box ticked, there's an expectation that you'll get your needs meet. We need to be sure there is appropriate funding so we can really provide a coordinated, bigger response. Our mob have not just one issue, they have heaps. And if they get good help, of course they'll want to come back too!

When it becomes more challenging to access something people will stop trying to access it. We want to keep encouraging people to come forward, but we then must have capacity to meet the demand that will inevitably be uncovered if we're going to have better avenues for referrals, better trained staff. Adding days to the clinic is something that needs to be considered if we're going to be supporting it more through the Law Yarn.

It's not as simple, either, as expanding access to legal help sideways - referring multiple issues for individual clients out to multiple external services. There is still work involved in coordinating these referrals, a point raised above (see Expanding collaboration outside the current partnership). You can't just add in additional external partners. 'The more complex the situation, the more resources need to be given to coordination'.

### **5.2.3 Training and other capacity building**

Other factors impacting on implementation of the Law Yarn at Wuchopperen are staff members' lack of knowledge or awareness of the law and of responses to legal issues. Some staff thought the Law Yarn would be easy to use, having seen it for the first time during the evaluation. Staff who had been trained around Law Yarn found the training helpful, and these and other participants felt training was essential (given they were expected to talk about law, having been trained in health).

I think it's really hard to identify issues. Once we get the support to get this working on an ongoing basis and it's embedded into our operations, there should be clear policy and procedures to get training up and running for staff. Lots of issues are currently slipping through ... The capacity isn't there at this stage. We need to look at strategies to build capacity – education, workshops or whatever it is that will support that referral.

Listening to what each unit wants ... Is it a workshop? Even sharing it with our team with a session on SPER debt or housing so they can use the right language with clients. That's a really special partnership we can have.

I know for staff it can be a bit daunting. Trying to assess law stuff is hard, trying to keep it within your area of expertise. We need more guidance about how to do this.

Our workers have been educated in health. It's about having capacity to talk with somebody, even at a basic level, about what their legal issues are. They're health qualified. They've got health backgrounds. They don't necessarily have the words to talk to somebody about law.

Training, however, isn't the end of the story. Also relevant is staff inclination and confidence.

This is a quite preventative health check. People who are more health oriented will steer clear of it. They think it's not their business and they also may not know what to do with it if the answer is yes.

It's quite detailed. You really need someone to sit down with staff and go through the detail. Even those that have done the training, they may struggle in terms of confidence to use it.

Part of the training should be about the law, but also important is information about how to prioritise issues. This is something built into the Law Yarn, as noted above, which should be of benefit – but staff need guidance on ways in which to talk with clients about prioritisation. Staff were not clear on whether this would be based on client perspectives or worker knowledge.

Clients come in with multiple issues. So, it's where to start. That's where the health workers need a bit of training. Someone's going to be evicted and so on. How to sort through social emotional wellbeing and legal issues in terms of where to start. Maybe you need to resolve a non-legal issue first, for instance. There's a bit of skill involved. How do you work out priorities? How do you work out whether a legal issue is really urgent? If someone's going to be evicted, that seems pretty urgent – somebody is going to be without shelter. [This might not need a legal response].

Talk about some red flags maybe with health workers? When you've got a client in front of you with a legal issue they will identify it as highly urgent. Staff tend to go along with clients. Staff need to be empowered to understand: that's highly urgent to that client however that is medium or low urgent in the scheme of things. This will make sure we send through appropriate referrals. We don't want the lawyer to be overwhelmed and then not be able to work here.

#### 5.2.4 Process related issues

Process-related issues were also discussed. Participants asked how ‘systems’ (of both Wuchopperen and LawRight) might talk together around implementation of the Law Yarn, including in terms of whether it might be useful to and how to build the tool into existing work practices. Some participants felt that systematising Law Yarn’s use by staff would be a more effective approach, as is done in other areas of Wuchopperen’s work by way of prompts or embedding questions or triggers into existing templates. ‘Supporting staff to use Law Yarn along with other forms is the way to go. Take it out with you every time you do a home visit.’ ‘We don’t have a question on the 715 about legal issues. That would be so useful.’

Incorporate into health check maybe, a question – do you have any legal issues, yes/no. This would prompt people to trigger referral ... It could be put in place for all clients.... It’s nice to systematise this to make it happen ... It’s a fine line, working out what the basic things you should be covering are without making the check last all day ... One more question though isn’t too much.

We need to look as a team at how it slides into our work. I do agree it’s a very useful tool, but we need to find a place for it. When you’re taking out your notebook, take it with you. If it’s sitting on the outside [of existing processes] it will never be used.

Others were not sure about systematisation, preferring to leave it to workers to determine how and when to use it and building their capacity to enable and better inform such determinations.

I’ve seen similar resources used in services, and if they’re embedded they deliver better outcomes. But if you’re going to change systems, that’s a big job in itself, which requires additional resources. I prefer to increase awareness and buy-in around the tool.

If we obligate it, it’s just another competing demand or priority. Our model of care is health workers front and centre, and throughout entire provision of services. For us, we need to try to work out how we get health workers to want to do it, to have capacity and skills to do it.

We have very specific templates within the system. I keep thinking of health worker one. If we have it as part of this screen, what will that look like? They use this tool for every client. When we are looking at our screening, what do we need to pick up? Will it lead to a referral even if you do pick it up? Maybe not. Not automatically. The worker will still need to go away and think about it. I’d probably prefer to look at education and awareness raising. And make everyone aware of it.

Put it up as a poster. It then prompts my thinking. If you have it in front of you all the time, it's like planting the seed. It becomes part of the conversation. Rather than sitting it rigidly within the system.

### **5.2.5 Other issues**

A further question raised related to gaps in issues covered by the Law Yarn. There was a query, in particular, about Elder abuse. The simplicity of the tool is intentional, however, designed to ensure a focused response to more common legal problems. Not every issue can be included on the tool. Once a community member is with the lawyer, other issues may be revealed.

A final point relates to the potential of the tool and its use in Wuchopperen and beyond. There has been considerable interest expressed by other organisations in using Law Yarn outside of the WSHJJP. Law Yarn, or iterations of it, are *already* being used outside of Wuchopperen. This points to development of Law Yarn as being (possibly) a further broader positive impact of the partnership. Some comments were made about the need to ensure, as far as possible, that it stays as close as possible to its original intent and form, however. It was suggested that NACCHO could lead work on developing a more generic tool for use across multiple communities or ACCHOs, taking those parts of the existing tool(s) that appear to be working best.

## 6. CONCLUDING COMMENTS AND RECOMMENDATIONS

This brief final section sets out concluding comments and suggestions for next steps.

To begin with, the WSHJHP is attaining its stated goals. The partnership is using best or at least very good practice, including a focus on early intervention, to address the multiple legal and other needs of persons who without accessing the legal clinic at WHS probably would not be accessing any legal help at all for the legal issues they are experiencing (particularly where non-criminal in nature). Client and other evaluation data confirm that this is the case. The focus on early intervention, which is helping to prevent legal or non-legal issues from escalating in terms of seriousness and empowering clients, is evident in or emerging through joined up health/legal service delivery and increasing clients' understanding of rights and options. Alignment of values and understandings between Wuchopperen and LawRight, including in terms of 'best practice' in Indigenous service delivery, is evident in this focus on early prevention, and in other areas highlighted in the report. This alignment has contributed significantly to the effectiveness of the partnership.

Complexity of legal need in Aboriginal and Torres Strait Islander communities is not just about the number or range of legal and other issues they may need assistance with, though a key positive outcome of the HJP is that it is working with *civil law* issues, in particular, as they impact on Indigenous people. This is significant, given that many Indigenous people understand the law as being solely criminal in focus, and that there are currently significant gaps in service delivery in this area of law. The Stolen Generations and similar civil law work of the partnership appears to have helped build broader community understanding that 'justice' involves much more than criminal justice: that the law can be used to provide access to basic necessities to which we are all entitled (housing and income) and to address historic and present injustices and inequalities experienced by Indigenous people, rather than always and only intervening punitively in Indigenous lives. This message should be empowering at a broader community level.

A further complexity for clients of the HJP arises because of the multiple barriers that Indigenous people face in accessing justice, which the partnership is working to overcome. The data presented above points to barriers that include, for instance, disability, financial difficulty, language, distrust and feelings of helplessness, shame, fear, and lack of knowledge about rights. It is essential to address these barriers in ways that reinforce self-determination and culture. That this HJP has an ACCHO partner contributes much in this regard, providing clients with a sense of control, connection to culture, cultural safety, and familiarity – and through this greater opportunity to access justice.

What the partnership is also doing well is responding to legal and health issues and the ways they interact. It is doing this on a more strategic level, demonstrating the importance of and effective

outcomes to be derived from the health and legal sectors coming together. More specifically, it is delivering very positive health and wellbeing outcomes for individual clients, identified by the clients themselves and by Wuchopperen staff. Clients are satisfied with the legal clinic and would recommend it to others, including because of the legal *and* wellbeing outcomes it delivers. Clients spoke of feeling at peace, less stressed, and physically healthier after accessing legal help. Moreover, stakeholders also pointed to the impacts of legal help on broader social determinants of health. Having the legal clinic at Wuchopperen is bringing clients into the health service, additionally. These are very positive indications of the success or effectiveness of the HJP.

Sometimes suggestions for change within the current partnership pointed to its limitations and at other times, emerged from a sense that it is working very well and, with additional funding, could deliver even *more* benefit to *more* people: for instance, through additional legal clinic days and staff. Clients in particular spoke very highly of the legal clinic and wanted it to be available *to everyone in their community*, including through establishment of an outreach service so that those who are not engaged with the health service could be assisted. Some clients offered to volunteer at an outreach service, once established.

As this last paragraph and many other parts of the report suggest, the partnership needs more resources. So much has been done with limited funding. So much more could be done with additional funding, including implementation of various strategies and approaches outlined in the report. There is a significant level of buy-in, trust and good practice established so far. This provides good foundations for growth and expansion. Caution is suggested, however, in terms of implementation of recommendations for expansion set out above if they require further funds and these funds are not available. Otherwise, expectations are set up that can't be met. To begin with, further funding is required, perhaps as a priority, to effectively complete implementation of strategies already supported and in place, such as the Law Yarn.

One area that definitely needs further work is building capacity of WHS staff to respond to client issues. A high proportion of clients are coming to the legal clinic through staff, and staff are identifying certain legal issues and most commonly sending clients to a lawyer. Though staff are likely to have had some understanding of the links between health and legal issues and outcomes prior to the partnership, the partnership has increased this. Ways in which this has been done include provision of legal advice to WHS staff for their own legal issues, training and less formal conversations about the law and legal issues with staff for clients. However, there remain some limitations in the knowledge and confidence of staff about the law and about their role in helping clients to address legal issues. Positively, staff do see helping client in this area as part of their role, and with further support and upskilling, will continue to be an important link between community members and the legal clinic.

Any opportunity to build community knowledge about the law and the clinic should be embraced, additionally. As suggested, if community members are able to self-refer to the legal clinic this adds a further avenue for accessing assistance, other than through Wuchopperen staff. It also empowers and builds capacity of community more broadly, whether or not they then make it to the clinic. There are a number of suggestions in the report about possible strategies that might be considered in this area, including more traditional CLE (which, once again, may require further resources). The clients that participated in focus groups were very keen for more opportunities to sit together and talk about legal issues. Existing platforms for publicising the clinic, such as the Wuchopperen shopfront at Raintrees shopping centre, and for also starting conversations about law (for instance, through broader dissemination of the Law Yarn) might be used to positive effect.

Turning now to the Law Yarn, there is a high level of interest in using the Law Yarn amongst staff, but some confusion or lack of confidence about where to take it. Feedback provided during the evaluation is that it is culturally safe and likely to be useful and effective. As there have been changes to the initial intentions related to roll out of the Law Yarn, this tool has not had the positive impacts it might have had in terms of building capacity but it does have strong potential in this regard. It should help to address barriers for both staff and clients likely to inhibit client access to legal assistance (literacy, complexity of legal issues, distrust of the lawyer, not knowing about legal issues and so on). Some of the issues raised, however, particularly in relation to current resourcing of both Wuchopperen and legal clinic staff to respond to legal issues, will be difficult to overcome without changes to current funding. This will continue to impact on capacity to roll out the tool, unless partners are able to think through, collaboratively and creatively, how this might be achieved most effectively within the limited resourcing available.

A few more specific recommendations include the need to discuss and determine what level of systematisation or formalisation of processes might be useful for the HJP - but it is suggested that there might be more of this than is currently the case. As an example, follow up after a legal appointment about outcomes and next steps is identified as useful in a few ways, including as it helps to upskill staff about what type of issues they might refer and possible outcomes of such referrals. It also may assist WHS staff in their ongoing work, if any, with the client in question. This follow up is currently happening on a more informal basis, but could be more formalised (through existing Wuchopperen online systems, as an example). Formalisation may be required as part of this or otherwise in relation to consent and confidentiality too. Whilst the outcomes achieved through flexibility and informal approaches are acknowledged, setting up structures for decision-making and for processes are useful as staff do come and go. These structures and processes help to ensure consistency and continuity, to build confidence (because they provide clarity), and to manage expectations (because they clearly state these expectations, for a start).

One structure that has been suggested is a governance or similar group that would include LawRight and Wuchopperen staff, at least. Funding to support discussions and other exploration about what this group might look like and to facilitate its set up and operation could be sought as a priority. This group could discuss practice-related issues, amongst other things. It would provide further opportunity for relationship building, upskilling of and connections between partners, and facilitate the sharing of information of relevance to the workings of the partnership (about clients as a whole (rather than individual clients) and about the partnership more broadly). LawRight has indicated an interest in establishing this group, but parameters, membership and purpose will need to be decided upon. It would be ideal if community members can be represented on any governance structure established.

In terms of staffing, as a final point, suggestions have been made about increasing HJP staff. Rather than a lawyer, the most useful position to build into the partnership (if funds were available) may be a worker who sits (almost) full time at Wuchopperen, but could be employed by either the health or legal service. Physical proximity to clients, to Wuchopperen staff and Wuchopperen is likely to be most useful, rather than having this role situated at LawRight. The role might involve community engagement, training and mentoring of Wuchopperen staff and client liaison work: again, with parameters to be determined. If there was capacity, building this work into an existing Wuchopperen position might be one way forward.

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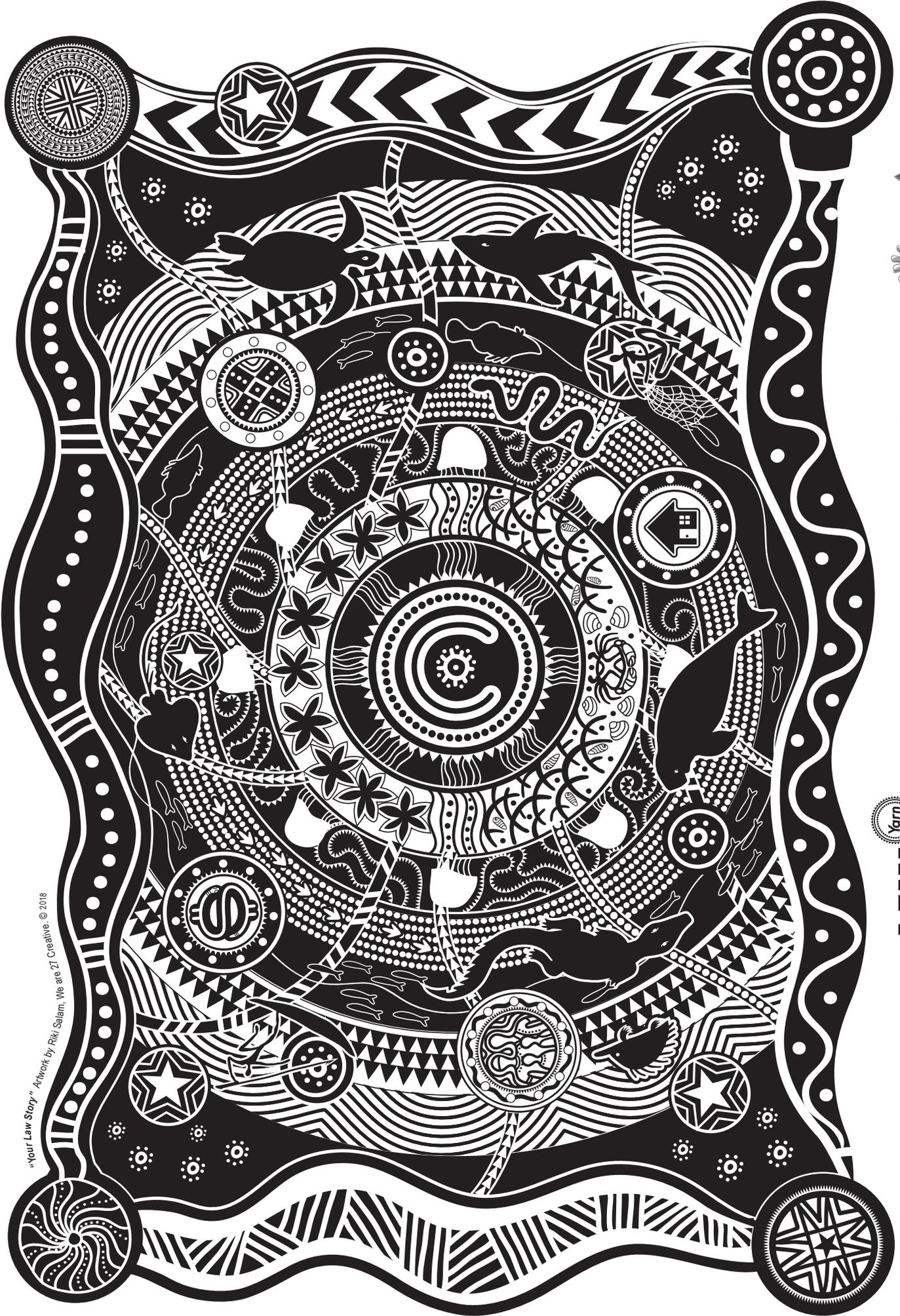
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## **APPENDIX A: The Law Yarn**

See next pages



"Your Law Story" Artwork by Rikki Salem, We are 2T Creative. © 2018



LAW YARN 2018:  
ALAWRIGHT PROJECT SUPPORTED BY



**LAW**

DATE: \_\_\_\_\_

### HEALTH CARE WORKER

AGENCY & LOCATION:

NAME:

CONTACT DETAILS: (PHONE / EMAIL)

### CLIENT DETAILS

FIRST NAME:

FAMILY NAME(S):

CONTACT DETAILS:

DETAILS OF ANY APPOINTMENT MADE WITH LEGAL SERVICE:

TYPES OF LEGAL PROBLEMS WHICH MIGHT BE EXPERIENCED BY YOUR CLIENT:



**FAMILY LAW**

DVO

BREAK UP

FEELING UNSAFE

FAMILY ARRANGEMENTS FOR CHILDREN

REMOVAL OF CHILDREN



**MONEY LAW**

IS ANYONE CHASING YOU FOR MONEY?

CENTRELINK

SPER FINES

PUBLIC TRUSTEE PROBLEMS

COMPENSATION



**HOUSING LAW**

RENT

EVICTION

BLACKLISTS

HOMELESSNESS/OVERCROWDING

RACISM/DISCRIMINATION



**CRIMINAL LAW**

CHARGES IN COURT

POLICE TREATMENT

VICTIMS OF CRIME

DRIVERS' LICENCE PROBLEMS



# LAW

MY LAW YARN CAN INDICATE POTENTIAL LEGAL NEED.

THE MORE DOTS YOU COLOUR AROUND EACH ICON, THE MORE LEGAL PROBLEMS OR URGENCY IDENTIFIED IN YOUR LAW YARN.

Completing this form does not create any legal obligation between a health/community worker, a client or a legal service. However, a legal service will try to contact you when they receive this form.

### FAMILY LAW

I WANT HELP WITH:



### MONEY LAW

I WANT HELP WITH:



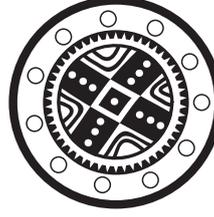
### HOUSING LAW

I WANT HELP WITH:



### CRIMINAL LAW

I WANT HELP WITH:



LAW YARN 2018:  
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## **APPENDIX B: Questions for clients**

1. How did you find out about and seek help from the clinic at Wuchopperen?
2. How easy was it to access the clinic at Wuchopperen?
3. Were you satisfied with the way your legal problem was resolved by the clinic?
4. What was the most positive thing about your contact with the clinic?
5. Was there anything that worried you or didn't work so well for you?
6. Was it helpful or important to you that the clinic was located at Wuchopperen?
7. How important to you is it that the clinic is located in an Aboriginal Medical Service/an Aboriginal community-controlled organisation?
8. Do you think getting legal help at the clinic improved your health and wellbeing? If so, in what way?
9. Do you think you would have resolved your legal problem without the clinic at Wuchopperen? If not, what would have stopped you resolving it?
10. Do you have any recommendations for how to improve the legal clinic?

**APPENDIX C: Questionnaire clients**

**1. How did you find out about the legal clinic at Wuchopperen?**

Poster at Wuchopperen

From someone I know

Staff at Wuchopperen

From another service (who was this \_\_\_\_\_)

Other \_\_\_\_\_

**2. How easy was it to make an appointment at the legal clinic?**

Very easy

Quite easy

Difficult

If it was difficult, what was the problem? \_\_\_\_\_

**3. Did you need help to make your way to the legal clinic?**

Yes

No

If yes, who helped you to get to the clinic? \_\_\_\_\_

**4. Were you satisfied with the way your legal problem was resolved?**

Yes

No

If no, why not? \_\_\_\_\_

**5. Which three of the following were most important to you when you accessed help at the legal clinic?**

Lawyers listened to me and were friendly and respectful

I didn't have to pay for the legal help

Clinic helped me understand how to deal with my problem  
I know where to get help now for future legal problems  
My cultural needs as an Aboriginal and/or Torres Strait Islander were met  
Being able to access legal help in an Aboriginal community-controlled organisation  
Having a First Nations lawyer to talk to  
Clinic helped me to access health and other support services

**6. Was it helpful or positive that the legal clinic is located at Wuchopperen?**

Yes

No, it made no difference

If yes, why was it helpful or positive? \_\_\_\_\_

**7. Do you think getting legal help improved your health and wellbeing?**

Yes

No

If yes, in what way? \_\_\_\_\_

**8. Did you access any legal or other help for this problem before going to the legal clinic at Wuchopperen?**

Yes

No

**9. Would you have resolved your legal problem without the legal clinic at Wuchopperen?**

Yes

No

If no, what would have stopped you? \_\_\_\_\_

**10. Would you recommend the legal clinic to others?**

Yes

No

**11. Would you use the legal clinic again if you have a legal problem?**

Yes      No

**12. Do you have any suggestions for how the legal clinic could be improved?**

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## APPENDIX D: Client survey data

Table 1: Clients' points of access to information about the legal clinic at Wuchopperen

Points of access to information	No of clients accessing information through this point
Staff at Wuchopperen	20
From someone they knew	3
Poster at Wuchopperen	1
Not sure	1
From another service	0
Total responses*	25

\*This is more than the number of clients participating in the focus groups, but one client identified both a poster and Wuchopperen staff as a point of access to the legal clinic

Table 2: Ease with which legal clinic appointment was made by or for client

Ease with which appt made	No of clients
Very easy	14
Quite easy	9
Not sure	1
Difficult	0
Total responses	24

Table 3: Clients needing help to get to the legal clinic at Wuchopperen (transport)

Total no. of responses	Yes	No
24	8	16

Table 4: Client satisfaction with resolution of legal problem through the legal clinic at Wuchopperen

Total no. of responses	Yes	No
24	23	1

Table 5: Factors identified by clients as most important when accessing the legal clinic at Wuchopperen

Factor	No. of clients identifying this factor
Lawyers listened to me and were friendly and respectful	23
Having a First Nations lawyer to talk to	15

Being able to access legal help in an Aboriginal community-controlled organisation	8
I know where to get help now for future legal problems	6
My cultural needs as an Aboriginal and/or Torres Strait Islander were met	6
Clinic helped me to access health and other support services	6
Clinic helped me understand how to deal with my problem	5
I didn't have to pay for the legal help	4
TOTAL FACTORS IDENTIFIED*	73

\*Four clients selected more than three factors on their questionnaires. Their responses have been included here as it is not possible to identify which three factors they highlighted.

Table 6: Clients who identified it as helpful or positive that the legal clinic is located at Wuchopperen

Total no. of responses	Yes	No
24	23	1

Table 7: Clients who identified getting legal help through the legal clinic at Wuchopperen as improving their health and wellbeing

Total no. of responses	Yes	No
24	24	0

Table 8: Clients who had accessed legal or other help for legal problem before going to the legal clinic at Wuchopperen about this problem

Total no. of responses	Yes	No
24	4	20

Table 9: Clients views on whether they would have resolved their legal problem without access to the legal clinic at Wuchopperen

Total no. of responses	Yes	No	Not sure
24	6	17	1

Table 10: Clients who would recommend the legal clinic at Wuchopperen to others

Total no. of responses	Yes	No
24	24	0

Table 11: Clients who would use the legal clinic again if they had a legal problem

Total no. of responses	Yes	No
24	24	0

## APPENDIX E: Client data 77 files

Files for 77 clients were scanned manually for data. All files (152 in total) were casework files (not advice files). The analysis of this data is as follows.

Table 12: Gender of clients (77 files)

Client gender	Male		Female		Total	
	No.	%	No.	%		
	19	24.7	58	75.3	77	100

N=77

Table 13: Age groups of clients (77 files)

Age groups (years)	No.	%
19-26	5	6.8
27-41	21	28.4
42-56	24	32.4
57-66	14	18.9
67+	10	13.5
TOTAL	74	100

Excludes 3 missing cases; N=74

Table 14: Cultural background of clients (77 files)

Cultural background	Aboriginal		Aboriginal and Torres Strait Islander		Torres Strait Islander		Total	
	No.	%	No.	%	No.	%	No.	%
No. of clients	30	41.1	15	20.5	28	38.4	73	100

Excludes 4 missing cases; N=73

Table 15: Language spoken by clients (77 files)

Language spoken	Indigenous language/dialect		Standard English		Total	
	No.	%	No.	%	No.	%
No. of clients	66	88	9	12	75	100

Excludes 2 missing cases; N=75

Table 16: Access to income (77 files)

Access to income	Centrelink		Earning		No income/other		Total	
	No.	%	No.	%	No.	%	No.	%

No. of clients	65	87.8	7	9.5	2	2.8	74	100
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Excludes 3 missing cases; N=74

Table 17: Mental health/disability indicator of clients (77 files)

Mental health, disability	Indicator of mental health		Indicator disability		Indicator of both mental health and disability		Whether disability, mental health present not disclosed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
No. of clients	7	9.1	19	24.7	2	2.6	49	63.6*	77	100

N=77. For 63.6% of clients there was no disclosure as to whether or not the client had a mental health issue and/or disability

Table 18: Prior legal assistance (77 files)

Prior legal assistance	Prior legal assistance accessed		No prior legal assistance accessed		Total	
	No.	%	No.	%	No.	%
No. of clients	7	13.7	44	86.3	51	100

Excludes 26 cases; N=51

Table 19: Type of matter clients assisted with (77 files)

Type of matter assisted with	No.
Tenancy	20
Stolen wages	20
Other civil	19
Credit/debt	14
DV	12
Family	10
Guardianship/administration/POA	10
Centrelink	9
Child protection	8
Victim of crime	7
Succession	7
Criminal	5
Mental health	3
Employment	3
Discrimination	2
Traffic	2
Consumer	1

TOTAL	152
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Table 20: Assistance level of client work (77 files)

Assistance level	Low		Medium		High		Total	
	No.	%	No.	%	No.	%	No.	%
No. of clients	41	53.9	18	23.7	17	22.4	76	100

Excludes 1 case; N=76

Table 21: No. of client files (77 files)

No. of matters/files	No.	%
1	37	24.3
2	36	23.7
3	36	23.7
4	32	21.1
5	5	3.3
6	6	3.9
TOTAL	152	100

Table 22: Client outcomes (77 files)

Outcome type	No. of times attained
Improve social determinants of health (education, employment, housing)	70
Gain understanding of the law, systems and rights	67
Safety outcome: reduce exposure to family violence, reduce child protection risks	50
Health outcome: connect to health service, reduce anxiety, improve decision-making capacity	50
Felt heard, validated in culturally proficient way	49
Income: improve financial resilience, earning capacity, reduce debt	38
Non-legal support: improve access to non-legal support	33

Reduce family/community conflict: address parenting dispute, neighbourhood disputes, etc.	32
Improve cultural determinants of health	32
Housing: reduce barriers to stable housing, prevent homelessness	25
Claim redress for historic injustice	22
Address racism and social exclusion based on race	21
Build capacity in community to exercise rights	19
Support recovery: victim of crime	8
<b>TOTAL outcomes attained</b>	<b>516</b>

**APPENDIX F: Staff questionnaire**

**1. Are you currently identifying legal issues for your clients?**

**YES**

**NO**

**2. How often are you identifying legal issues for clients? Choose one of the following.**

**OFTEN  
NEVER**

**QUITE OFTEN**

**NOT OFTEN**

**3. What kind of legal issues are you identifying? Please**

**a. tick or circle all issues you're identifying and**

**b. number 1, 2 and 3 the 3 most common issues you're identifying**

**Tenancy**

**Family**

**Child Protection**

**DV**

**Criminal**

**Traffic**

**Stolen Wages**

**Centrelink**

**Credit/Debt**

**SPER**

**Consumer**

**Victim of crime**

**Employment**

**Discrimination**

**Succession**

**Personal Injuries, Defamation,**

**Property Disputes & Other Civil**

**(including Superannuation)**

**Guardianship & Administration,**

**Power of Attorney**

**Mental Health**

4. Do you think it is important or useful as a health worker to talk about legal issues with your client?

YES

NO

5. How would you describe your knowledge of the law?

Criminal Law (chose one of the following)

GOOD

QUITE GOOD

NOT SO GOOD

NO

KNOWLEDGE

Non-criminal law (chose one of the following)

GOOD

QUITE GOOD

NOT SO GOOD

NO

KNOWLEDGE

6. How confident do you feel identifying legal issues for your clients? Choose one of the following

VERY CONFIDENT

CONFIDENT A BIT CONFIDENT

NOT

CONFIDENT AT ALL

7. How confident do you feel when working out what to do with the legal issues you identify with your clients? Choose one of the following

VERY CONFIDENT

CONFIDENT

A BIT CONFIDENT

NOT

CONFIDENT AT ALL

8. How do you usually respond to the legal issues you identify with your clients? Chose as many of the following as you like.

a) Talk with legal clinic staff about how to respond to client issue

b) Refer to legal clinic at Wuchopperen

c) Refer to legal services other than Wuchopperen legal clinic [Name: \_\_\_\_\_

\_\_\_\_\_]

d) Refer to other non-legal services (eg support services) [Name: \_\_\_\_\_

\_\_\_\_\_]

e) I help clients with issues myself by going to court, talking for them (to Centrelink, Child Safety etc.), and in other ways

f) I go with clients to their appointments with legal and other services

g) I usually don't know what to do with issues once I identify them

**9 What's the hardest thing for you in identifying clients' legal issues? Chose as many of the following as you like.**

- a) I don't know much about the law
- b) I don't know how to talk with clients about these issues
- c) Clients don't bring these issues up
- d) Clients don't want to talk about these issues
- e) Clients feel helpless/hopeless/afraid: not empowered enough to deal with issues
- f) Clients have so many issues (it's hard to know where to start/little time to discuss them all)
- g) I have no problems identifying legal issues
- h) Other \_\_\_\_\_

**10 What's the hardest thing about responding to these issues. Chose as many of the following as you like.**

- a) I don't know much about the law and/or what to do with legal issues
- b) I don't know who I can/there's no one to refer the client to
- c) It's hard to get clients an appointment at the legal clinic
- d) There's no one to talk with about how to respond to these issues
- e) Clients not understanding what to do
- f) Clients feel helpless/hopeless/afraid: empowered enough to deal with issues
- g) There are so many issues for client to address
- h) I have no problems responding to issues
- i) Other \_\_\_\_\_

**11 What would help you identify and respond to these issues? Chose as many of the following as you like.**

- a) Being able to talk more about issues for clients with legal clinic staff
- b) Being able to talk responses through with a health worker or other staff at Wuchopperen

- c) More training about the law generally [Any particular areas? \_\_\_\_\_  
\_\_\_\_\_]
- d) More training about what to do when I identify legal issues for a client [Any particular areas? \_\_\_\_\_  
\_\_\_\_\_]
- e) Finding ways to make it easier to talk with clients about these issues
- f) Being better linked in with legal and other services to make referrals for clients
- g) I have no problems identifying or responding to issues
- h) Other \_\_\_\_\_

**12 Do you think the LHC will help you to identify legal issues?**

**YES**

**NO**

**ANY COMMENTS?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPENDIX G: Staff input (Law Yarn)

Table A: Wuchopperen staff members who are currently identifying legal issues for clients

Total no. of staff members	YES	NO
48	41	7

Table B: Frequency of identification by Wuchopperen staff members of clients' legal issues

Total no. of staff members*	OFTEN	QUITE OFTEN	NOT OFTEN	NEVER
47	14	22	7	4

\*Excludes 1 survey on which no answer was recorded

Table C: Type of legal issues being identified by Wuchopperen staff members

Legal issue	No. of staff members indicating they are identifying this issue
CHILD PROTECTION	36
DOMESTIC VIOLENCE	33
FAMILY LAW	27
TENANCY	25
CRIMINAL	14
CENTRELINK	14
MENTAL HEALTH	13
CREDIT DEBT	12
SPER	7
VICTIM OF CRIME	7
EMPLOYMENT	7
GUARDIANSHIP	7
DISCRIMINATION	5
STOLEN WAGES	3
TRAFFIC	2
CONSUMER	2
PERSONAL INJURIES	1
TOTAL RESPONSES*	215

\*Total number of responses is greater than number of staff members participating in the survey as participants were asked to select *all* types of legal issues identified

Table D: Wuchopperen staff who believe that it is important or useful to identify legal issues with their clients

Total no. of staff members*	YES	NO
44	40	4

\*Excludes 4 surveys where no answer was recorded

Table E: Knowledge of the law reported by Wuchopperen staff members – criminal law

Total no. of staff members*	GOOD	QUITE GOOD	NOT SO GOOD	NO KNOWLEDGE
47	9	21	17	0

\*Excludes 1 survey where no answer was recorded

Table F: Knowledge of the law reported by Wuchopperen staff members – non-criminal law

Total no. of staff members	GOOD	QUITE GOOD	NOT SO GOOD	NO KNOWLEDGE
46	7	17	22	0

\*Excludes 2 surveys where no answer was recorded

Table G: Confidence level reported by Wuchopperen staff members in *identifying* legal issues

Total no. of staff members*	VERY CONFIDENT	CONFIDENT	A BIT CONFIDENT	NOT CONFIDENT AT ALL
47	3	27	15	2

\*Excludes 1 survey where no answer was recorded

Table H: Confidence level reported by Wuchopperen staff members in *responding* to legal issues

Total no. of staff members*	VERY CONFIDENT	CONFIDENT	A BIT CONFIDENT	NOT CONFIDENT AT ALL
46	4	22	17	3

\*Excludes 2 surveys where no answer was recorded

Table I: Types of *responses* by Wuchopperen staff members to legal issues

Type of response	No. of staff members indicating they are identifying this issue
Refer to legal clinic at Wuchopperen	29
Refer to legal services other than the legal clinic	26
Talk with legal clinic staff about how to respond to legal issue	19
Refer to non-legal services	19
Help clients directly with issues by going to court, talking for them to agencies	16
Go to appointment with clients to legal or other services	15

I usually don't know what to do with issues once identified	4
TOTAL RESPONSES	128

\*Total number of responses recorded is greater than number of staff members participating in the survey as participants were asked to select *all* responses used

Table J: Barriers, as reported by Wuchopperen staff members, to *identifying* legal issues

Type of barrier	No. of staff members identifying this barrier
Clients feel helpless/hopeless/afraid: not empowered enough to address issues	29
Clients don't bring these issues up	18
Clients have so many issues (it's hard to know where to start with them/little time to discuss them all)	17
Clients don't want to talk about these issues	14
I don't know much about the law	13
I have no problems identifying legal issues	12
I don't know how to talk with clients about these issues	6
TOTAL RESPONSES	109

\*Total number of barriers recorded is greater than number of staff members participating in the survey as participants were asked to select *all* barriers to identifying legal issues

Table K: Barriers to *responding* to legal issues reported by Wuchopperen staff members

Type of barrier	No. of staff members identifying this barrier
Clients feel helpless/hopeless/afraid: not empowered enough to address issues	20
Clients not understanding what to do	19
There are so many issues for a client to address	15
I don't know much about the law and/or what to do with legal issues	11
I have no problems responding to legal issues	9
It's hard to get clients an appointment at the legal clinic	8
I don't know who I can refer client to/there's no one to refer client to	3
There's no one to talk with about how to respond to legal issues	1
TOTAL RESPONSES	86

\*Total number of barriers recorded is greater than number of staff members participating in the survey as participants were asked to select *all* barriers to responding to legal issues

Table L: Strategies or approaches identified by Wuchopperen staff as likely to assist them with identifying and responding to legal issues

Type of barrier	No. of staff members identifying this strategy or approach
More training about the law generally	31
Being able to talk more about clients' legal issues with legal clinic staff	22
Being better linked in with legal and other services to make referrals for clients	17
More training about what to do when legal issues are identified for a client	17
Finding ways to make it easier to talk with clients about legal issues	15
Being able to talk through responses to legal issues with other staff at Wuchopperen	12
I have no problems identifying or responding to legal issues	8
TOTAL RESPONSES*	122

\*Total number of strategies or approaches recorded is greater than number of staff members participating in the survey as participants were asked to select *all* strategies or approaches likely to assist

Table M: Wuchopperen staff who believe that the Law Yarn will help them to identify legal issues

Total no. of staff members*	YES	NO
42	42	0

\*Excludes 6 surveys which had no answer recorded

## **APPENDIX H: Questions about Law Yarn**

### **Law Yarn (early 2018: prior to roll out)**

1. How well do you think the referral process between Wuchopperen staff and the legal clinic is going?
2. What kind of legal issues are you, in particular, currently identifying?
3. How easy is it for staff to identify legal issues? And to know how to respond to them when they are identified (e.g. to send to the legal clinic at Wuchopperen)?
4. What's the hardest thing for staff about identifying these issues?
5. What would help staff to identify these issues?
6. What do you think about Law Yarn? Any potential concerns? Any positives you see arising out of this?

### **Law Yarn (additional questions) (2019)**

1. What do you see as the main objectives of the Law Yarn as a resource for the project?
2. What will be its likely benefits for the project, and for each stakeholder and clients? Is anything additional required to ensure those benefits are delivered?
3. What will be the likely challenges it brings with it for the project and for each stakeholder and clients? How might these be addressed?

## **APPENDIX I: Stakeholder interview questions**

1. What do you see as the link between health and justice, particularly for Aboriginal and Torres Strait Islander peoples?
2. What is the importance of situating this health justice partnership within an Aboriginal community-controlled organisation? Please identify the benefits and challenges of such an approach.
3. What is working well within the project? Please identify its main strengths and successes.
  - a. What are the key impacts of the project for clients?
  - b. What are the key impacts of the project for stakeholders?
  - c. What broader impacts do you identify it as producing, beyond those for clients and stakeholders?
4. What is not working so well within the project? How might these issues be addressed?
5. What do you consider to be best practice in terms of establishing and operating a health justice partnership for Aboriginal and Torres Strait Islander peoples? Is the project engaging with and using best practice?
6. What future do you see for the project?

## APPENDIX J: Timeline and resourcing of the project

<b>Date</b>	<b>Project Highlights</b>	<b>Legal Clinic location</b>	<b>LawRight clinic staff</b>
January 2016 – June 2017	LR at WHS weekly	Rainforest Building: Women's, Children and Maternal Health	2 day per week lawyer
<b>HJP Project</b>			
June 2017	Funding awarded	Rainforest & Reef Building: Women's, Children and Maternal Health & Chronic and Complex Health	4 day per week lawyer
August 2017	MOU with QIFVLS signed	Reef Building: Chronic and Complex Health, Allied Health, Family Wellbeing & Child Wellbeing	
August 2017	LR re-commences weekly legal clinic at WHS Manooora campus		
October 2017	MOU with WHS signed		
October 2017	Law Yarn workshops with Riki Salam, QIFVLS, ATSILS, WHS staff and community members		
February 2018	QIFVLS commence fortnightly attendance at WHS Manooora campus	Coral Cay Building: Men and Male Youth Health, Children and Family Centre and Family Wellbeing	
April 2018	Consultation on LY design finalised WHS and QIFVLS staff trained in LY use		
May 2018	LY launched by Attorney General at WHS		
August 2018	LR commence weekly legal clinic at WHS Edmonton campus	WHS Edmonton Campus	
September 2018	QIFVLS end collaboration	Reef Building and Coral Cay Building	F/T lawyer and 2 day administrative assistance
<b>LEGAL CLINIC at Manooora now open to clients from across whole campus</b>			
March 2019	ATSILS MOU signed and commence half-day attendance at each campus (Manooora and Edmonton)	Rainforest Building: Women's, Children and Maternal Health	F/T lawyer and 2 day lawyer (with additional funding from LR fund-raising activities)
March 2019	King & Wood Mallesons agree to deliver pro bono		

	services, with monthly attendance	
June 2019	Project funding extended to 30 October, 2019	Reef Building: Chronic and Complex Health
October 2019	Evaluation delivered	Reef Building: Chronic and Complex Health & Allied Health Building

**APPENDIX K: ATSILS client work from 30/4/19-26/9/19**

<b>Wuchopperen HJP</b>	<b>Total Clinics Held</b>	<b>Clients attended with LR</b>	<b>Clients attended with ATSILS</b>	<b>Total Clients assisted</b>
<b>Manoora 30.04.19 - 01.10.19</b>	19	57	29	49
<b>Edmonton 02.05.19 - 26.09.19</b>	17	52	25	39
<b>TOTAL</b>	36	109	54	88

36 on-site legal clinics have been held with a total of 88 clients assisted with multiple legal matters. In addition, LawRight has referred an additional 25 matters to ATSILS's Cairns office for potential on-going legal work (4 x Child Protection, 1 x DV, 12 x Family, 3 x Criminal, and 5 x Civil).