

INTERNATIONAL LEGAL AID GROUP CONFERENCE

1-3 April 2009
Wellington New Zealand

Towards Integrated Legal Service Delivery

©

Mary Anne Noone
m.noone@latrobe.edu.au
School of Law
La Trobe University
Melbourne, Australia, 3086

**This is a draft paper and comments are welcomed.
Please do not quote from the paper without author's permission.**

Towards Integrated Legal Service Delivery

Mary Anne Noone¹

This is a draft paper and comments are welcomed.

Please do not quote from the paper without author's permission.

Introduction

International research has revealed links between legal and health needs, particularly for people with chronic illness and disability and the prevalence of non-legal services as the first port of call for assistance with legal problems. These are sound reasons to integrate legal, health and welfare services. However, even though the co-ordination and collocation of legal and non-legal services (particularly for disadvantaged communities) seems a straightforward solution to these research findings, integrating services across sectors, government departments, organisational and professional boundaries is not a simple task.

In the context of this research and various Australian policy responses, I explore the desired features of an integrated approach in legal, health and welfare service delivery. I draw on the experience of the West Heidelberg Community Legal Service (WHCLS) which is collocated with Banyule Community Health (BCH) and some other recent innovative legal service delivery options. In conclusion, the current challenges facing those agencies wishing to enter into arrangements to provide integrated legal, health and welfare services are identified.

Relevant Research

Research in the United Kingdom, New Zealand, Netherlands, Northern Ireland, Canada, Australia and Japan reveals that justiciable events (problems for which there is a potential legal remedy (Genn 1999)) are part of everyday life for a significant section of the population (Coumarelos, Zhigang et al. 2006; Currie 2007). This body of research also confirms the experience of many workers in the field. Problems often come in clusters, there can be a 'trigger' problem that causes a cascading of events that leads to further problems, that most people do not seek or receive legal advice and people suffer from 'referral fatigue'.

Moorhead and Robinson (2006) firmly conclude that clients' problems are often multi-faceted, legal and non-legal, complex, interrelated and require more than simple narrow legal techniques for problem solving. In particular vulnerable clients would benefit from a degree of co-ordinated management because they tend to experience "very complex clusters" of

¹¹ Associate Professor, Law School, La Trobe University m.noone@latrobe.edu.au . Special thanks to Kate Digney for research assistance and to the Legal Services Board for research funding.

problems(Moorhead, Robinson et al. 2006).(Moorhead and Robinson 2006)

Additionally, this body of research reveals that for those people that seek assistance with their justiciable problem, the vast majority seek this assistance from non legal sources.(O' Grady, Pleasence et al. 2004; Coumarelos, Zhigang et al. 2006). Individual's advice seeking behaviour is identified as an important aspect of how legal problems are resolved.

When people face legal problems, most do not go directly to a lawyer for assistance. Rather, some people do nothing, some deal with the issue themselves and some seek advice and assistance from non-legal sources and services.(Clarke and Forell 2007) p1

For instance the NSW study showed that "people rarely seek assistance from more than one source for each legal issue", providing good argument to ensure that the 'door' that is approached is adequately resourced to assist in an appropriate and timely manner.(Clarke and Forell 2007) p3. The NSW studies showed that help was sought in only 51% of legal events reported. Of those events in which people sought help, only 12% sought assistance from lawyers, while non-legal services were approached for 56% of events. Non-legal services are often the first point of contact for people with legal needs and people sought assistance from services with which they were already in contact. (Clarke and Forell 2007)

A related issue is the level of expertise of non legal advisors to assist those with justiciable problems. The NSW study recognises that "without appropriate resources, and knowledge of and support from legal services, it can be difficult for non-legal services and workers to provide appropriate assistance to clients with legal problems."(Clarke and Forell 2007) In the Moorhead (2006) study 'signposting' clients to other services, particularly vulnerable people with complex needs, meant they were often left to deal with problems and service systems without adequate know-how or resources.(p78) The NSW study also identified that clients who were given information or advice and 'empowered' to act themselves were often unable to effectively solve their problems'.¹

Connection to Health

For workers in the legal, health and welfare sectors, the relationship between types of justiciable problems and ill-health is readily apparent. Research in the United Kingdom, Canada and Australia has confirmed that people with a chronic illness or disability are particularly vulnerable to a wide range of legal problems. Experiencing justiciable problems leads to stress, anxiety and deterioration in physical or mental health problems. Health consequences have been identified for those that do not get appropriate and timely legal assistance.The importance of the research described above is that it now confirms workers experience with empirical data.

The LSRC firmly states there is a significant association between an individual's experience of justiciable problems and their health status. (Pleasance, Balmer et al 2004, 554). They found that 16% of civil justice problems lead to physical ill-health (for example accidents, domestic violence, relationship breakdown, and poor quality housing) and 27% lead to stress-related illness. This was recently confirmed in a Victorian study into the experience of those with debt who seek assistance from financial counselors. (Schetzer 2007) Additionally both the LSRC and NSW research found that people with a chronic illness or disability were particularly vulnerable and more likely to experience a wide range of legal problems. (O' Grady, Pleasance et al. 2004; Coumarelos, Zhigang et al. 2006)

As Curran notes, when one connects issues of vulnerability with the barriers to accessing justice and examines how disadvantaged people can have a multiplicity of problems, it is not surprising that such factors increase people's stress levels (Curran 2007) (p 36). Similarly Moorhead and Robinson (2006) found that justiciable problems led to stress and anxiety (and a) deterioration in physical or mental health problems. (p91) This research also found that accessing assistance to resolve problems, even if the problem was not resolved in the respondents favour, led to a reported reduction in stress levels and associated health problems.

Policy responses to link between legal, health and welfare needs

Over the last decade, in the UK, the concept of 'social exclusion' and the conditions necessary to encourage 'social inclusion', have received much policy and research attention. As the elements that create social exclusion are seen to be multiple and intersecting, approaches to address it include policies aimed at crossing government departments and professional disciplines. This is described as "joined-up" or "whole of government" approaches. Initiatives to institute "joined up" or "whole of government" policies, define their aim as ensuring government sectors work together, across boundaries, to address the causes of social exclusion, to reduce service gaps and better address needs, particularly for complex social problems (Scott 2005, 132).

The "whole of government" approach has more recently been adopted by Australian governments. *A Fairer Victoria – Creating opportunity and addressing disadvantage* (Government 2005) is the state government's framework to address the "causes and consequences of disadvantage" within Victoria. Within this framework there is recognition that addressing disadvantage involves improving access to justice, helping disadvantages groups access services and opportunities and localising service solutions (Government 2005).

With the change of the Australian Federal government in 2007, social exclusion has also become a national issue. A recent report listed the following policy approaches:

- enhancing the ability of services to address the multiple disadvantages that may of the socially excluded experience (“joined-up” services for “joined-up” problems) and
- local co-ordination across government and non-government to achieve an integrated approach to social inclusion (Hayes 2008, 16).

At a direct service and community program level, “joined up” government policies feed strategies that promote integrated service delivery, collaborative service practice and partnerships that cross sectoral boundaries. Such strategies aim to put into practice “joined up” policy to provide ‘holistic’ or ‘seamless’ service delivery. They aim to be demand driven, to place a person’s needs at the centre of service delivery, improve referral pathways and service access through service coordination.

Recent public policy strategies into integrating human services have led to a focus on the elements of integrated service or practice. Many terms and definitions are attached to inter-organisational attempts to work together such as integration, co-ordination, partnership, collaboration and multi-disciplinary practice (Tiemann et al 2007, 60). In human service organisations, these definitions are used to describe inter-organisational practices that attempt to achieve what has been described as ‘collaborative advantage’ – when partnerships “do tackle social issues that would otherwise fall between the gaps” (Huxham & vangen 2005, 3). The VicHealth *Partnership Analysis Tool* identifies four levels of partnership – networking, coordinating, cooperating and collaborating (VicHealth). Scott (2005) states that

collaboration means.....the formal joining of structures and processes between organisations. It is part of a spectrum ranging from the informal to the formal, beginning with cooperation (as in informal information exchange), through coordination (as in the development of formal protocols) to collaboration and ultimately, integration, which involves the formation of new organisational structures.”(Scott 2005, 132)

The “interorganisation collaboration theory” states organisations are willing to collaborate when they share similar social problems or clients, need expertise to respond to the changing environment and need a sharing of financial resources and risks (Postmus & Hahn 2007, 477).

In Victoria, this policy has been implemented in a number of strategies that have sought to address complex social problems through service integration. Within the justice portfolio, one example is the Family Violence Reform(DHS 2006) where the legal aid sector in Victoria is involved in reforms to better integrate the family violence system (*Reforming the Family Violence System in Victoria*, 2005). Another

example is the Neighbourhood Justice Centre project. This is a *A Fairer Victoria* initiative that provides an integrated, local approach to access to justice within the context of a magistrate's court. Through this facility, court services, legal aid, mental health, drug, housing, employment services, financial counselling, personal and material support services are provided for the local community with the City of Yarra.(NJC 2007). This facility is modelled on a project in Redhook New York State, USA and North Liverpool UK.

Provision of Integrated Legal Services

In relation to provision of legal services, the NSW research suggested that "to assist disadvantaged people to receive more appropriate and timely legal assistance.....particularly (clients with) complex and interrelated legal and non-legal needs, a case managed, holistic or 'co-ordinated response' was needed. This may involve a team of legal and non-legal services [a] 'service hub' or 'one-stop-shop' where service are located near one another to improve client convenience and facilitate better referrals and coordination between the services'.(Clarke and Forell 2007) p10.

The Moorhead research also concluded that clients with multiple problems often need a more holistic service approach to effectively meet their intersecting legal and non-legal need and that 'resolution to an individual's legal needs may often require the engagement of multiple funding streams outside of legal needs.' (Moorhead and Robinson 2006)p 96

Yet, the term 'integrated service' is not one that is normally associated with the provision of legal services but it is used more commonly in the health and welfare sector. As the policies referred to above suggest, integrated services are meant to focus on addressing a person's needs rather than 'the needs of the system'.

Within the context of legal services provision, the concept of lawyers working and sharing profits with non lawyers has generally been prohibited but in recent times the development of multi-disciplinary practices have been the subject of heated debate within legal professional organisations both in Australia and internationally (Dal Pont 2006 pp 458-460; Brustin2002; Norwood & Patterson 2002;(Castles 2008)). Multidisciplinary practices, like the concept of integrated services, are underpinned by recognition that:

"clients' problems are rarely purely legal in nature and that a more 'holistic' approach to problem-solving for clients may pay dividends rather than isolating the 'legal' problem from the rest. A 'holistic' approach acknowledges that clients may have a variety of needs, both legal and non-legal. Such an approach requires the use of a multidisciplinary team with expertise drawn from a range of professions and specialities". (Norwood & Paterson 2002 p.347)

There has also recently been recognition of the benefits of a holistic approach to legal problems in the court system. In Australia the concept of the problem solving court has developed in the areas of domestic violence, drug use and indigenous offenders (Freiberg, A 2007) The Neighbourhood Justice Centre, referred to above, is another example of integrated services within the Justice portfolio.

Benefits of integrated legal services

As I have discussed previously (Noone 2007), lawyers who have worked in this integrative approach are convinced of its benefits and can easily cite individual examples in support of it. Drawing on the American experience, Brustin refers to several virtues of the approach: the ability to offer a package of services in one accessible location to people who are often isolated and lack access to resources and support systems; greater efficiency and continuity of care as clients do not have to travel from one agency to another to receive services; and the ability to access different professional skills to address complex social issues. (2002: 792.) Similarly, Trubek & Farnham highlight the issue of trust both in the client and the lawyer. The client's fear of going to a lawyer is overcome through the trust developed often in the primary worker (referrer) and lawyer's learn to trust and rely on the expertise of the other workers (2000 p 257-258). Castles confirms these advantages in her Australian account of collaborative practice in South Australia. (Castles 2008)

Models of integrated legal service

Despite the prohibition against lawyers working in partnership with other disciplines and the range of ethical concerns identified in multidisciplinary practice and integrated services, several different approaches to providing integrated services have developed.² The following is a brief outline of some models for providing integrated legal services.

1. Collocation - West Heidelberg Community Legal Centre (WHCLS) and Banyule Community Health (BCH)

I have written previously on the partnership between WHCLS and BCH that has existed since the mid seventies. When it was established, this centre was to have a range of preventive and diagnostic medical services and programs, stimulate community health welfare education programs, provide counselling and a location for community activities and groups and include "a Legal Aid Centre" (Morgan 1976: p.22; Neal 1978: Noone 2007).

The West Heidelberg area continues to be an area of significant social disadvantage. A report in 2004, measuring social disadvantage in Victoria and NSW ranked the West Heidelberg postcode area in the top 30 most disadvantaged communities in Victoria. (Vinson 2004) p 30 In 2006, a state government Neighbourhood Renewal project began in West

Heidelberg aimed at addressing social, political and economic exclusion in 'sites' that are disadvantaged compared to the rest of Victoria. (DHS 2006)

Since 1978 WHCLS has been co-located within (BCH). WHCLS remains a small organisation, currently employing one principal solicitor who provides legal casework and advice, a director/coordinator and two part-time legal secretaries. In partnership with LaTrobe University, it hosts a clinical legal education program. WHCLS's Committee of Management includes a representative of the BCH. The *WHCLS Annual Report 2007-2008* states the service "gives priority to persons on low incomes who are marginalised or have difficulty navigating the legal system" and who are within their "catchment area in order to encourage referral options and improved client outcomes."

BCH is one of a hundred community health services operating in Victoria, and its catchment is the local government area of Banyule, in which West Heidelberg is located. Its mission is to "provide integrated quality health and community services that are accessible and responsive to the needs of our communities." (BCHS 2008) It employs over 50 staff and its service delivery structure is now imbedded in the primary health care system providing a range of medical, dental, allied health and community services. An overwhelming number of its clients (90%) attend for an allied health, dental and/or medical service (10% attend for counselling/casework services). (BCHS 2008) p.8 In addition to direct service delivery, BCH run (BCHS 2008)s a number of community groups focusing on health support and community participation including the Heidelberg West Neighbourhood Renewal project. The WHCLS is listed as a co located service on the BCH website and staff at WHCLS have access to the BCH email and intranet service. ³

The arrangement between the WHLS and BCH can be viewed as an example of interorganisational collaboration – two different services, with two separate funding bodies, two separate boards of management, established together, to share facilities and expertise and in order to meet the needs of a socially disadvantaged community. The features of the integrated approach adopted by the two, legally distinct, organisations WHCLS and BCH include:

- collocation of the organisations,
- crossover of board membership, including community members;
- use of a common reception area,
- maintenance of separate filing and administrative systems (to ensure the professional obligations of the lawyer/client relationship are met);
- use of formal and informal referrals between staff of the two organisations;
- attendance by legal centre staff at larger health centre staff meetings; and
- employment of practitioners who are prepared and keen to work with other disciplines. (Noone 2007)

Drawing on the experience of the lawyers who have worked at West Heidelberg, the beneficial aspects for the client of providing legal services as part of integrated services are related to the recognition that access to other services and support can assist the client in respect of the legal process as well as other facets of problem. (Hanks 1983: 27-28; Balmer et al 2005; Pleasence 2006). Specifically the benefits for the legal aspects of a client's problem can be identified as access to other professionals who can aid the legal process and facilitate the lawyer's role through, for example, the obtaining of relevant reports to present to the court; increased options available for sentencing can draw on related services and supports available, for example, enable the granting of a non-custodial sentence; and the availability of alternative responses to legal action that can be expeditiously dealt with by workers in other agency/ies; (Noone 2007)

To date, there has only been one study that investigated in 1996, an integrated approach to services adopted by a financial counsellor and a problem gambling counsellor based at BCH (when it was known as West Heidelberg Community Health Centre). The study focused on how both workers could work effectively together to provide the best service outcomes for their problem gambling clients. Their work practices in six cases are examined in detail. (Pentland & Drosten 1996, p 54 & 55). The study identifies several key elements of this integrated service that facilitated an effective working relationship and positive outcomes for the clients. They were:

- location at the same site;
- willingness of staff to work together;
- professional experience of staff;
- understanding by the staff of the respective roles of different disciplines;
- clear and defined boundaries in casework;
- clear and prompt attention to referrals; and
- clear and frequent communication on cases.

Significantly, in relation to referrals, the counsellors considered that "the 'success' of their work together has been influenced by being able to confidently and positively refer their clients to each other. ...it is essential that the referral process is clearly understood by both workers. It is fundamental to the effectiveness of service provision that each service has given an undertaking to respond quickly to referrals" (Pentland & Drosten 1996 p.59)

The anecdotal evidence about the current referral process between the staff of the two agencies is mutually beneficial. The practices employed seem to ensure that the client follows through on the referral and that the referral is an appropriate one. The collocation of the services is a critical feature enabling this to occur. Clients can often be personally escorted to the referral worker and introduced immediately. Clients do not usually recognise during the referral process that they are receiving services from

different organisations. Most referrals from the Health Centre to the Legal Service come from the financial counsellor, the doctors, social workers and drug and alcohol counsellors (Noone 2007).⁴

The co-location of the West Heidelberg Community Legal Service and the Banyule Community Health Service for over thirty years does not mean, in itself, that the two services provide integrated services to their clients. Though the close proximity of services could be seen to be helpful to people using the service in terms of ease of access, there are many other influences affecting effective integrative service delivery between the two organisations. These occur at a sector/policy level through funding bodies, at an organisational level through management direction, at an inter-professional level through training and professional ethics, and at a personal level through a worker's own beliefs and work practice. The challenges and issues at all these levels are discussed below.

2. Immersion - Legal workers in Health agencies

The relationship between justiciable problems and ill-health and disability supports the development of common policy objectives for both public health and civil justice. In the UK there has been some coincidence of health and justice policy objectives where a number of Community Legal Service Partnerships and Health Action Zones have worked together to integrate aspects of service delivery but these developments are still at an early stage (Pleasence 2006) p 175.

Recognising the connection between poverty, health and legal issues, there have been trials of placing welfare rights advisers in GP practices in the UK. The aim was to ensure that people were receiving their maximum entitlements thus improving their income status. (Harding, Sherr et al. 2002; Greasley and Small 2005) As low income and poverty are recognised as key determinants of health, these studies argue that "if new primary care organisations are to promote health and address health inequalities then a narrow concern with the presenting medical problems is not sufficient. In offering welfare advice services, they.....(address) the wider health needs of their community which are fundamentally shaped by social and economic environmental factors." (Greasley and Small 2005) p 258

A study in 2002 examined this trial of providing welfare advice in medical surgeries. The practitioners in the study revealed 15% of their consultations involved welfare rights issues. 50% of practitioners felt the welfare rights issues were urgent and 71% reported elements of mental health in their most recent cases where welfare was at issue (for example, anxiety or emotional turmoil).

The Sherr research concluded that there were benefits of co-located services for patients, advisers and doctors. Patients found consultations with general practitioners were often pressured and that the provision of other services in a comfortable environment went some way to resolving

anxieties and sorting out problems, either before the doctors were seen or after referral by the doctor. The trust and confidence that patients had in the doctors reduced their anxiety in presenting to welfare advice that was located on site. The quality of the skills of the advice workers was strongly valued as patients could receive help in filling out forms and advocacy for appeal cases. The advisers discussed a number of health welfare synergies including the forming of working relationships with health practitioners. The doctors reported reciprocal experience. The researchers concluded that primary care was ill-placed to tackle poverty in its entirety, but that the provision of welfare advice in general practice medical surgeries had the capacity to contribute to welfare take-up and other problems such as unfair dismissal. (Lorraine Sherr, Avrom Sherr et al. 2002)

In the USA there is a 'thriving multidisciplinary law firm' based at the Pediatrics Department of the Boston Medical Center. The Family Advocacy Program (FAP) began in 1993 and has grown to include "three lawyers versed in multiple practice areas including family, education and immigration law... a network of advocacy resources....[and] systemic reform efforts related to recurrent problems faced by patient-families". (Tames, Tremblay et al. 2002-2003) The rationale behind the FAP was the recognition and frustration of the paediatricians that they could not address the underlying causes of poor health in children. For example, unsafe housing conditions leading to lead paint poisoning, asthma and injury; lack of sustainable income affecting childhood nutrition; and poor access to educational and social services for children with special needs (Zuckerman, Sandel et al. 2004; Tyler 2008).

The successful elements of this integrated approach are said to be:

- Weekly walk-in legal clinics at outpatient sites
- FAP staff participation interdepartmental meetings;
- Meaningful ongoing collaboration on individual family matters and systemic reform;
- Addition of a medical director to the FAP team;
- The development of doctor-friendly advocacy materials and tools; and
- Working as a team. (Tames, Tremblay et al. 2002-2003)

The concept developed by FAP has recently been endorsed with the allocation of funds to replicate the program across the United States. (Tyler 2008)

3. Social Justice Collaboratives

Similarly, in a range of North American non-for-profit organisations and law school clinics there is a growing recognition of the potential benefits to be gained in the adoption of a 'multi-disciplinary' approach to providing legal services to the poor and disadvantaged. (Brustin 2002; Norwood & Patterson 2002; Trubek & Farnham 2000). The centrality of nonlegal as well as legal needs are recognised and the practices emphasise the

benefits of working closely with other professions, lay advocates and community agencies to meet a variety of needs and overcoming barriers of access (Trubek & Farnham 2000 p 229). Some practices are ad hoc for the benefit of a particular client or client group whilst others are more formal arrangements involving "matters as referrals, cross referrals, consulting services, and allocation of resources". (Norwood & Paterson 2002 p. 346). In the longer term arrangements the relationships are "characterised by frequent, ongoing interaction, commitment to the relationship and trust" (Trubek & Farnham 2000 p 229). In North America Trubek and Farnham have called these arrangements 'social justice collaboratives' and describe them as a new way of practicing that involves "nonlawyers as important actors in legal institutions while simultaneously facilitating lawyers' engagement with clients" (2000 p257

An Australian version of collaboratives is the Cooperative Legal Service Delivery Program run by Legal Aid NSW. The program aims to improve outcomes for economically and socially disadvantaged people by building cooperative and strategic networks of key legal services and community organisations. One specific objective is to get disadvantaged people off the "referral merry-go-round". An aspect of this approach has been work with General Practitioners on mental health issues and provides training to 12 regional GPs on powers of attorney, guardianship and wills. This program has run in rural and regional areas of NSW.⁵

Another Australian example is the Bendigo Health Outreach which utilises pro bono services of private practitioners to provide legal service to palliative care patients. Social workers, based at the local hospital, identify and discuss legal issues with patients. They then contact the local Community Legal Centre, which organises a private lawyer to visit the patient in hospital as soon as practicable. A similar program, the Cancer Patients' Legal Service, is run by a large city firm at the specialist cancer institute. (Noble 2008)

Challenges of an integrated legal service delivery approach

Sector/policy level.

The challenges of providing integrated services begin at the sector/policy level. For instance in Victoria the current policy directing Community Health Services in Victoria aims to "develop and integrate Community Health Services within the broader national and state health system" with an "overarching strategic imperative to strengthen Community Health Services in their provision of comprehensive primary health care system".(DHS 2004) p iv Within the Victorian community health services, the Primary Care Partnerships strategy has guided recent service and health promotion integration. This strategy assists "providers to address the broad determinants of health and well being" and as such embraces a social model of health which is "concerned with addressing the environmental determinants of health and well being as well as biological and medical factors"(DHS 2001, 10). The VicHealth document, *Burden of*

disease due to health inequalities (VicHealth 2008), states that unequal access to good housing, adequate income and healthy food lead to health inequalities and that low income and unemployment lead to social isolation and exclusion which effects health.

However, despite, the body of legal need research discussed above, that emphasises the connection between legal problems and health issues, and there is no mention or apparent awareness of this link in these policies. Equally, community legal services and legal aid services are largely absent from recent integrated health service initiatives in Victoria.

This is exemplified in the Service Coordination initiative which directly influences the intake and referral process of Community Health Services in Victoria. Templates have been devised to coordinate presenting service needs and referral options. Although the new Service Coordination templates for Community Health Services contain an optional template 'financial and legal profile', this profile asks questions on a client's "mental health act status" or "other legal orders". Other problems, that may have a legal remedy(a justiciable problem), are addressed in this same optional template profile through questions about a client's 'living arrangements', 'housing' and 'financial difficulties'. (DHS 2004; DHS 2006) These templates do not currently appear to recognise the broad range of justiciable issues that might be of relevance to presenting individuals.

Additionally, research into effective collaboration between health zones in the UK established that cross sectoral local initiatives can lead to collaboration between organisations due to a shared purpose, but they are often in competition with broader sector agendas.(Fisher, Hunt et al. 2007; Wyles 2007) Funding, and the policy objectives of funding bodies, have direct impact on service delivery. Scott (2005) writes that "strategies to conserve scarce organisational resources are expressed at the case level in several ways."(136) Collaborative practice requires resources. Darlington et al (2005) in a study on collaboration between child protection and mental health services identified that 'inadequate resources was the issue endorsed most strongly by respondents as a barrier to collaboration".(Darlington, Feeney et al. 2005) p 1094 This implies the need for funding bodies to be supportive of integrated service practice as a means to achieving broader policy objectives in order for a service to be able to allocate staff resources. Darlington writes "Effective interagency collaboration is a complex process that needs to be fully supported in policy development and resource allocation."(Darlington, Feeney et al. 2005) p. 1095

An example from WHCLS highlights the impact that the external funding arrangements can have. In the past it had been a common practice (when required) for the legal practitioner to request, on behalf of the client, a written report from the Health Centre doctor or other relevant support worker to present to a court or tribunal. This has been produced at no

cost to the Legal Service or the client (a private medical practitioner will charge). In recent times, the Health Centre began to request payment for these reports. The rationale being that the doctors are not on a salary and funding is only received for specific services. The report writing is time consuming. Clearly this approach is not conducive to a collaborative approach. It is not in the client's best interests as they are unable to pay the fee requested. It is in part a product of the funding arrangements. If governments are seeking to encourage integrated services then some attention is required to the issues of infrastructure including funding accountabilities.(Noone 2007)

Additionally as each funding source requires specific accountability measures, the challenge is to develop "valid and reliable measures of success that hold across multiple partners [that can] identify optimal partnership working and evaluate outcomes". (Balmer et al 2005 p 49). For instance in the 'social justice collaboratives' approach to integrated services 'new quality systems that use client satisfaction surveys, review of lawyer files and integrated evaluation for continuous feedback' have been developed. A further challenge is to document the efficiency of integrated services particularly in relation to administration and other infrastructure costs.

Organisational level

Funding at a policy or sector level also needs to be matched by a commitment at an organisational level to allocate resources to this task and to be willing to share resources – the sharing of goals and visions and a high level of trust and mutual responsibility.(Johnson, Zorn et al. 2003) Walker (2007) writes that 'creating a truly shared purpose for the collaboration is essential'(Walker, Pietsch et al. 2007) p 10. Organisational objectives that address issues of social exclusion and the health inequalities of a disadvantaged community may be WHCLS's and BCHS's shared vision. However, as Johnson et al (2003) write in their research into partnership working in local health Care Trusts in the UK, "differences in political views and, therefore, in goals, fear of budgetary repercussions, differences in work cultures, and in competing demands on already overworked staff, all worked against the development of the trust and stable working relationships needed to collaborate successfully." In such environments, integrated service practice relies on commitment to shared goals, communication and strong leadership. (Johnson, Wistow et al. 2003) p 80 for instance, the CEO of BCH is a member of the WHCLS Management Committee and until recently, two community members of the WHCLS Management Committee were also on the BCH Board.

Collaborative practice involves the investment of scarce resources and energy in developing and maintaining relationships with other organisations.(Scott 2005) There needs to be recognition that 'turf issues' may occur and cultural understandings of each organisation need to be developed within each organisation. Upper management

involvement is critical in ensuring this occurs.(Johnson, Wistow et al. 2003) At the opening of the new building at West Heidelberg in 2007, the Chief Executive Officer of BHC reiterated the commitment to integrated health and welfare services as well as high quality and low cost services; accessibility; encouragement of community participation and working closely with other agencies.⁶ The inclusion of accommodation for the Legal Service in the new building (with minimal cost to the Legal Service) was a strong endorsement by the Board of BCH and the Management of the provision of integrated services to the local community.

Professional level

Professional boundaries and training can be a major barrier to effective collaboration. Differences in styles of communication and decision making, "models of understanding, about roles, identities, status and power and about information sharing" can lead to conflict and misunderstanding in achieving collaborative practice.(Robinson and Cottrell 2005; Scott 2005) Robinson and Cottrell write that "enablers of inter-professional collaboration which include not only enhancing coordination structurally, but also establishing a culture of "commitment" at a strategic and operational levels to overcome professionally differentiated attitudes" are enablers of collaboration.(558)

Similarly, Darlington writes that 'professional identities are very important to workers' so it is important to 'reduc(e) the extent of 'otherness'⁷ and for professionals to gain understandings of other professions ethics and boundaries.(Darlington, Feeney et al. 2005) This is particularly important for integrated legal service delivery due to the specific nature of lawyer and client confidentiality. This issue and other ethical issues are often raised as hurdles to integrated legal services. However the models described above provide examples of how these issues can be addressed (Norwood and Paterson 2002; Tames, Tremblay et al. 2002-2003; Anderson, Barenberg et al. 2007; Castles 2008)

Personal level

In the Gambling project referred to above, the counsellors shared an interest in working with problem gamblers and a willingness to work together as a starting point. The success of the relationship was related to the counsellors consciously putting "a priority on building their professional relationship and engagement in joint casework". (Pentland & Drost p58)This preparedness of the staff involved, to recognise and utilise the professional expertise of other disciplines, was seen as critical. Related to the willingness to work together is the need for an understanding of the different roles of each discipline. The gambling study noted that this includes an appreciation of

"the philosophy and principles of the work area and of the individual worker; what each profession can and cannot do with and for clients; and styles of working with clients and within the team. As part of building their professional relationship, it has been important for the counsellors to learn about each other's work and to develop

an understanding of each others practice" (Pentland & Drosten 1996 p. 59)

It is generally accepted that the nature of relationships and good communication are critical to successful integrated services. Bringing together professionals who are predisposed to work with others to address complex and multifaceted issues is the first step. Then the task is to build processes and trust, enable ongoing communication and have continued cooperation and coordination. (Norwood & Paterson 2002 p. 357; Trubek & Farnham 2000p258; Curran 2005: para 17 & 18(Tyler 2008)). However, it must be recognised that the skills set required to facilitate good communication with a range of other workers may not be those characteristic of clinically trained health, welfare or legal workers(Walker et al 1997 p 20). There needs to be management support for an integrated approach which ensures workers are given appropriate induction, training and support. (Tyler 2008)

To enhance communication between the disciplines, both formal and informal mechanisms need to be established. The approach of a new lawyer/clinical supervisor at WHCLS illustrates this approach. In order to learn more about the legal needs of the local community she contacted several different community workers. The new lawyer advised the workers of her areas of expertise and willingness to work with them. Almost immediately she started receiving referrals from these workers. She is also having regular contact with services, such as Gamblers Help and the financial counselling officer at BCH, developing relationships with the workers who refer clients and discuss policies and laws that impact negatively on their clients. She also started to work with different community groups offering assistance, information and accepting referrals. Finally she is actively raising her profile with BCH staff. One way she did this was to run a session on the Victorian Charter of Human Rights on Human Rights Day and most BCH staff members attended.⁸

Conclusion

[G]iven the overlap of legal needs with other basic needs associated with physical and social well-being, a complete solution may not only require legal advice or assistance, but also broader non-legal support services, such as support through housing, financial counselling, social, welfare, family or health services. (Coumarelos, Zhigang et al. 2006) p 216

Recent international and Australian empirical research into access to justice and legal needs reveals strong links between an individual's health and welfare and their involvement in legal matters. Additionally, research in New South Wales has identified that only 12% of people, who sought advice about a legal problem, did so from a lawyer or law related agency. Most people seek assistance about their legal problems from non legal service delivery agencies. In order to improve the health and justice

outcomes for the community, exploration and investment in developing service delivery models that bring together legal, health and welfare sectors in a recognition of peoples' experience of justiciable events and their advice seeking behaviour are warranted.

References

- Anderson, A., L. Barenberg, et al. (2007). "Professional Ethics in Interdisciplinary Collaborates: Zeal, Paternalism and Mandated Reporting." Clinical Law Review 13: 659.
- BCHS (2008). 2008 Quality of Care & Annual Report. Melbourne, Banyule Community Health Service.
- Castles, M. (2008). "Possibilities for Multidisciplinary Collaboration in Clinical Practice: Practical Ethical Implications for Lawyers and Clients " Monash University Law Review Volume 34(1) 2008 (1).
- Clarke, S. and S. Forell (2007). Pathways to justice: the role of non-legal services. Justice Issues, Law and Justice Foundation of NSW.
- Coumarelos, C., W. Zhigang, et al. (2006). Justice Made to Measure: NSW legal Needs Survey in Disadvantaged Areas. Access to Justice and Legal Needs Sydney, Law and Justice Foundation of NSW. 3.
- Curran, L. (2007). Ensuring justice and Enhancing Human Rights: A report on improving Legal Aid Service Delivery to Reach Vulnerable and Disadvantage People, La Trobe University.
- Currie, A. (2007). The legal problems of everyday life. International Legal Aid Group Conference Legal Aid: A new beginning?. Antwerp, Belgium Uni of Strathclyde.
- Darlington, Y., J. A. Feeney, et al. (2005). "Interagency Collaboration between child protection and mental health services: Practices, attitudes and barriers." Child Abuse and Neglect 29: 1085-1098.
- DHS (2004). Community Health Services - creating a healthier Victoria. DHS. Melbourne, Victorian Government.
- DHS (2006). Guiding Integrated Family Violence Service Reform 2006-2009. D. o. H. Services. Melbourne, Government of Victoria.
- DHS (2006). Neighbourhood Renewal - Creating a Fairer Victoria. D. o. H. Services. Melbourne, Government of Victoria.
- DHS (2006). Service Coordination Tool Templates 2006 user guide. DHS, Victorian Government.
- Fisher, C., L. Hunt, et al. (2007). "[`]Health's a difficult beast': The interrelationships between domestic violence, women's health and the health sector: An Australian case study." Social Science & Medicine 65(8): 1742-1750.
- Genn, H. (1999). Paths to Justice: what people do and think about going to law. oxford Hart Publishing.
- Government, V. (2005). A Fairer Victoria Creating Opportunity and addressing disadvantage. D. o. P. a. Cabinet. Melbourne, State of Victoria.
- Greasley, P. and N. Small (2005). "Providing welfare advice in general practice: referrals, issues and outcomes." Health And Social Care in the community 13(3): 249-258.
- Harding, R., L. Sherr, et al. (2002). "Evaluation of welfare rights advice in primary care: the general practice perspective." Health And Social Care in the community 10(6): 417-422.
- Johnson, L. J., D. Zorn, et al. (2003). "Stakeholder's views of factors that impact successful interagency collaboration." Exceptional Children 69(2).
- Johnson, P., G. Wistow, et al. (2003). "Interagency and interprofessional collaboration in community care: the interdependence of structures and values." Journal of Interprofessional care 17(1): 70 - 83.
- Lorraine Sherr, Avrom Sherr, et al. (2002). A Stitch in Time – Accessing and Funding Welfare Rights through Health Service Primary Care, . london, Institute of Advanced Legal Studies, School of Medicine, University of London, Department of Primary Care and Population Sciences, .
- Moorhead, R. and M. Robinson (2006). A trouble shared - legal problems clusters in solicitor's and advice agencies. London, Cardiff Law School, Cardiff University Matrix Research and Consultancy.
- Moorhead, R., M. Robinson, et al. (2006). A trouble shared - legal problems clusters in solicitors and advice agencies. DCA Research Series 8/06. London, Department for Constitutional Affairs.

- NJC (2007). *The Neighbourhood Justice Centre - Community Justice in Action in Victoria*. Melbourne.
- Noble, P. (2008). "Pro Bono:Palliative Legal Care." *Law Institute Journal* 82(10): 70.
- Noone, M. A. (2007). "They all come in one door" The transformative potential of an integrated service model; A study of the West Heidelberg Community Legal Service. *Transforming Lives: law and social process*. P. Pleasence, A. Buck and N. Balmer. London, The Stationery Office.
- Norwood, M. and A. Paterson (2002). "Problem Solving in a Multidisciplinary Environment? Must Ethics Get in the Way of Holistic Service? ." *Clinical Law Review* 9: 377.
- O' Grady, A., P. Pleasence, et al. (2004). "Disability, social exclusion and the consequential experience of justiciable problems." *Disability & Society* 19(3): 259-272.
- Pleasence, P. (2006). *Causes of Action: Civil Law and Social Justice*. London, The Stationary Office.
- Robinson, M. and D. Cottrell (2005). "Health Professionals in multi-disciplinary and multi-agency teams: Changing professional practice." *Journal of Interprofessional care* 19(6): 547-560.
- Schetzer, L. (2007). *Drowning in Debt Melbourne Department of Justice*
- Scott, D. (2005). "Inter-organisational collaboration in family-centred practice: A framework for analysis and action." *Australian Social Work* 58(2): 132-141.
- Tames, P., P. Tremblay, et al. (2002-2003). "The Lawyer is In: Why some doctors are prescribing legal remedies for their patients, and how the legal profession can support this effort." *Boston University Public Interest Law Journal* 12: 505-527.
- Tyler, E. T. (2008). "Allies not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality." *Journal of Health Care Law and Policy* 11: 249.
- Vinson, T. (2004). *Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediating role of social cohesion*.
- Walker, R., J. Pietsch, et al. (2007). "Partnership Management: Working Across Organisational Boundaries." *Australian Journal for Primary Health* 13(3): 9-16.
- Wyles, P. (2007). "Success with Wraparound: A collaborative, individualised, integrated and strength-based model." *Youth Studies Australia* 28(4).
- Zuckerman, B., M. Sandel, et al. (2004). "Why Pediatricians Need Lawyers to Keep Children Healthy." *Pediatrics* 114(1): 224.

¹ For a discussion of self help in legal services see Giddings (2003) and more recent LSRC paper 2008

² For detailed discussion of the ethical issues see Castles (2008); Norwood & Paterson (2002); Tames et al (2002-2003); Anderson, A., L. Barenberg, et al. (2007). "Professional Ethics in Interdisciplinary Collaborates: Zeal,Paternalism and Mandated Reporting." *Clinical Law Review* 13: 659.Anderson et al (2007). Norwood, M. and A. Paterson (2002). "Problem Solving in a Multidisciplinary Environment? Must Ethics Get in the Way of Holistic Service? ." *Clinical Law Review* 9: 377.

³ <http://www.bchs.org.au/> accessed 9 Feb 2009

⁴ I am currently engaged in a project to obtain both quantitative and qualitative material on this arrangement funded by the Legal Service Board Victoria.

⁵ Legal Aid New South Wales website at <http://www.legalaid.nsw.gov.au/data/portal/00000005/public/07944001198016882175.pdf> accessed 10 March 2009 ; Law and Justice Foundation Newsletter, Nov 2007 at <http://www.lawfoundation.net.au/ljf/app/04A0DB12B708390DCA25714D0006628E.html> accessed 10 March 2009

⁶ See press release; <http://www.bchs.org.au/2006%20---%20191006%20New%20Banyule%20CHC%20opens%20--%20media%20release.pdf>

⁷ {Darlington, 2005 #38}

⁸ Thanks for Peggy Kerdo, Lecturer and Clinical Supervisor, La Trobe University for this detail. Feb 2009.