



THE PRINCE OF WALES HOSPITAL

High St. Entrance

5 YEARS OF IMPACT

EVALUATION OF THE HEALTH JUSTICE PARTNERSHIP BETWEEN KINGSFORD LEGAL CENTRE, PRINCE OF WALES HOSPITAL AND THE EASTERN SUBURBS MENTAL HEALTH SERVICE

SEPTEMBER 2024



UNSW SYDNEY

UNSW Kingsford Legal Centre

nsfconsulting

Kingsford Legal Centre's Health Justice Partnership is funded by the NSW State Attorney General through the Community Legal Centres Program Critical Gaps Funding until 30 June 2025.

The HJP service is delivered on Gadigal and Bidjigal lands. This evaluation was prepared on Gadigal land.

KLC and NSF Consulting acknowledge and pay deep respect to those Elders past and present for allowing us to work and study on their lands.

ABBREVIATIONS

<i>HJP</i>	<i>Health Justice Partnership</i>
<i>KLC</i>	<i>Kingsford Legal Centre</i>
<i>CLC</i>	<i>Community Legal Centre</i>
<i>POWH</i>	<i>Prince of Wales Hospital</i>
<i>ESMHS</i>	<i>Eastern Suburbs Mental Health Service</i>
<i>UNSW</i>	<i>University of New South Wales</i>

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KLC Principal Solicitor Fiona Duane and HJP Solicitor Emma Anderson

Executive summary

There is evidence that KLC's HJP is achieving its goal to provide extremely cost-effective legal assistance to POWH and ESMHS's patients, particularly those with complex legal needs. The service provides an early intervention model that addresses legal problems before they cause more harm to vulnerable people.

The service was seen to be appropriate, efficient and impactful, providing benefits to clients and health partners. Key stakeholders and health partners feel a strong personal connection to the partnership, also reflected by their high levels of engagement in this evaluation process.

There was an overwhelming view that the HJP service should be better supported by way of ongoing and increased funding, and that the current levels of funding may be negatively impacting its efficiency. Longer term funding and increased support would also enable the HJP to be better supported so the service can be more widely promoted with health partners to meet the anticipated growing need in the broader community.

Introduction

Psychological distress and mental illness have been shown to be among the factors most powerfully associated with legal problem experience¹. Australia has been part of a worldwide health justice partnership movement in response to this issue. Health Justice Partnerships (HJPs) are part of a practitioner-led movement, whereby health, community and legal services work together in partnership to assist people in ways they could not achieve alone as service providers. There are currently 129 formal HJPs operating across Australia, with many more irregular and informal partnerships also in service.

Kingsford Legal Centre's Health Justice Partnership

Kingsford Legal Centre, established in 1981, is part of the Law & Justice Faculty in the University of New South Wales and has a long history of providing support to its local community including to patients at POWH, whilst providing experiential learning opportunities to Law & Justice students.

Kingsford Legal Centre's HJP was formed in 2019. It is a collaboration with Prince of Wales Hospital (POWH) and Eastern Suburbs Mental Health Service (ESMHS), to provide practical, timely and multidisciplinary assistance to people experiencing complex health, social and legal needs.

The HJP solicitor works in partnership with health partners at POWH and ESMHS to deliver discrete (one-off) services including referrals to other services, information, legal tasks, and legal advice. Ongoing services offered include dispute resolution, court and tribunal representation and other representation and advocacy. KLC also works on non-client related tasks including law reform, community legal education and training, and stakeholder engagement.

Program delivery 1 July 2019- 30 June 2024

Since its inception and up until the time of writing, KLC's HJP has:

- serviced 447 clients;
- conducted 249 referrals;
- provided 114 information services;
- delivered 313 legal tasks;
- delivered 772 legal advices;
- conducted 104 stakeholder engagements;
- prepared 31 community legal education resources;

¹ McDonald, H.M., & Jupp.R. (2024) 'Mental distress and experience of legal problems', Melbourne: Victoria Law Foundation

- delivered 32 community legal education activities;
- opened 132 cases;
- closed 132 cases;
- saved 1-3 hours per client referred for every health worker;
- recovered, waived, obtained or saved at least \$105,154 for clients; and
- delivered 4 law reform activities.

Purpose and design of this evaluation

A combined process and impact evaluation using mixed methodologies was conducted to explore:

- the extent to which KLC's HJP model is suitable to address the needs of its client population (**appropriateness**);
- how efficiently the HJP is functioning (**efficiency**); and
- the impact of the HJP on its client base and stakeholders (**impact**).

Research comprised client surveys, analysis of program data, desktop review and qualitative interviews. The evaluation was guided by an evaluation framework, and a Program Logic Model was prepared.

A total of **61** people were consulted for this evaluation, comprising telephone surveys with 31 service recipients (clients) and in-depth interviews/focus groups with 30 key stakeholders, including KLC staff, health partners, Steering Committee members and external stakeholders.

Qualitative and quantitative evaluation findings were synthesised and analysed using an evaluation rubric, aligning findings with the key areas of interest (criteria of merit) of appropriateness, efficiency and impact.

Evaluation findings

Key Focus Area	Broad indicator of success	Poor	Unsatisfactory	Good	Excellent
Appropriateness	Kingsford Legal Centre's Health Justice Partnership service model is an appropriate response to the needs of its client population				√
Efficiency	The Health Justice Partnership team drew on and used funding and resources efficiently in its service delivery			√	
Impact	The Health Justice Partnership made a positive impact on its client base and stakeholders				√

KEY	
Excellent	All indicators of success were realised, very positive outcomes, few, if any, negative comments.
Good	Most indicators of success were realised, evidence of noticeable positive outcomes, some neutral or negative outcomes.
Unsatisfactory	Some indicators of success were realised, some negative outcomes, a mix of comments, not noticeably positive.
Poor	Few indicators of success were realised with comments skewed towards the negative.

Appropriateness

The HJP offers appropriate legal assistance to POWH and ESMHS patients with complex needs. It has serviced 447 clients since its rollout in 2019, most of whom are living with disadvantage or disability. This evaluation shows that the HJP meets its objectives of targeting priority client groups. The service offers an important holistic approach to support for people with a range of issues including tenancy, debt, social security, crime and general civil law matters. The service is proportional, client-focused, tailored and flexible, with opportunity for greater flexibility.

Efficiency

The HJP is an extremely cost-effective legal assistance service that has adapted to the times and responded to challenges, including continuing service through COVID-19 lockdowns. Labour-intensive client services and partnership relationship building has been delivered by one funded HJP solicitor and an efficient Steering Committee. However, brand awareness could be higher and increased financial support is needed for KLC to continue to deliver efficiently into the future.

Impact

The HJP has impacted clients in a range of personal ways, including financially and emotionally. At least \$105,154 has been recovered, waived, obtained or saved for clients since 2021.

There is evidence of positive impacts on health workers, by way of increasing their skills and reducing their workload. It was estimated by some health workers surveyed that the HJP saves them, on average, 1-3 hours for each patient being assisted.

KLC's HJP has had a positive impact on the health and education sectors. The service has opened up more opportunities for Law & Justice students studying at UNSW to gain meaningful experience in a hospital setting and working with vulnerable clients. The HJP and its partnership with UNSW supports the University's strategic direction for ongoing and further engagement around the

Randwick Health & Innovation Precinct. At the same time, anecdotal evidence suggests the HJP directly contributes to alleviating financial strain on the public health system.

Recommendations for KLC's HJP

- All three HJP partners should advocate for ongoing and increased funding for KLC's Health Justice Partnership;
- Maintain and strengthen current referral points within the service; and
- Identify areas of most need to consider future service consolidation and expansion.

Conclusion

KLC's HJP is a well respected and appropriate, impactful early intervention model that delivers benefits to the hospital via its health workers, clients who receive the service, and the wider community. The service is valued highly by all health partners and respected by Health Justice Australia for its governance, expertise, approach and dedication. It delivers a range of important positive benefits for some of the most disadvantaged people, in a way that positively impacts the trajectory of their lives.

Anecdotal evidence suggests that the service is currently not meeting known increasing demand by health workers and patients within the partners health services, yet the KLC solicitor and KLC team are working at—or beyond—capacity. This evaluation uncovered overwhelming evidence from key stakeholders and health partners for KLC's HJP to be better funded and supported into the future.

Introduction

Background

Psychological distress and mental illness have been shown to be among the factors most powerfully associated with situations that raise legal issues for people.² In 2014, the Law and Justice Foundation of New South Wales published findings of a decade of empirical research in Australia and overseas that provided a picture of inequity in the experience of legal problems. Legal problems were particularly prevalent among people with chronic ill-health/disability, single parents, the unemployed and people in disadvantaged housing. Legal problems were seen to exist in clusters, rather than in isolation, often coexisting with everyday life problems, resulting from broader social problems and reinforcing disadvantage.³

Non-legal services such as council bodies, community organisations, professional and health services, and dispute resolution bodies play a critical role in supporting people facing such problems. People rely on them more frequently than legal services for their support services, and they can play a key role in connecting people to legal assistance services.

Australia's health justice partnership movement

Australia has been part of a worldwide move towards co-located health and justice services in response to the acknowledged strength of relationship between psychological distress, mental illness, chronic ill health generally and legal problems.

Health Justice Partnerships (HJPs) are part of a practitioner-led movement (also considered a 'quiet revolution' in the sector) that began about a decade ago, to transform the way some health, legal and other services were helping people with complex, intersecting needs. The collaborative arrangements evolved out of the legal practice as legal practitioners realised that many people who need help are not coming to them and are instead disclosing financial, housing, work, education and other social and legal problems to their treating health professionals.⁴

Health justice partnerships vary considerably and support a wide range of people, including those experiencing family violence or elder abuse, mental ill-health and/or alcohol and other drug-related issues, young people and Aboriginal and Torres Strait Islander people.⁵

By working together in partnership, health, community and legal services can assist clients in ways they could not achieve alone as service providers. They achieve this by providing integrated health and legal care for individual clients, building the capability of health and legal practitioners and services to provide more holistic person-centred care. They also advocate for change which improves the health and wellbeing of communities.

Health Justice Australia (HJA) is considered the centre of excellence for health justice partnerships, formed in 2016 to support Australia's health justice partnership movement. The organisation supports collaborations between services to achieve better health and justice outcomes for vulnerable

² McDonald, H.M., & Jupp.R. (2024) 'Mental distress and experience of legal problems', Melbourne: Victoria Law Foundation

³ Updating justice: 'Reshaping legal assistance services, building on the evidence base: summary', Law and Justice Foundation of New South Wales. No. 43. October 2014 | ISSN 2201-0823.

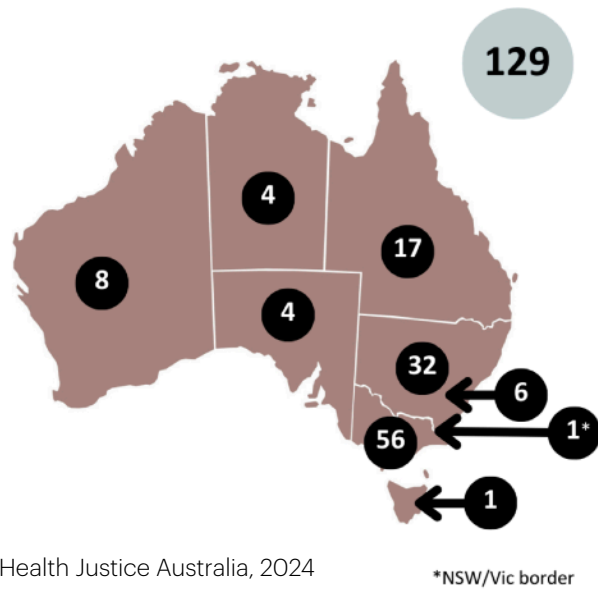
⁴ Health Justice Australia, 'The rationale for health justice partnership', 2019, <https://healthjustice.org.au/resource/report/the-rationale-for-health-justice-partnership/>

⁵ "Health Justice Australia, 'Health justice landscape: December 2023 snapshot', (2023), <https://healthjustice.org.au/app/uploads/downloads/December-2023-Health-justice-landscape-report.pdf>

communities. It does this through research, practical capacity building, and advocacy work for the sector.

There are currently **129** formal HJPs operating across Australia. This does not include informal or other partnerships such as irregular services operating in regional and rural Australia, nor those who may not have registered with HJA as formal partnerships due to the sensitive nature of services they provide.

Health Justice Partnerships in Australia as at December 2023



Source: Health Justice Australia, 2024

The policy environment

The National Legal Assistance Partnership 2020-2025 (NLAP) is a national partnership agreement between the Australian Government and all states and territories for Australian Government funded legal assistance. It specifies that service providers focus Commonwealth funding on people experiencing financial disadvantage and, where appropriate, plan and target their services to people that fall within priority client groups.⁶

The current NLAP priority groups are:

- Aboriginal and Torres Strait Islander people;
- Children and young people (up to 24 years);
- Older people (aged over 65 years) or Aboriginal and Torres Strait Islander people aged over 50 years;
- People experiencing, or at risk of, family violence;
- People experiencing, or at risk of, homelessness;
- People in custody and/or prisoners;
- People residing in rural or remote areas;
- People who are culturally and linguistically diverse;
- People with a disability or mental illness; and
- Single parents.

These priority client groups will be discussed in the context of the HJP throughout the report.

⁶ National Legal Assistance Partnership, Attorney-General's Department (Schedule A), Australian Government, 2024, pA-1

Best practice health justice partnership models

Health justice partnerships place lawyers in healthcare settings to support people with intersecting health, legal and social problems. HJP lawyers are free of charge for those using them. The overlapping issues experienced by people in the healthcare system often create barriers to health and wellbeing, and hold people in cycles of disadvantage. By working together, health and legal practitioners can address the health-harming legal problems many people face, and redesign how legal services are delivered to those who need them most.

When designed well, HJPs are **place-based initiatives** that put the needs of their communities at their centre, so the strategies and processes adopted by individual partnerships, how they're implemented and reviewed, and how they change over time can look different in response to local context.

This context includes community need, local infrastructure and services, resources and funding, tools and capabilities, and the readiness of partners to respond to complex problems differently in order to achieve health equity and justice.⁷

Specifically, well-designed place-based HJPs deliver services that are:

- **targeted** to reach those with the highest legal need and lowest capability;
- **joined-up** with other services to address complex life problems;
- **timely** to minimise the impact of problems and maximise the utility of services; and
- **appropriate** to the needs and capabilities of users.⁸



HJP Solicitor Tempe McMinn working through program modelling and planning.

⁷ Health Justice Australia, 'What is a health justice partnership?', 2024

⁸ Law and Justice Foundation of New South Wales, 2014.

Kingsford Legal Centre's Health Justice Partnership

The partners

KLC's Health Justice Partnership (HJP) is a collaboration between **Kingsford Legal Centre (KLC)**, **Prince of Wales Hospital (POWH)** and the **Eastern Suburbs Mental Health Service (ESMHS)**. Both POWH and ESMHS are services provided by the South Eastern Sydney Local Health District. The HJP service provides practical, timely and multidisciplinary assistance to people experiencing complex health, social and legal problems.

Kingsford Legal Centre

Kingsford Legal Centre (KLC) was established in 1981 as a community legal centre providing free legal advice, casework, law reform and community legal education to people who live, work or study in the Randwick City Council and the Port Botany and Mascot Wards of Bayside Council. KLC also offers specialist discrimination and employment law services state-wide throughout NSW. KLC is part of UNSW Law & Justice and provides clinical legal education to its students.

Prince of Wales Hospital

Prince of Wales Hospital (POWH) is a major teaching hospital, providing healthcare to south eastern Sydney and specialist health services to NSW. It has over 50,000 admissions to inpatient units every year and runs an extensive outpatient service.

The Eastern Suburbs Mental Health Service

The Eastern Suburbs Mental Health Service (ESMHS) is a publicly funded specialised mental health service servicing residents in the eastern and south eastern suburbs of Sydney. It incorporates several inpatient units including

emergency, intensive care, acute care and mental health rehabilitation units, specialist care teams for older people and children and an extensive community mental health team.

Service establishment

In 2019 KLC successfully tendered with the NSW Attorney General's Department for three-year funding to establish and run a health justice partnership with POWH and ESMHS. This tender was based on KLC's existing relationships with health workers at the POWH campus, as well as efforts by KLC in the preceding two years to consult with academics, staff in existing HJPs and senior management at both POWH and the ESMHS about the potential benefits of a formalised HJP. The funding allowed KLC to employ a HJP Solicitor to promote the service and provide legal assistance to HJP clients.

Funding began in July 2019 with the introduction of ad hoc services. KLC's three-way partnership was then formalised in October 2019 through a Memorandum of Understanding (MOU) between the three services, facilitating regular attendance by HJP solicitors to the hospital for legal service provision.

The main elements of the MOU include:

- A statement of shared objectives for the HJP, including addressing unmet legal need for people who may be unable to access legal help directly, and strengthening the relationship between the partner services;
- Each partner's contributions to the partnership, including the provision of staff, logistical support, space, training and referral pathways;
- A commitment by KLC to send a solicitor to POWH campus for at least one full day per week, with additional attendance where possible; and

- The establishment of an HJP Steering Committee with both health and legal representatives, to provide strategic direction to the HJP.

KLC's main office is located in the UNSW Sydney main campus in Kensington, reasonably close to the POWH campus, which also includes several ESMHS in-patient and out-patient services. This proximity— an approximately 15 minute walk—meant that KLC had a long history of providing support for patients at POWH on an informal and ad-hoc basis. This generally involved referrals from the social work teams in relation to patients who had been recently discharged and who were identified as needing legal assistance.

KLC had also spent many years providing ad hoc legal training sessions to some of the social work teams on topics such as family law, family violence and legal assistance for victims of crime. These referral pathways and training sessions were not formalised, but rather, relied on professional relationships between KLC staff, hospital social workers and other allied health workers.

Embedding the service into the health system

KLC's first HJP solicitor commenced in October 2019, and regular outreach to the hospital began in late 2019. This attendance was initially scheduled for one full day per week based at the POWH, and a half day per fortnight at the *Kiloh* unit, an acute mental health unit run by ESMHS. For the POWH day, KLC's HJP solicitor was given a desk in the POWH Social Work Department, in the *High Street* Building at POWH.

Co-locating the HJP Solicitor within the Social Work Department was a strategic choice, aimed at strengthening the relationship between social workers at the hospital and KLC staff. The POWH and ESMHS social work teams do not share premises, and this formed part of the rationale for also attending an ESMHS unit on a fortnightly basis.

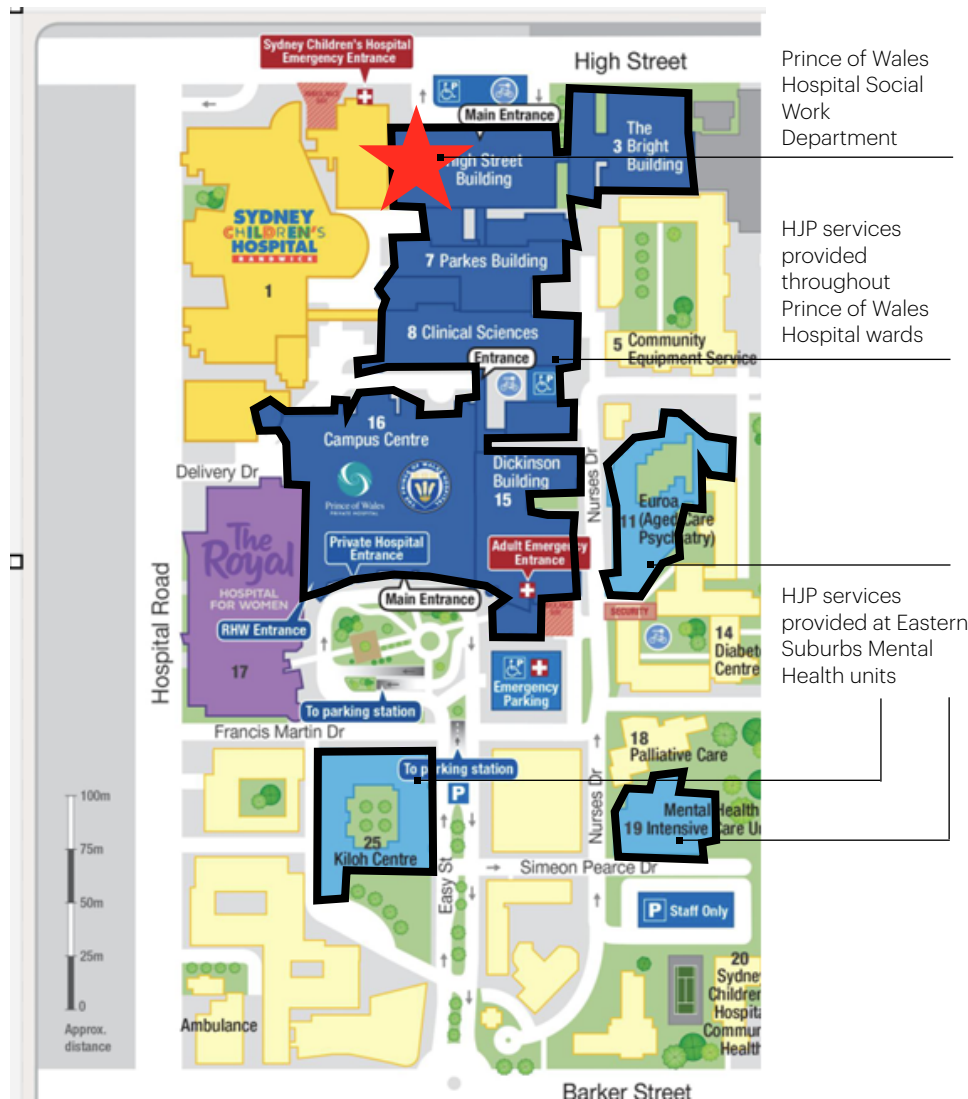
A challenge

One of the initial and ongoing challenges of this HJP model is the sheer size of the POWH campus and the number of patients accessing healthcare at POWH and ESMHS. The map over the page gives an indication of the size of the campus and the location of hospital units as at March 2020. KLC provides face-to-face legal services to patients across all dark blue POWH and light blue ESMHS units shown in the map.

The POWH Social Work Department is indicated using a star.

The map shows that:

- Many units attended by the HJP solicitor are a considerable distance from that office;
- The HJP solicitor's role requires physical attendance to clients across a very large area; and
- The HJP solicitor needs to develop relationships with health workers across a considerable number of specialised units.



⁹ Map from “An information guide for people travelling to Prince of Wales Hospital”, South Eastern Sydney Local Health District, brochure published March 2020.

The COVID years and funding uncertainty

Up until March 2020, KLC was sending a lawyer to POWH for a full day per week and to the *Kiloh* Centre for a half day per fortnight. In the first few months of the service, KLC’s solicitors dedicated time training small groups of social workers to identify legal issues and make appropriate referrals. Referrals to the service were regular, although not in the numbers initially hoped.

Attendance at both POWH and *Kiloh* stopped abruptly in mid-March 2020 due to the COVID-19 pandemic and associated hospital lock-downs. KLC’s staff also moved to primarily work from home between March 2020 and the end of 2020. Between March 2020 and December 2020 the HJP service was provided by phone. Training and support for health workers continued mostly online and through the development of online training modules that were added to the hospital’s staff intranet.

In-person attendance resumed at the POWH campus in January 2021 for one full day per week. Return to the hospital meant that KLC solicitors needed to comply with full PPE requirements and take additional precautions when meeting with clients. The disruption in the service in March 2020—barely five months after the service began on a regular basis—meant that the HJP was almost starting from scratch again. Attendance continued until July 2021, when the second COVID-19 related lockdowns commenced. The HJP again returned to a phone-based service until March 2022, when KLC solicitors were once again able to return to regular in-person service delivery on a weekly basis, again with strict adherence to PPE and other safety measures.

The disruptions and challenges of COVID and hospital lockdowns coincided with uncertainty about KLC’s funding to continue to employ a KLC solicitor. The first three years of funding by the NSW Attorney-General’s Department expired on 30 June 2022 and the Centre was advised in March 2022 that an interim six months extension would be given until 31 December 2022.

In October 2022 KLC was advised that its HJP funding would continue until 30 June 2025. While the news was welcome, the funding uncertainty throughout 2022 presented significant challenges to the HJP's ability to plan ahead, take on additional clients and retain staff.

Timely legal assistance

There is evidence that people facing chronic, catastrophic and sudden health issues are often also navigating complex legal issues that affect their recovery.¹⁰ Timely legal assistance can alleviate the burden by providing early intervention in legal matters and practical, accessible help. In KLC's case these clients are assisted by the Centre's experienced community solicitors, who have experience working with vulnerable clients with complex social and legal issues, while they are concurrently supported by expert health workers.

In its general work, KLC provides legal assistance across a broad range of civil and criminal legal areas. Through delivery of the HJP in particular, KLC assists clients with legal problems such as:

- Tenancy and housing;
- Credit and debt;
- Social security;
- Criminal charges and AVOs;
- Consumer claims;
- Victims compensation, particularly for people experiencing family violence;
- Enduring guardianship and powers of attorney; and
- Complaints about government services and departments.

KLC also offers specialist services in employment and discrimination law. HJP patients with these problems may be referred to a solicitor within KLC with particular expertise relating to their legal issue.

The client journey through the Health Justice Partnership

Client identification and referral

In the HJP, potential clients are generally identified by a health care practitioner or community worker as needing legal assistance. In some cases the client may hear about the service through promotional material about the HJP at health locations or from previous HJP clients. Referrals are most frequently made by POWH and ESMHS social workers, although KLC will also act on referrals from other clinical staff. Indirect referrals are also sometimes made to local community workers such as those at the multi-service *Hub@Lexo*, in South Maroubra, where participating health workers may suggest a client speak to a KLC solicitor there.

Assessment

Once a referral is made, a solicitor from KLC will speak to the person to assess their problem and, in most cases, provide them with legal advice. Where the advice required is outside of KLC's areas of practice, the person will be provided referrals to another appropriate service and/or information to assist them to take next steps.

Legal advice

KLC's advice appointment may take anywhere between 30 minutes to a few hours, depending on the complexity of the problem. The advice service is flexible, meaning the KLC solicitor may see the person over several visits, depending on their needs.

¹⁰ Health Justice Australia, "The rationale for health justice partnership: why service collaborations make sense", (2018).

Legal task

In the course of providing advice, the KLC solicitor may also provide additional assistance by way of a legal task. Legal tasks may involve writing a letter for the client to send themselves, completing a Tribunal or Court form for the client to lodge or contacting third parties such as the Police, employers or landlords to request further information or clarification.

Representation

Clients who have received legal advice and who require more ongoing support will be considered for representation by KLC. This means that KLC will act on their behalf to resolve their legal problem. This may involve representing a client in court or tribunal proceedings, and undertaking to perform the work required to prepare their matters. The main types of court and tribunal representation undertaken by the HJP has been in criminal and housing matters, but also includes employment and discrimination.

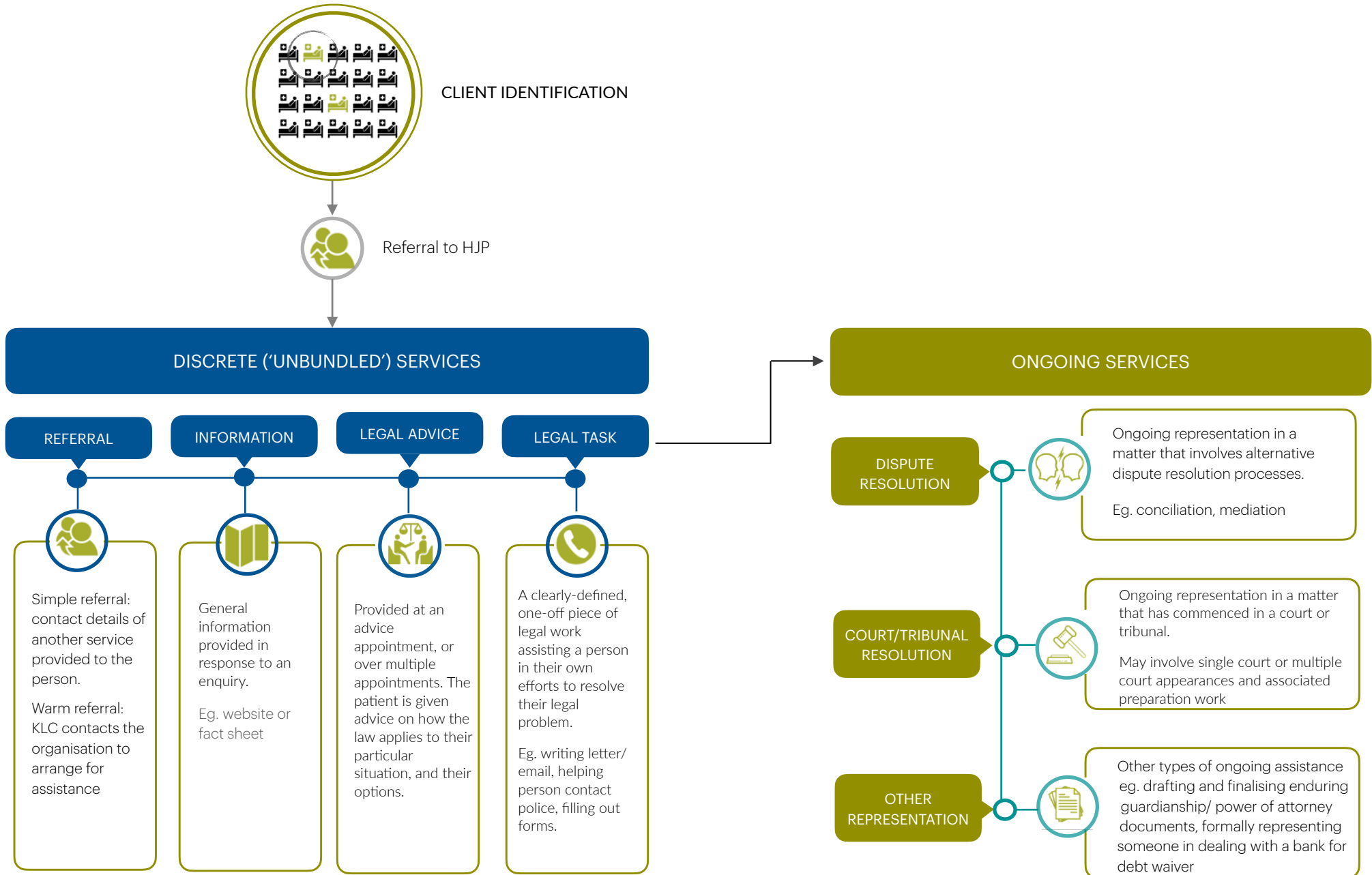
Other ongoing support

Other clients may receive ongoing assistance in other ways, such as ongoing direct advocacy with government agencies and departments, banks, police or other organisations in order to resolve their legal issues. The HJP also undertakes considerable ongoing casework by preparing enduring guardianship and power of attorney documents for clients, or preparing claims for victims compensation.



POWH Social Work Deputy Head, Peggy Yeomans (left) and HJP Solicitor, Rachel Gregory (right) supported clients through the HJP service during COVID-19.

KINGSFORD LEGAL CENTRE'S HEALTH JUSTICE PARTNERSHIP - CLIENT SERVICES



Program Logic Model

A Program Logic Model was developed in collaboration with KLC's HJP team to illustrate how the HJP works, drawing out the relationship between resources, activities and outcomes. It is shown over the page.

Primarily, it illustrates that the HJP between KLC, POWH and ESMHS is first and foremost designed to benefit the individuals (clients) who are most in need of free legal assistance. There are, however, several additional service components. These include the generation of new knowledge between KLC, POWH and ESMHS through working collaboratively to assist individuals with complex needs. Working with expert health workers increases the KLC solicitors' knowledge of the impacts of chronic and acute illness on individuals and their experience of the health system.

Health workers also gain knowledge through the HJP, as KLC is committed to training health workers to develop skills to identify patients with complex needs including legal support and knowledge of legal issues through training provided by the HJP solicitor.

KLC prioritises the identification of systemic injustices and barriers faced by people with complex health needs and seeks to undertake work to influence law reform and policy change.

KLC also provides opportunities for UNSW Law & Justice students to gain exposure to multidisciplinary modes of working as a lawyer, and an insight into the challenges faced by the HJP's client group.

KINGSFORD LEGAL CENTRE'S HEALTH JUSTICE PARTNERSHIP - PROGRAM LOGIC

PROBLEM

People experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing



HEALTH JUSTICE PARTNERSHIP

Collaboration between Kingsford Legal Centre, Prince of Wales Hospital and Eastern Suburbs Mental Health Service to provide practical, timely and multidisciplinary assistance to people experiencing complex health, social and legal needs

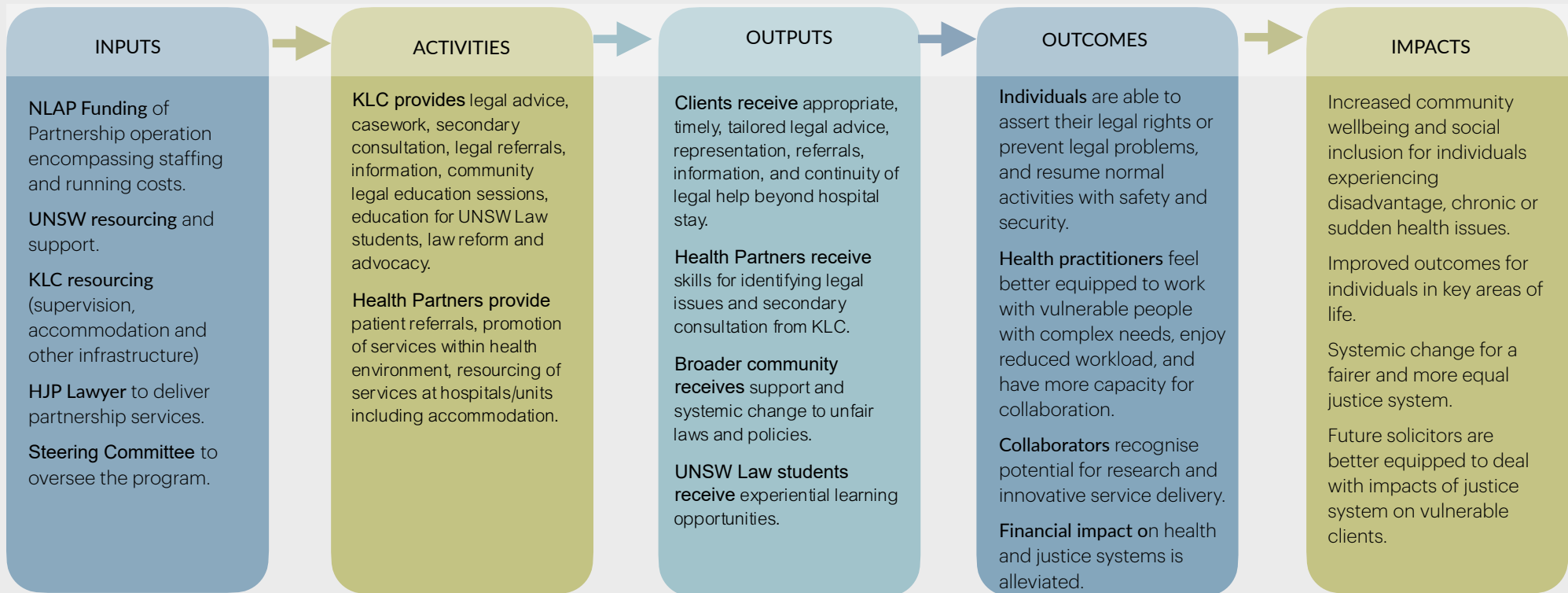
If this is provided...

Allowing this to happen...

Then this is created...

Leading to this...

Creating this...



Target Population

All patients of Prince of Wales Hospital and Eastern Suburbs Mental Health Service experiencing disadvantage, chronic or sudden health issues.

Assumptions

A fairer legal system relies on systemic change and acknowledgement of the impact of colonisation and racism on First Nations Australians, disadvantage and all forms of discrimination.

Evaluation approach

Purpose of this evaluation

The purpose of this evaluation was to assess the impact of Kingsford Legal Centre's Health Justice Partnership on its client population and stakeholders.

The evaluation questions that guided this evaluation

Evaluation questions

1. To what extent is the Kingsford Legal Centre's Health Justice Partnership model suitable to address the needs of its client population? (**appropriateness**)
2. How efficiently is the Health Justice Partnership functioning? (**efficiency**)
3. What impact is the Health Justice Partnership having on its client base and stakeholders? (**impact**)

Approach to the evaluation

A combined **Process** and **Impact** evaluation was conducted, to explore both the inner workings of the service and its efficiency, as well as the impact the HJP was having on its client cohort, health partners and others.

A mixed methods approach was adopted, utilising survey and program data collected by KLC and conducting qualitative research amongst key stakeholders.

Key components of the evaluation

1. Program Logic Model

A Program Logic Model was developed in collaboration with KLC's HJP team to illustrate how the HJP works, drawing out the relationship between resources, activities and outcomes. It is shown on the previous page. The Program Logic Model helped to inform the development of discussion guides for consultation with key stakeholders.

2. Evaluation Framework

An Evaluation Framework was developed to identify the key areas of interest, their alignment with evaluation questions, and indicators of success to allow for evaluative judgements to be made. The Evaluation Framework is shown on p17-18.

3. Document and program data review

Program data and background documents were reviewed to enable a better understanding of the HJP within the broader context, and to analyse outcomes over the duration of the service.

4. Consultation

Consultation was conducted with **61** people, through surveys, in-depth interviews and focus groups.

Client surveys

Telephone surveys were conducted with **31** clients who had received the HJP service in the past 12 months. Eighteen (18) had received discrete one-off services and 13 had been supported with ongoing casework. The surveys were conducted by KLC students and administrative support staff.

Qualitative interviews

In-depth interviews and focus group discussions were conducted with 30 stakeholders from April-June 2024, via telephone or Teams. Specifically:

- Interviews with Kingsford Legal Centre staff, including current and former HJP staff;
- Consultation with HJP health worker partners from POWH (1 x online focus group + in-depth interviews);
- Consultation with HJP health worker partners from ESMHS (1 x online focus group + in-depth interviews);
- In-depth interviews with academics and staff at UNSW;
- In-depth interviews with members of the HJP Steering Committee; and
- In-depth interview with two representatives of Health Justice Australia (via Teams).

A full list of individuals consulted is shown in the Appendix of this report.

5. Analysis/synthesis

Research findings were grouped and coded under key focus areas, incorporating evidence from all sources. Evaluative judgements were made by analysing and synthesising evidence under each focus area against performance indicators.

The following rubric was used to make evaluative judgements. It defines the difference between various levels of performance for each criterion of merit.

Evaluative rubric

Excellent	All indicators of success were realised, very positive outcomes, few, if any, negative comments.
Good	Most indicators of success were realised, evidence of noticeable positive outcomes, some neutral or negative outcomes.
Unsatisfactory	Some indicators of success were realised, some negative outcomes, a mix of comments, not noticeably positive.
Poor	Few indicators of success were realised with comments skewed towards the negative.

Limitations of this approach

There are limitations associated with any evaluation approach. The limitations of this evaluation were:

- HJP clients with complex needs were difficult to access. Their input in this evaluation was via surveys administered by Kingsford Legal Centre via telephone, with a modest sample size of 31 achieved;
- With a sample size of 31 clients, findings are presented in whole numbers rather than percentages, to avoid being misleading; and
- Service outcomes have been counted up until 30 June 2024. Because this is not an end-of-program evaluation, counts will have increased at the time of reading.

Evaluation Framework

The approach to the evaluation was guided by this framework, prepared in collaboration with KLC program staff.

Criteria of Merit	Evaluation questions	Indicators of success
Appropriateness	To what extent has KLC adopted an appropriate model of service delivery to address the needs of its client population through its HJP service?	<p>HJP services are appropriate, proportionate, client-focused, flexible and tailored in response to people's legal needs and capabilities.</p> <p>The HJP model is operating as a strong and sustainable early intervention model through an integrated partnership between KLC and POWH and ESMHS.</p> <p>The partnership model meets the needs of all partners.</p> <p>The HJP targets its resources to priority client groups.</p>
Efficiency	How efficiently is KLC's HJP functioning as a program?	<p>The HJP program provides value for money by using its funding and resources to maximum capacity to achieve intended outcomes.</p> <hr/> <p>Legal problems are identified and resolved in a timely manner before they escalate.</p> <p>HJP services are collaborative with health and other services to provide joined-up services to address people's legal and other problems.</p>

Continued over page...

Criteria of Merit	Evaluation questions	Indicators of success
Impact	What impact is KLC's HJP having on its client base?	<p>Clients are better able to assert their legal rights to address, or prevent, legal problems.</p> <p>Clients feel less stressed about their situation and better able to resume normal life activities.</p> <p>Clients feel safer.</p> <p>Clients have had their housing issues resolved.</p> <p>Clients are in a better financial situation.</p>
	What impact is KLC's HJP having on health workers?	<p>Health workers, social workers feel better equipped to work with vulnerable people, including how to better identify issues earlier and know how to respond.</p> <p>Health workers, social workers have workload reduced and therefore improved wellbeing.</p> <p>Health workers report better outcomes for vulnerable patients.</p> <p>Increased capability and capacity for collaboration.</p>
	What impact is KLC's HJP having on local community organisations?	<p>Local community organisations continue to refer clients to the program.</p> <p>UNSW interdisciplinary collaborators appreciate the benefit for the local community and promote the program to students.</p> <p>Pro bono partner Herbert Smith Freehills sees ongoing benefit in supporting the project</p>
	What impact is KLC having on society?	<p>Improved and strengthened systems to address complex legal and health needs.</p> <p>Alleviations of financial impact on the health system by keeping people out of hospital.</p> <p>Representation of clients who would otherwise self represent on courts and tribunals.</p> <p>Helping to address and prevent homelessness.</p>

Evaluation findings

Key Focus Area	Broad indicator of success	Poor	Unsatisfactory	Good	Excellent	Explanation
Appropriateness	Kingsford Legal Centre's Health Justice Partnership service model is an appropriate response to the needs of its client population				√	The HJP service is appropriate, proportionate, client focused, flexible and tailored in response to people's legal needs and capabilities. It operates as a strong and sustainable partnership, valued highly by health partners and the wider sector.
Efficiency	The Health Justice Partnership team drew on and used funding and resources efficiently in its service delivery			√		The HJP provides value for money by using its funding and resources to maximum capacity to achieve intended outcomes. It promoted its services and took on appropriate client referrals according to its funding and partnership obligations. The service efficiently regained momentum following disruptions during COVID lockdown periods. However, brand awareness could be higher, and more secure financial support and greater resources are required urgently for KLC to continue to meet demand and deliver efficiently into the future.
Impact	The Health Justice Partnership made a positive impact on its client base and stakeholders				√	The HJP has a considerable positive impact on its client base, on a number of levels. Health workers are better equipped to deal with vulnerable people and have their workload reduced. There is increased capacity for collaboration with an identified need to further service other client cohorts. There is evidence that, over time, the HJP will have positive impacts on society more broadly.

Outcomes and Impacts Snapshot: 1 July 2019 - 30 June 2024



* Jan 2021- June 2024

1

Key Focus Area One

SERVICE APPROPRIATENESS

The extent to which the Kingsford Legal Centre's Health Justice Partnership model is suitable in addressing the needs of its client population

The HJP offers appropriate legal assistance to POWH and ESMHS patients with complex needs. It operates as a strong and sustainable partnership with its health partners.

Appropriate legal assistance for vulnerable people

KLC's HJP is an appropriate service designed around a best-practice HJP model¹¹ that puts the needs of communities at its centre, designed to support people who are critically unwell, vulnerable, or in crisis. It operates as a partnership model, with an HJP solicitor working on site in hospital wards one day a week, responding to patient care.

The place-based initiative appropriately puts the needs of clients at its centre through joined-up services to address the complex life problems of its clients. The integrated partnership between KLC, POWH and ESMHS ensures that vulnerable people are identified and helped quickly. The service is free, ongoing, interventionist, coordinated and holistic. These are considered best practice features by Health Justice Australia and according to Australian and international studies. Health care professionals consulted for this evaluation reported that KLC's HJP contained these best practice features.

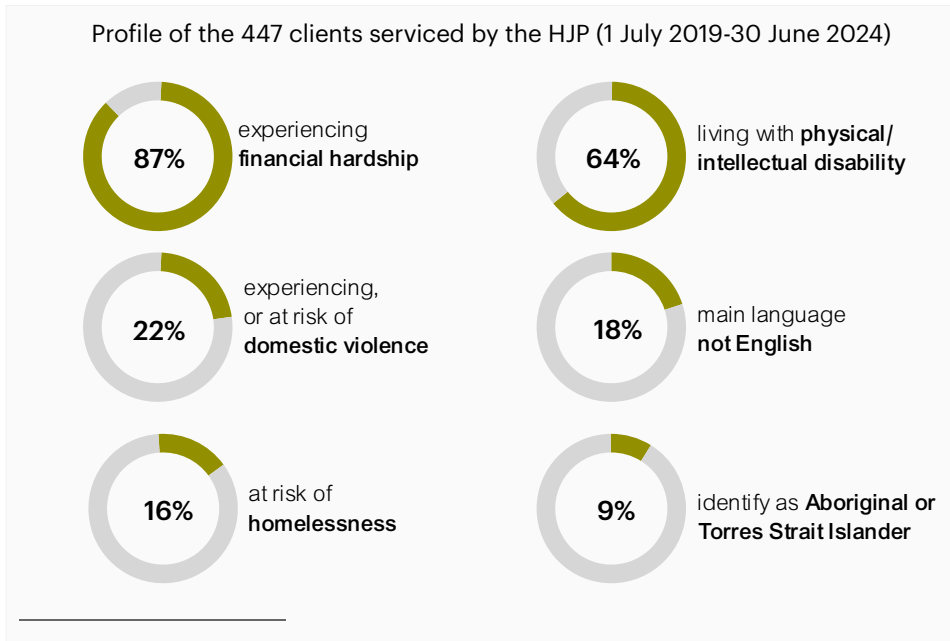
HJP services are an appropriate response to the identified problem that people experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing. It is in line with overwhelming evidence from Australia, the UK and US demonstrating that HJPs improve access to justice for people experiencing both social disadvantage and complex health conditions:

¹¹ Health Justice Australia, Health justice partnership: a flexible, place-based model.

“HJPs offer a means to assist healthcare professionals in addressing social welfare legal needs among patients, providing more responsive care and better supporting individuals whose health is affected by adverse socioeconomic circumstances. HJPs therefore facilitate action both on health inequalities and access to justice”.¹²

Legal assistance is an accepted preventative intervention that can be used to lessen legal and social impacts that deteriorate mental health.

Between 1 January 2019 and 30 June 2024, KLC’s HJP serviced **447 clients**. They were equal part male and female, with nine per cent identifying as Aboriginal or Torres Strait Islander. Most of these people were living with disadvantage or disability. Specifically, nearly 90 per cent were experiencing financial hardship, 64 per cent living with physical or intellectual disability, 22 per cent experiencing or at risk of domestic or family violence and 16 per cent were homeless or at risk of homelessness. This is shown below.



KLC’s HJP solicitors over the years have demonstrated that the service puts a new cohort of people in contact with lawyers, particularly mental health clients, who would not otherwise be able to access legal help alone. Through the service, KLC solicitors have helped people realise that legal issues and solutions can extend beyond those most commonly recognised, such as matters that involve going to court. This support is often particularly needed by clients after long hospital stays or a new diagnosis, when a long line of consequences can follow for the person.

The service offers an holistic approach to support

KLC’s HJP model of care is holistic, valued highly by all POWH and ESMHS health workers interviewed for this evaluation. Holistic care focuses on the whole person, including their physical, psychological and social needs, not just specific parts of the body or medical conditions, as was the case with the outdated ‘biomedical model’ of health care.¹³ This is the current accepted approach to supporting people living with physical and mental health conditions.

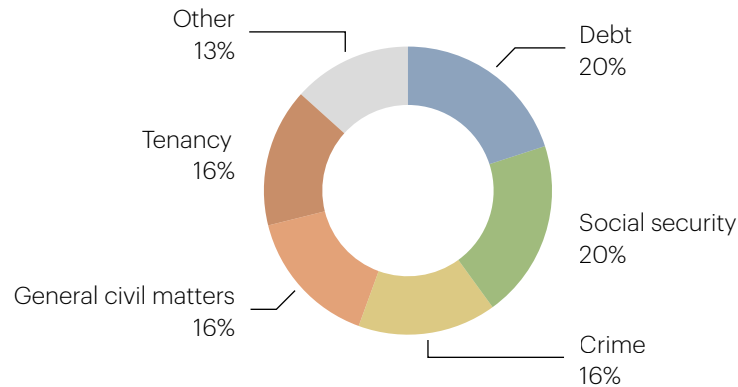
Some other HJPs around Australia offer narrower legal services, focusing on particular areas of law. From the outset, KLC deliberately chose to offer a broad service, covering a range of legal matters. This is an appropriate scope of service for patients in POWH and ESMHS with a range of physical and mental health care needs, as well as complex interrelated legal issues.

Through its holistic approach, over the past four years, KLC’s HJP has focused on debt (20%), social security and child support (20%), crime (16%), general civil matters (16%) and tenancy (16%), reflecting a focus on clients facing complex disadvantage and catastrophic legal issues such as criminal charges, eviction, poor housing conditions and financial hardship. This is shown over the page.

¹² International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review. Beardon, Woodhead, Cooper, Ingram, Genn, Raine, 2021.

¹³ NSW Health, 2024.

HJP’s range of support areas (2019-2024)



Many clients simultaneously experience legal issues across more than one area of law. The legal needs of the client group are closely aligned with the recognition that their health issues require flexible legal service delivery designed to alleviate stress.

KLC’s HJP service is delivered by solicitors with an understanding of issues affecting capacity, financial hardship and disability, and the ways in which disadvantaged clients are negatively impacted by legal problems. Allied health professional partners described the model of support as being crucial because it provides support for people after a sudden incident or deterioration of an existing health issue, often with the need to go to court or other types of advocacy, but without the knowledge of how to navigate the legal system.

Through its National Legal Assistance Partnership (NLAP) with all states and territories, the Australian Government prioritises the delivery of free legal assistance to identified priority client groups (refer to p5- The Policy Environment). The HJP has successfully targeted the NLAP priority groups and applied its resources to the most disadvantaged clients.

KLC’s generalist legal service generally does very well to provide more intensive legal assistance to the clients who need it most, but the HJP has shown that working together with health staff to identify the clients most in need of early intervention is a best practice approach. It is acknowledged that the comparison above requires further investigation to answer questions such as which clients fall into multiple NLAP priority groups and how they were referred to the service.

A comparison between the type of clients serviced by the HJP compared with KLC’s much larger generalist legal—advice and casework—service for the same five year period shows that the HJP is proportionally servicing considerably more vulnerable people. This can be seen as follows:

HJP proportionally services more vulnerable people*

NLAP priority group	Generalist KLC Service	HJP Service
People with disability	22%	64%
Aboriginal/Torres Strait Islander people	5%	9%
People experiencing financial hardship	64%	87%
People at risk of—or experiencing—homelessness	4%	16%
People whose main language is not English	28%	18%
People experiencing domestic violence	8%	22%

* for the period 1 July 2019- 30 June 2024

The comparison on the previous page highlights the following key points:

- Proportionally, significantly more people accessing HJP support are experiencing financial hardship, disability and homelessness than clients accessing generalist KLC services;
- Considerably more people accessing HJP support are at risk of domestic violence than the generalist KLC service, however, KLC reported most its legal assistance for clients facing family violence against a different funding stream during this period, so this is not a reliable comparison;
- The HJP proportionally services a slightly higher percentage of Aboriginal/Torres Strait Islander clients than KLC does through the generalist service; and
- The HJP proportionally services fewer clients whose main language is not English than those who access generalist KLC services. This flags an area for further investigation for the service, given the high number of these patients accessing POWH.¹⁴

The service links health and legal services

KLC's HJP addresses a critical gap through its flexible service model that **links health and legal services** in a flexible way, for the benefit of service partners and clients. This is consistent with the way KLC usually works as community lawyers, treating the whole person and their issues in collaboration with health professionals and other community workers. The features and benefits of this model are shown, right.

Features and benefits of KLC's HJP service model that links health and legal services

KLC's HJP model features	Benefits
<p>KLC trains health workers to identify legal issues and familiarise themselves with the law that affects their patients.</p> <p>This includes training sessions on topics like legal health 'check ups', housing, social security and guardianship laws.</p>	<p>Health professionals are better able to identify and respond to patients' legal problems.</p> <p>Strong links with health partners.</p> <p>Increased capacity for health workers to make referrals and the building of trust in the HJP service and KLC solicitors.</p>
<p>The HJP lawyer has specialist expertise and knowledge to deliver the service empathetically and holistically.</p>	<p>Lawyers have a better understanding of the health effects of legal problems.</p>
<p>The HJP lawyer works collaboratively with clients' health workers.</p>	<p>Clients have legal problems identified early, resulting in a greater likelihood of positive legal outcomes and less serious effects on people.</p> <p>KLC has increased capacity to provide an appropriate and flexible service to meet clients' needs.</p>
<p>Providing clients with the help they need early in their treatment and sticking with them as they journey through the health/hospital system and into community-based healthcare.</p>	<p>Clients have positive health outcomes through continued support.</p>

¹⁴ "Services for Culturally and Linguistically diverse patients", Prince of Wales Hospital, January 2024- https://www.seslhd.health.nsw.gov.au/sites/default/files/POWMedEd/2024%20MEU%20secure/240125_CALD%20services%20.pdf.

CASE STUDY

Ibrahim receives support to resolve financial issues

Ibrahim* had been in hospital for a month, and was likely to be out of work for another few months. He had run out of sick leave and was falling behind in his credit card repayments.

KLC gave Ibrahim legal advice on a range of issues, including his employment entitlements to leave, social security entitlements and how to apply to his bank for a temporary freeze on his repayments under financial hardship provisions.

KLC also delivered Ibrahim a legal task of writing a letter to send to his bank seeking a temporary freeze on his repayments.

** Not his real name*

Proportional, client-focused, flexible and tailored service

Proportional service

KLC's HJP service is proportional in that it offers an appropriate array and extent of services in direct response to clients' needs. Some clients require ad hoc discrete legal assistance such as one-off legal appointments. Others may be able to progress their matters with more targeted practical assistance through legal tasks. These may include letters or emails to banks to request suspension of loan repayments due to financial hardship, or the HJP solicitor contacting police to ask for court attendance notices or other paperwork.

For other, more complex matters or for clients who need additional support, court or tribunal representation is offered.

All of these services are offered in a proportional way, in direct response to the needs of the client and their level of complexity.

“

They (HJP solicitors) really know their stuff. They're sympathetic to the needs of our patients and do their very best.

Welfare Officer, ESMHS

Client-focused service

KLC's HJP puts clients at the centre of the service. The HJP is available for patients on **all wards** in the POWH and ESMHS hospitals, offering a free tailored service for anyone who has been identified as being in need of support. It does this through:

- well-considered referrals of vulnerable people, particularly those who fall into identified priority groups;
- utilising local infrastructure and services through proximity to the POWH campus and shared resources, referrals and facilities;
- resourcing with shared partners of POWH and ESMHS;
- governance of a KLC HJP Steering Committee, designed to monitor, manage and plan the evolution of the service;
- the collaborative commitment of POWH and ESMHS partners; and
- the readiness of service partners to respond to complex problems differently, within the dynamic environment of the hospital system.

Flexible, tailored service

KLC's HJP service is delivered flexibly.

Advice, task and ongoing representation services are frequently provided while KLC's client is an inpatient at a POWH or ESMHS unit. KLC's solicitors will see the client at the hospital to provide legal assistance.

In many cases the solicitor will continue to assist the client after they have been discharged either by seeing them at KLC's office, at a community outreach location, by phone or visiting them at their home or nursing home. Outpatients who are referred to KLC's HJP are also assisted at the location that best suits them.

As much as possible, KLC works collaboratively with the person's health care providers including community-based health and support services, in providing assistance while they are in hospital or back home.

Continued legal assistance from KLC can often form part of a person's discharge plan to community-based health services, whether they are public health organisations or non-government disability/counselling/family support services. ESMHS and POWH outpatient health workers are also able to refer their community clients to the service. These additional modes of client service delivery are in addition to the attendance of a KLC solicitor to the POWH campus for a full day per week, and indicate the high level of resourcing that is invested in the HJP program.

Of 31 clients surveyed, eight had personal or cultural needs they needed KLC to consider, with *all eight* reporting that KLC met those needs. Almost all of them (seven) received casework support, with one receiving advice.

Health workers are particularly attuned to identifying priority patients who are from minority or diverse groups, or with vulnerabilities, including Aboriginal and Torres Strait Islander patients, people with complex health needs, people experiencing homelessness, family violence, at risk of elder or financial abuse, young patients and those with other vulnerabilities. The client-focused tailored nature of service delivery is considered by health partners as particularly important, who acknowledge that vulnerable clients are identified and supported quickly, with access to the HJP solicitor.

A mental health rehabilitation allied health worker at ESMHS reported how well the HJP solicitor built rapport with clients in the wards, incorporating initial bedside visits followed by texts and emails. This demonstrates how HJP assistance is made available to people where they are, at their time of need.

For the majority of clients surveyed (22 of 31), HJP was a unique offering of a service that they would not have known to seek elsewhere, had it not been available. Nine clients said they would have sought the service from somewhere else, had it not been available, although they did not specify where.

“

Working in a CLC you see people in difficult situations, people who are really vulnerable for a whole range of reasons, but the clients we saw in the HJP was a whole other level of that. It's so important for that reason.

Former HJP solicitor, KLC



KLC HJP Solicitor Rachel Gregory

Early intervention model

KLC provides an early intervention model that addresses legal problems before they cause more harm to its HJP clients. It does this by operating an **integrated partnership** between KLC, POWH and ESMHS.

Strengths of current partnership

The right partners

Investing in the right relationships is considered crucial by Australia's centre of excellence for health justice partnerships—HJA—to enable agreed outputs and activities to thrive. Before commencing the HJP, KLC spent many years building relationships with both POWH and ESMHS; relationships that are highly valued by all partners, confirmed by all informants in this evaluation. For all health professional partners interviewed for this evaluation, the HJP allowed them to be part of an easy way to offer tailored services for consumers, without thinking too much. They know it is there to be utilised.

KLC's capabilities and experience

Staff at POWH and ESMHS value the extensive legal knowledge and other skills KLC's HJP solicitors have brought to the partnership and service, particularly:

- Criminal law representation in the Local Court, including in complex mental health applications;
- Enduring guardianship /attorney matters, particularly for elderly and terminal patients requiring expertise in assessing client capacity;
- Credit and debt matters, especially for clients in severe financial hardship, by continuing to assist with these matters after discharge from hospital;
- An appreciation and respect for people with mental health challenges; and
- Experience working holistically with allied health professionals, academics and others.

CASE STUDY

Shayla has compensation increased for physical injuries

Shayla* was referred to KLC by a concerned social worker from the Hospital's rehabilitation unit. Shayla had mobility issues and used a wheelchair. While in hospital for a procedure, Shayla disclosed that she had previously experienced physical and psychological abuse from her ex-partner. He had now left the home after police were called, but she was left without financial or counselling assistance after years of abuse. We saw Shayla while she was still in the hospital, and agreed to assist Shayla in submitting applications for victims compensation.

Unfortunately, Victims Services decided to award Shayla the lowest category of "recognition payment" of \$1,500 for her injuries, even though they had included being dragged by her hair, breaking her teeth and causing serious psychological harm. KLC continued to assist Shayla by lodging a review of this decision, and arguing that Shayla was entitled to a higher category of compensation.

With the support of Shayla's treating doctors, the HJP solicitor was able to make submissions that Shayla's injuries constituted grievous bodily harm, and was successful in increasing her compensation to \$5,000.

** Not her real name*

2

Key Focus Area Two

SERVICE EFFICIENCY

How well the HJP drew on and used funding and resources

An extremely cost-effective legal assistance service that has adapted to the times and responded to challenges. However, brand awareness could be higher and ongoing and increased financial support is needed for KLC to continue to meet demand and deliver efficiently into the future.

The use of funding and resources

Excellent value for money

KLC's HJP is a cost-effective legal assistance service, delivering labour-intensive client services and other non-client activities with modest funding. The HJP program provides value for money by utilising funding and resources to maximum capacity to achieve its intended outcomes.

The service is currently funded for wages of one full time solicitor. This funding is for wages only, and does not allow for additional costs and resources required to run the HJP, such as administration, supervision and professional development, which are all covered by KLC's other funding, including donations. The HJP solicitor services the multiple inpatient units and generalist units at POWH campus. The solicitor provides discrete legal and non-legal services and ongoing services with casework the most labour-intensive of services offered. However, due to the significant work required by the HJP, some of this casework is shared by other KLC solicitors, particularly where the nature of the work relates to the expertise of other workers.

Unlike time-based lawyering in private practice, the HJP solicitor does not bill in time increments, and invests considerable time into relationship-building with clients and partners.

Delivery of client and non-client services

Between 1 July 2019 and 30 June 2024, KLC's HJP used program funding and resources to deliver:

- 249 referrals;
- 114 information services;
- 313 legal tasks;
- 772 legal advices;
- 132 opened cases;
- 132 closed cases;
- 104 stakeholder engagements; and
- 4 law and legal services reform activities.

In addition to client services, the HJP offers **non-client work**, including the following.

Community Legal Education

Community legal education activities generally include providing legal information to community members. The HJP between KLC, ESMHS and POWH also focuses on tailored training sessions to health workers in order to increase knowledge of relevant legal topics, and to facilitate referrals to the HJP.

Some of these activities have included:

- Delivery of training sessions for health staff on a wide range of topics. KLC solicitors have presented to social work, psychiatry and psychology staff from both ESMHS and POWH on the following topics:
 - Legal referrals;
 - Guardianship and Powers of Attorney;
 - Mental health and criminal law;
 - Sexual assault communications privilege;

- Housing law; and
- Domestic violence.
- Regular training to new psychiatry registrars on Mental Health and Criminal Law. The training sessions introduce the registrars to the basic law around mental health applications in the Local Court and includes training medical teams around what needs to be addressed in the required reports;
- Delivery of training sessions and preparation of legal material on information that explains legal professional obligations such as conflicts of interest and confidentiality; and
- Delivery of legal education sessions directly to the hospital's community such as through the Eastern Suburbs Mental Health Services Carers Forum for carers of adults living with mental illness.

Stakeholder engagement

Since its inception, KLC staff have delivered a number of stakeholder engagement activities through the HJP. Stakeholder engagement includes activities that aim to improve the coordination and delivery of the HJP, or that involve participation in external networks to represent the interests of the HJP or produce collaborative work.

Across the life of KLCL's HJP with ESMHS and POWH, stakeholder engagement activities have included:

- Meetings with the Social Work Department's education coordinator to discuss possible training opportunities for health staff;
- Convening and attending meetings of the NSW Community Legal Centre Health Justice Partnership Network, to share information about the HJP work being undertaken in the sector and assist with capacity-building; and
- Meeting with Health Justice Australia to discuss new research or emerging trends in HJPs.

Efficient use of resources

Resources are shared amongst participating partners to help enable the efficient delivery of the HJP service. Each partner contributes the following:

KLC provides supervision, professional development and administrative support through its other funding, although this is stretched at times, given it is not covered by the HJP funding currently received.

UNSW has provided all other infrastructure including insurance, work health and safety and human resources support for KLC staff working into the HJP.

POWH has provided office space in its main Social Work Department office for KLC's HJP solicitor to use on designated days. This includes access to scanning and copying facilities. ESMHS and POWH senior social work staff also regularly send reminders and updates to their teams about the attendance of the HJP solicitor, and any changes to this.

Efficiencies are maximised by the integration of the HJP into KLC's existing legal services. Clients are given access to KLC's other resources, including an Aboriginal Community Worker, community worker, other specialist solicitors and the organisation's volunteers and pro bono partners.

CASE STUDY

KLC supports Frieda with a section 14 application and mental health treatment plan

In her second year of university, Frieda's* parents and friends noticed that her behaviours had changed suddenly, and she was not coping with work, study or social interactions.

Things came to a head when her parents called the police because they needed to get her to hospital. During this interaction with the police, her parents also disclosed that Frieda had slapped her mother while in a manic state. The police took Frieda to a mental health unit for treatment, but also charged her with assault. Frieda's parents were upset by this decision, and did not want her to have a criminal record for something she did while unwell. Court proceedings were the last thing they wanted while Frieda was meant to be focusing on getting better after a sudden acute illness.

Frieda underwent treatment at a mental health in-patient unit for several months and afterwards at a mental health out-patient service specifically catering to young people.

KLC worked together with Frieda, her mental health treatment team and her parents to prepare a "section 14" application for Frieda: essentially asking the Court not to convict Frieda, but instead to discharge her to the care of her treatment team. KLC sought reports from her psychiatrist, social workers and other allied health workers to present to the Court. The Court granted the section 14 application and Frieda continued with her treatment plan with the support of her parents.

This result was life-changing for Frieda; she was able to prepare to return to her studies after a long break, with the support and treatment she needed and without a serious criminal conviction on her record.

** Not her real name*

Internal systems to enable the HJP to achieve its goals

Efficient governance

HJA emphasises that the right governance structures and arrangements are essential in the delivery of best practice HJP services.

There is evidence that KLC's HJP has efficient and effective governance structures in place which facilitate this. KLC convenes a Steering Committee for its HJP, comprising six people with skills and experience from a range of relevant sectors including legal, health (including service directors from both POWH and ESMHS), academia and the private legal sector. There is widespread perception amongst current Steering Committee members that the Committee is effective, varied, balanced, with members well selected, experienced and committed.

“

When I looked into the KLC I thought 'what an amazing service!'

Steering Committee member

Members of the HJP Steering Committee reported that the Committee was efficient and effective in:

- providing strategic direction to the HJP for the planning, implementation and evaluation of the HJP;
- developing partnership protocols, procedures and guidelines for reporting and evaluation, maintaining client confidentiality and data collection; and
- taking on other roles as needed.

There was widespread agreement amongst Steering Committee members that one of the main priorities should now be to raise the profile of the HJP to broaden its reach and awareness.

The Steering Committee has been meeting three times a year for the duration of the partnership, with some hiatus periods during the COVID years. Meetings are being scheduled on a regular basis at the time of writing.

Personal buy-in is high amongst serving Steering Committee members, although senior staff at POWH at times have less time to engage with the Steering Committee and HJP service more generally.

“

They are an amazing group because the legal system, much like the mental health system, is large and complex.

Steering Committee member

“

It feels like the right people are in the room.

Steering Committee member

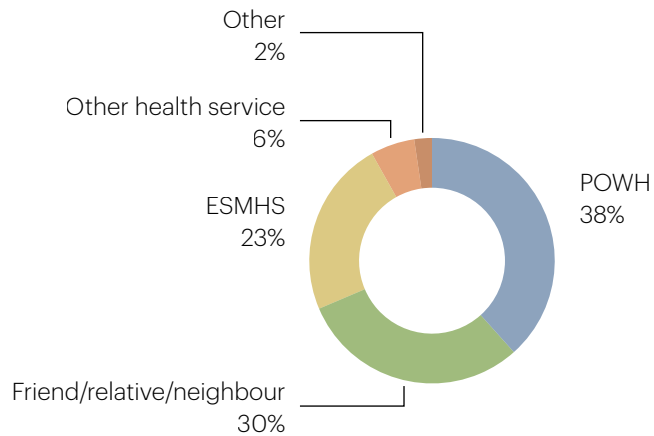
Referral systems

Referral pathways are the connections made for individuals to come into contact with the HJP service.

Since the HJP began collecting referrals information, more than a third of referrals came from POWH (38%), followed by personal contact of a friend/relative/neighbour or previous contact with KLC, which includes previously being referred by a health service (30%), and ESMHS (23%). A smaller percentage (6%) of referrals have come from other health services, with the remaining 2% from other sources, including Legal Aid Commission, other CLCs or unknown sources. KLC acknowledges that more care needs to be taken in the future to record referrals for repeat clients.

Sources of referrals are shown in the chart over the page.

Source of referrals



1 Jan 2021- 30 June 2024

Challenges to efficient service delivery

Service partners experienced a number of challenges to service delivery at various stages of the process.

HJP solicitor on site one day a week

Almost all health partners believed that the ability to provide legal assistance to priority clients was compromised by the HJP solicitor working on site in hospital one day a week. The current funding for the HJP is based on the salary of one full time solicitor, who is also mainly responsible for court and other representation of HJP clients, as well as attending to clients for advice within the community, including home visits and outreach locations.

Senior POWH health practitioners reported that some patients— such as those who are admitted and discharged before being able to see the HJP solicitor on the assigned day—have missed out on the needed service. This is acknowledged by KLC staff, given the sheer size of POWH and ESMHS inpatient units, and the large numbers of patients they treat.

Low brand awareness

There was widespread agreement amongst health partners that awareness of the HJP service was relatively low within the hospital, particularly during COVID lockdown periods when the HJP solicitor was unable to attend in person. This is not surprising, given the size of the hospital and the number of staff, with almost 3000 workers at POWH alone. With one KLC solicitor attending for one full day per week, promoting the service to health units outside those already providing regular referrals has been challenging for KLC.

The HJP solicitor spends considerable time and resources building new relationships and brand awareness. All HJP Steering Committee members agreed that increasing brand awareness should be a priority of the service. However, this needs to be done cautiously until resources are increased and made ongoing, given the limitations of a service based on one funded solicitor position.

Dedicated hospital workspace

There are benefits in the HJP solicitor utilising desk space provided by the POWH Social Work Department, situated in the hospital. Sharing office space has worked well for all partners, as it enhances the visual presence of the HJP solicitor on the day they attend POWH campus. However, with no dedicated office space for the HJP service, there is nowhere on the POWH campus to reliably conduct confidential consultations, expand KLC student attendance for HJP activities or conduct more detailed follow up work. This limits KLC's ability to provide clinical legal education opportunities for students based on HJP work. It also limits the number of days per week that an HJP solicitor can attend the hospital, as the office space at POWH is only available on limited days.

Turnover of health staff

A challenge for any ongoing service or program is maintaining consistency of service delivery when staff change. The New South Wales public health system, like systems nationally and globally, has experienced sustained service pressures, such as those brought out through the COVID pandemic response.

NSW Health has lost more nursing staff (12.6 per cent) in 2021-22, compared to the preceding three years (seven per cent).¹⁵ Within that context, it has been challenging for the HJP solicitor to develop strong professional relationships with overburdened and overworked health care workers who remained in their jobs and to establish relationships with new health staff.

Timing of patient discharge

KLC's HJP is designed to provide support for clients, as inpatients, and after being discharged from hospital. The resolution of some legal matters for clients can assist them leave the hospital sooner. However, the nature of hospital admissions in a busy large hospital such as POWH means patient turnover is sometimes too rapid for the HJP service to reach them. This is particularly the case for many emergency admissions and other short-term stays.

¹⁵ Australian Financial Review, 13 March 2023.

Although the HJP continues to support people who have been discharged, it is difficult for this aspect of the service to be efficiently carried out by one solicitor who attends the hospital one day a week, as they are physically unable to connect with all potential referrals. This is particularly the case for patients who will be discharged before the next attendance by the KLC solicitor.

Referral processes challenges

The service has loose systems in place for health workers to contact the HJP solicitor and refer a potential new client or contact. The system works well for allied health partners, with 16 surveyed in 2021 describing the referral system as 'seamless', 'easy' and 'good'. Discussions with health workers confirmed this.

However, the ad hoc nature of referrals sometimes created inefficiencies for the HJP solicitor by adding additional administrative tasks to the process. Efficiencies would be increased for the HJP solicitor if referrals were made more systematically, such as via online forms. This was initially trialled by KLC in the first year of service, with a referral form being developed for this purpose. Use of the form gradually fell away, as it was easier for hospital staff to call the HJP solicitor's mobile or email them directly. Hospital systems are better suited to the current method of ad hoc referrals via spontaneous emails or phone calls, which also have the benefit of strengthening professional relationships between KLC staff and health workers.

Additional administrative support for the HJP solicitor may need to be considered to manage this workload going forward.

Risk management and mitigation

KLC has used its resources to ensure that any risks associated with delivering the HJP have been well managed and mitigated, including the following.

Workplace health and safety

KLC has extensive safety policies and procedures, as do the hospital and outreach venues that staff attend. Induction and training in these systems occur regularly. KLC's HJP staff comply with a vaccination schedule and have met all protocols around personal protection equipment (PPE) when working in infectious areas. They have provided access to employment assistance programs assistance and offer ongoing professional training to staff around vicarious trauma as well as debriefing.

Maintaining level of referrals

KLC staff have developed extensive relationships with social workers/health professionals working in the HJP. They have regularly promoted the service through pamphlets, videos, training sessions for staff and training resources available on the SESLHD intranet. KLC staff have done considerable work to create strong partnerships with POWH and ESMHS staff, particularly in the social work and peer support teams.

However, some health care workers reported low levels of awareness of the service beyond their immediate teams. They, along with other key stakeholders and Steering Committee members, agreed that it was important to raise the profile of the service more broadly within the health services. This would mitigate against potential lack of referrals and reach more patients who could benefit from the service.

Staffing

For various reasons, the HJP solicitor position has been unfilled for significant periods of time due to recruitment issues and extended periods of leave. Health partners who had called KLC with a referral or enquiry reported no

disruption to the efficient process, as they seamlessly connected with another KLC solicitor who had stepped in and taken on the role. However, this has only been possible by relying on KLC's other resources and has put considerable strain on KLC's other programs, as the HJP-specific funding does not cover costs such as administrative support or covering the HJP solicitor's leave.

KLC had mitigated for this risk by ensuring other KLC solicitors completed the requisite paperwork required to attend the hospital and its mental health units and all meet the vaccination and other hospital requirements. They were also able to maintain the project during periods of COVID affected service delivery in 2020 and 2021.

Legal problems identified and resolved in a timely manner

There is evidence that legal programs are identified, clients referred to the HJP solicitor, and issues resolved in a timely manner before they escalate.

Of the 31 clients surveyed, the vast majority (26) felt the solicitor listened to their legal problem very well. Almost just as many (22) felt the solicitor helped them understand how to deal with their legal problem. This included clients receiving both casework support and discrete advice.

Twenty six of the 31 surveyed clients found it easy or very easy to contact KLC when they first needed help, with more than two thirds (21) finding it 'very easy'. The remaining clients were neutral or didn't know, with no clients finding it difficult to contact KLC.

Of the 18 clients receiving ongoing casework support, almost all (12 clients) agreed or strongly agreed that the solicitor helping them was easy to contact. One person strongly disagreed with this statement.

Twenty eight surveyed clients were satisfied with the overall service they receive from their solicitor; with 24 'very satisfied'.

KLC staff ensure the HJP service maintains responsive, timely and flexible by working closely with healthcare workers to facilitate timely referrals. Vulnerable

people can be referred to KLC at various stages of health treatment: at triage, while in hospital or while receiving out-patient care.

At times of health crises, timely referrals to legal assistance are prioritised to help prevent negative consequences of legal problems worsening. Clients are able to access support for these legal problems from KLC, so they can focus on their health, whether they are dealing with complex mental illness, a terminal diagnosis or a major life transition such as moving to a nursing home or losing employment due to illness.

KLC's HJP deals with issues before they escalate. For example they address:

- **financial hardship** - intervening to minimise debt and recover money or lost social security/other income support payments;
- **criminal issues** - acting quickly from seeing a client in hospital to acting for them in Court;
- **client decision making** - assisting with guardianship and power of attorneys, facilitating care arrangements, minimising family conflict; and
- **housing** - ensuring clients keep communication open with housing providers to ensure they have a safe place to return to.

“

It's been such a helpful partnership and I don't know what we'd do without them. Not just for us, but the outcomes they can achieve for our consumers are life changing for them. We benefit from their service so much.

Mental Health Rehabilitation worker, ESMHS

Sustainability of the partnership

The current partnership arrangements are considered sustainable by health partners, because they value the partnership so highly, and feel the benefits they receive are substantial. Yet, the current partnership arrangement is not sustainable for the HJP solicitor, unless additional support, ongoing funding and increased resources are acquired, or the service scope is reduced.

The sustainability of the partnership was said to relate to four combined factors of:

1. the success of the partnership arrangement;
2. the flexible model of care;
3. the need for the service among their patient cohort; and
4. ongoing funding to sustain and expand the service.

The success of the partnership arrangement

All partners as part of KLC's HJP feel the partnership is their most successful and valuable of all partnerships, having gained traction and momentum in recent years, particular in post-COVID years. The partnership is a logical one, given KLC, ESMHS and POWH are in close proximity and share an understanding of the local community's needs.

However, the work can take an emotional toll on HJP solicitors and health workers. A sustainable partnership will need to continue to provide adequate supervision and support for its workers. Close monitoring of workload and types of work undertaken is required to avoid burnout.

The flexible model of care

It is not sustainable for one HJP solicitor within a small legal service team to deliver a flexible model of care across the entirety of a hospital site, either physically (being available for patients in all parts of the hospital), nor financially with only short-term funding contracts. This flexible partnership model requires job stability for those who have developed expertise and partner relationships.

Given that in most cases the same solicitor who provides advice at the hospital or in the community will also represent the clients they see through ongoing casework, the current funding for one solicitor is inadequate for HJP attendance at the hospital to increase. KLC strongly disagrees with limiting the scope of its service to 'advice only', or to a more limited range of legal matters, as this is insufficient assistance for such a disadvantaged client group. Greater and more financially secure resources are required to embed this effective flexible model of care, and to increase the HJP's reach across the health services.

The need for the service among the patient cohort

There is evidence that there is a greater need for the HJP service among hospital inpatient and community mental health services than what it can provide. This limits the ability for the HJP to expand its services and target other client groups living with unmet legal need, unless additional funding, staffing and resources are sourced.

Given the partnership has shown itself to have effectively targeted priority client groups by working collaboratively within existing health-legal relationships, it makes sense for additional resources to be provided so that this can be replicated with more POWH and ESMHS teams, including out-patient teams and teams based in community health units.

Ongoing funding of the partnership arrangement

The current partnership can be sustained if the service can be funded in a permanent, ongoing way. The HJP solicitor needs to be supported to have a constant physical presence in the hospital wards, mixing with the teams, and participating more fully in day-to-day hospital activities, such as potentially joining some hospital rounds. Ideally, an additional HJP solicitor would be funded to work in parallel and to cover in times of leave, and, together, they would be supported by additional administrative staff.

CASE STUDY

Maxine receives support to help manage family finances after husband's stroke

Maxine* was referred to the HJP for legal advice by a social worker from the Intensive Care Unit. Maxine's husband had a devastating brain injury after a stroke, and is unlikely to be able to work or manage his financial affairs. Maxine needed advice about managing the family's finances.

KLC gave Maxine advice about the process for applying for Guardianship and Financial Management at the NSW Civil and Administrative Tribunal so that she can deal with the family's finances including insurance, banking and superannuation. KLC also provided a legal task of filling out the application forms for Maxine.

** Not her real name*

3

Key Focus Area Three

SERVICE IMPACT

The impact of the HJP on its client base and stakeholders

The HJP has impacted clients in a range of personal ways and has had a positive impact on health workers, by way of increasing their skills and reducing their workload.

Impact on clients

There is evidence from a range of sources that the HJP has a positive impact on clients in a number of ways. A number of healthcare workers caring for clients with complex legal needs, believed the HJP was as important as having a good GP, with whom you hope to maintain a long term relationship. Many clients are on KLC's HJP books for years for that reason.

HJP clients came to the service experiencing a range of legal problems including criminal issues, housing issues (repairs to inadequate housing, evictions and other disputes), debts, family law issues, elder abuse, domestic violence, enduring power of attorney and enduring guardianship, and employment issues.

Of 31 surveyed clients, the HJP service had the greatest positive impact on confidence, followed by stress levels, feelings of safety, financial situation, then housing situation. This is shown below.

Range of positive impacts on clients

Positive impact	Clients (of total 31)
More confident	24
Less stressed	21
Feeling safer	16
Financially better off	13
Housing situation improved	6

The vast majority (25) **would recommend** the HJP service to others, with all but one 'highly likely' to make such a recommendation.

Allied health professionals reported only positive feedback from their patients, who told them they felt understood and respected, treated delicately and respectfully by the HJP solicitor.

The following paragraphs analyse each of these benefits in more detail.

Increased confidence

The vast majority of clients (24 of 31) felt **more confident** having received support from HJP, with the majority (20) reporting feeling 'much more confident' since the support. Those who experienced more confidence were more likely to have received ongoing casework support than discrete legal services.

HJP service support was said by healthcare workers to have been crucial for clients' confidence, often within the context of feeling more confident attending court. In these cases the HJP solicitor was either going to represent them or had made a warm referral to another organisation.

Many people in this situation receiving mental health care had little memory of what transpired before being admitted to hospital nor knowledge of how to navigate the legal system. The HJP service was also said to have given them the confidence to know what to do in the future if they were in a similar situation.

Reduced stress

More than half (18) of the 31 clients surveyed reporting feeling **less stressed** than before they received support from the HJP. This was particularly the case for those receiving ongoing casework support, than clients who received advice. Discussions with health care workers supported this finding, adding that the service also played an important role in reducing family stress, particularly if the client was in an intensive care unit.

Reduced levels of stress can also be linked to the high numbers of 'planning ahead' casework undertaken by the HJP, including executing enduring guardianship and power of attorney documents for patients. There is also anecdotal evidence that the HJP's considerable work representing clients with mental illness facing criminal convictions reduces stress for both clients and their families at a time they are usually facing other significant challenges.

Feeling safer

Of the 31 clients surveyed half (16) reported feeling **safer** since receiving support from the HJP, with five reporting no change to their feelings of safety. Two clients reported feeling a lot more unsafe, although the reasons are unknown.

Improved financial position

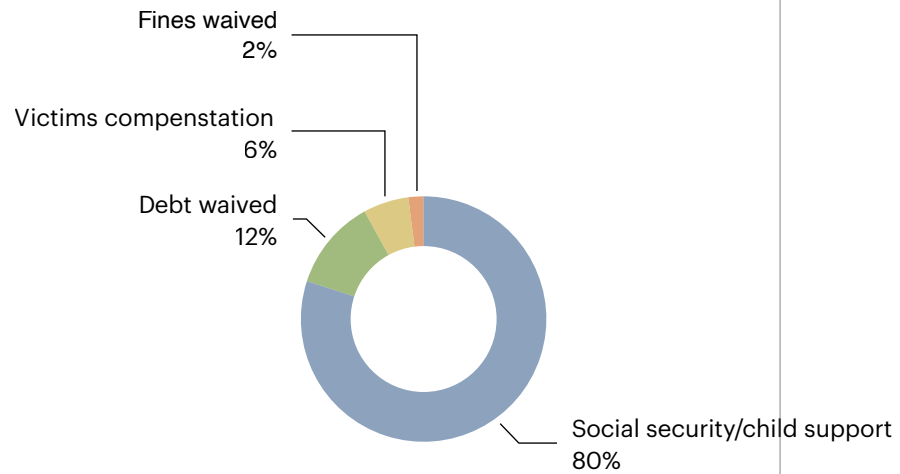
Following their interaction with the HJP services, 13 of 31 surveys clients reported feeling better off financially.

Since the beginning of 2021, the HJP has recovered, obtained, saved or waived at least **\$105,154** for their client cohort. The vast majority of situations (80%) were associated with social security and child support, with the other problem types being debt (12%), victims compensation (6%) and fines (2%). This is shown and discussed in more detail on the following page.

Improved housing situation

A number of personal client examples illustrate how the HJP is helping to address and prevent homelessness, although for a small proportion of the client cohort. Close to half (15) reported that housing was not an issue. A further nine reported no change to their housing situation. Six clients reported their housing situation was better since receiving HJP service support; a further one person reported their housing situation as a lot worse now, although no explanation was given for this.

\$105,154 recovered for clients*



Jan 2021- June 2024

* KLC's data collection on the financial benefit of the service to clients has not been as extensive or consistent as it could be. For example, the value of repairs to clients' homes or staying in their jobs was not taken into account. It was also difficult to quantify the financial benefit of assistance such as preparing 'planning ahead' documents for clients or providing representation in criminal matters, including obtaining valuable 'no conviction' results.

Debt recovery data collection only commenced in January 2021, suggesting that these figures may be an underrepresentation of all funds recovered since the commencement of the service.

KLC is considering how to collect this data in a more consistent way going forward.

CASE STUDY

KLC supports Marika in dealing with complex health and housing conditions

KLC worked intensively with a family referred to them by their health partners in relation to their housing. One of the hospital's outpatient teams was assisting an elderly woman, Marika*, living in social housing facing complex health issues. Marika was living in a unit with constant roof leaks, causing mould and even dangerous electrical issues. The landlord would only partially complete the required repairs, which meant that the problems kept repeating and getting worse.

KLC represented Marika in proceedings at the NSW Civil and Administrative Tribunal (NCAT). KLC prepared her evidence and appeared at several Tribunal hearings. This NCAT application eventually made sure that the repairs were finalised in a proper manner and Marika was paid significant compensation for the distress caused by the landlord's inaction.

For clients like Marika dealing with complex and chronic health conditions, poor housing has a massive impact and is harder to resolve without legal assistance. This is something KLC sees regularly in the HJP.

** Not her real name*

CASE STUDY

Jorge received compensation for home repairs to support his recovery from cancer treatment

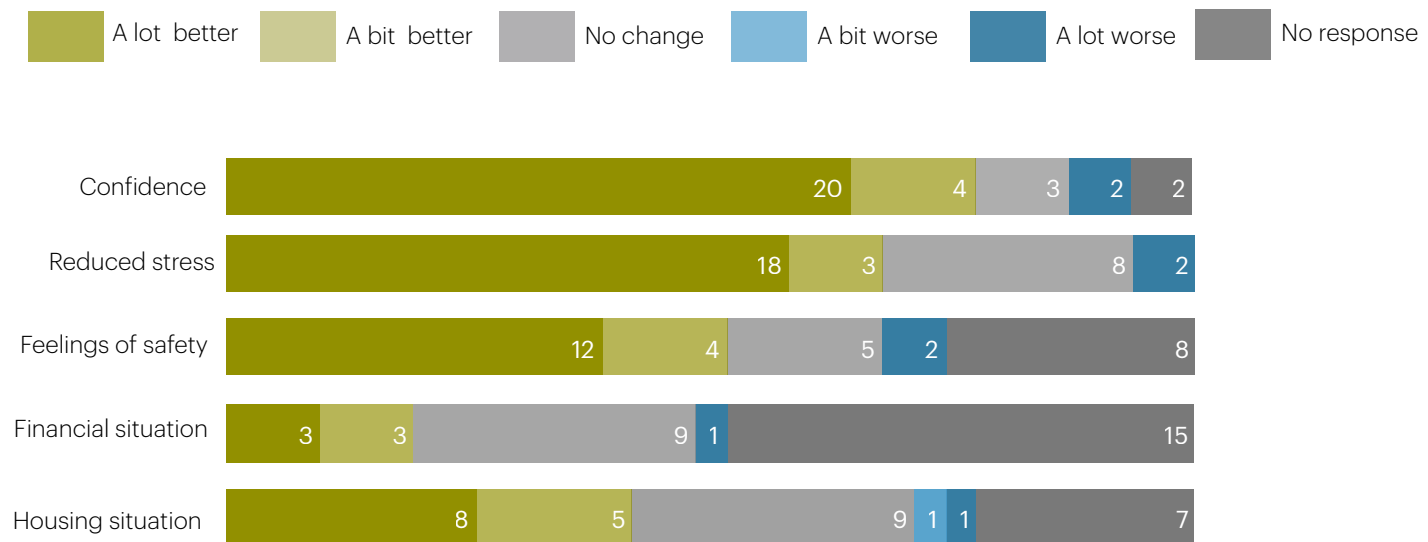
Jorge* lived in social housing with his partner Stephen. Jorge was referred to us by the hospital's cancer unit. Jorge was an outpatient undergoing chemotherapy. He had complained about mould in his home and inadequate sealing around his windows, which made his home very cold. Jorge and Stephen had tried several times to report these repairs to their landlord, but after many months there was still no action to address them. His health team was worried that his home was unsafe for him given his lowered immunity.

KLC represented Jorge in making a complaint to the Tribunal. We provided medical evidence of the impact of the unsafe housing on Jorge, which was provided by KLC's health partners. While the repairs were fixed relatively soon after the Tribunal application, the landlord was reluctant to pay compensation for the distress and harm caused to Jorge and Stephen.

The matter went to a full hearing and KLC was successful in obtaining compensation for their client on top of the repairs orders, allowing Jorge to recover without the fear of getting sicker in his own home.

** Not his real name*

HJP impact on clients (n=31)



Impact on health partners

KLC's HJP is perceived by many health partners as their most valuable partnership, having the most positive impact on their wellbeing and work situation.

Better equipped to work with vulnerable people

Health workers (particularly social workers) reported feeling better equipped to work with vulnerable people, including how to better identify legal issues earlier and know how to respond. However, a complex care physician at POWH made a point that although it was very important to be able to identify these issues and make referrals, it occurred infrequently in their particular practice.

The accessible nature of the HJP service means health care workers can call the HJP solicitor at any time. The service was said to have helped health workers refine their patient assessment skills, leading to better decisions about what options should be pursued to provide support for vulnerable patients.

By working with the HJP solicitor, health workers also learned about how the law intersects with complex health situations. Some of the things they have learned were how to understand aspects of the relevant laws, including those relating to Guardianship and Power of Attorney, Mental Health Forensic Provisions Act, Victims Rights and Support Act, Residential Tenancies Act, Road Transport Act and Crimes Act. This increased knowledge helped them understand their patients' complex needs and options for referrals to other services.

“

If there's something I'm not sure about, a legal question or legal issue, I know we can also reach out and make an enquiry. This helps us with our assessment and intervention steps. And we're learning as well which helps us assess (patients) better.

POWH health worker

Reduced workload

There was widespread agreement amongst health workers that the HJP service reduced their workload.

Three health care workers estimated that the HJP saved them **1-3 hours** for some of the patients they were assisting, depending on the complexity of their circumstances. Their workload was reduced in the following ways:

- Reducing the need to research information for patients and consider support options;
- Removing the need to source other support services for patients;
- Reducing additional support time required for patients in hospital as a result of accelerated discharge times; and
- Reducing administration time when preparing documents for court proceedings.

This is an important finding considering the considerable workload of all public hospital health staff and the potential for HJP models to reduce this workload and provide efficiencies to health workers. This finding warrants further investigation by KLC and its health partners.

“

It's a service that you know you've got at your fingertips. It saves you time as you're managing a busy referral.

POWH health worker

“

She (the HJP solicitor) is like 1800 dial a lawyer! She makes herself available. We've had such a positive experience.

ESMHS allied health worker

Impact on other stakeholders

Impact on Law & Justice students

Discussions with teaching staff and academics within the Law & Justice Faculty at UNSW provided evidence that UNSW appreciates the benefit of the HJP for the local community.

One of the purposes of KLC is to teach UNSW Law & Justice students by providing them with real world opportunities to positively impact the lives of people and communities. KLC fulfils this aim by providing opportunities for Law students to undertake experiential learning opportunities at the Centre. This includes a mandatory real-life client interview as part of a mandatory Ethics course as well as a variety of elective subjects that place students in the Centre, participating in KLC's client work, community legal education and law reform work.

Up until recently, the HJP's interaction with law students has been minimal, due to difficulties taking students into the hospital setting. Students were first introduced to the HJP through servicing outpatients; those who had either been discharged, or who use community based health services or KLC outreaches. UNSW Law students undertaking a KLC community law elective subject began to accompany HJP solicitors on home visits and to community outreach from the end of 2022, when the easing of COVID restrictions made this possible.

By the end of 2023, KLC students were introduced to the hospital, accompanying HJP solicitors making bedside visits to clients, taking file notes, assisting in follow-up appointments and providing secondary consultations to health staff. Due to space limitations and the lack of dedicated office space at the POWH campus, the HJP solicitor could only bring one student at a time, and usually only for a short period of time.

Since 2023, student involvement in the HJP has started to gain momentum. However, embedding the student experience will require sourcing a dedicated space that meet the needs of KLC and students who want the experience of

health intersecting with law and learning about multidisciplinary modes of helping clients.

In 2023 and early 2024, KLC surveyed 11 Law & Justice students who attended the hospital with the HJP solicitor to assist with the advice work and found that:

- All 11 found it a useful learning experience;
- All felt adequately prepared by KLC, although one was taken a bit by surprise by the range of situations that could arise and two others would have preferred knowing about the client and their legal issues before the appointments (something that is not always possible in the HJP);
- One student suggested KLC create an online module for students to complete before attending, to prepare them; and
- All 11 students would recommend participating in HJP appointments to other students.

The student feedback from these limited surveys points to the potential for significant student interest in undertaking more HJP-related work, which should be considered further by KLC.

“

It opens up more opportunities to participate in f2f (face to face) client work, exposes you to even more legal and ethical questions and it also provides greater insight into some of the disadvantage which persists in our community.

Law & Justice Student, UNSW



Top: UNSW Law & Justice students.
Above: KLC Deputy Director, Dianne Anagnos mentors UNSW Law & Justice students.

“

Keep doing it - I think it's extremely worthwhile and I benefitted immensely from my experience.

Law & Justice Student, UNSW

Supports strong connection between university and hospital

The HJP and its partnership with UNSW Law & Justice supports UNSW's strategic direction for ongoing and further engagement around the Randwick Health & Innovation Precinct. The Precinct is a collaboration between UNSW, South Eastern Sydney Local Health District, Sydney Children's Hospitals Network and Health Infrastructure NSW. It is located adjacent to POWH and aims to facilitate collaborative work between the health services and all UNSW faculties to improve health outcomes.

The multi-disciplinary nature of the HJP complements this work, and there is scope for the HJP to play a role in both collaborative research and service provision that focuses on increasing the wellbeing of marginalised communities. Discussions with the Dean of Law & Justice highlighted the strategic importance of the HJP, particularly in relation to experiential learning opportunities it could provide students and in research.

Positive impact on the NSW health system

Anecdotal evidence suggests that the HJP directly contributes to alleviating financial strain on the health system by keeping people out of hospital and accelerating patient discharge rates. However, quantifying of the extent of this impact was beyond the scope of this evaluation.

Taking into account client results that indicate that HJP assistance can play a role in alleviating stress for patients, it is worth considering research into how this might impact their health outcomes in the longer term. Managing stress plays a key role in people with chronic illness being able to manage their health conditions, while excessive stress can aggravate certain chronic conditions.¹⁶

¹⁶ Christopher Hogan, 'Chronic stress: An approach to management in general practice', *Australian Family Physician*, August 2013 (Royal Australia College of General Practitioners), <https://www.racgp.org.au/afp/2013/august/chronic-stress>).

This potential benefit of the HJP's work in both facilitating access to justice and increasing wellbeing and health outcomes for clients warrants further research and consideration.

Without KLC's Health Justice Partnership

All key stakeholders were asked how they would envisage a situation without KLC's HJP. Their responses were unequivocal, confirming the positive impact the HJP has on clients and health workers, and is summarised below.

Less confidence supporting patients' complex care needs

ESMHS and POWH health workers agreed that, without the HJP, they would probably still assess patients in a similar way and highlight legal support needs, but they would feel less confident arranging help for their patients with their legal concerns. The HJP provided assurance that patients' legal matters would be actioned promptly, with less stress on patients to connect with another service.

Gaps in treatment and support would widen

Without the HJP, ESMHS health workers would be dealing with considerable gaps in the treatment and service they could provide, and an increased workload of approximately 1-3 hours for each patient with complex health and legal needs. They added that other community organisations would be under greater pressure to service potential HJP clients without having the support of a KLC solicitor attending on hospital patients in person.

Compromised patient recovery

Without the HJP, patients were predicted to experience slower recovery, as health workers would be less supported in their efforts to provide holistic care. It is unlikely that other free legal services would be able to replicate the HJP's model of working and ability to see clients face to face while they were still in hospital, and after they are discharged, with many other available free legal options being phone-based only.

Further injustice for disadvantaged clients

There was widespread agreement amongst health workers that without the HJP there would be further injustice for patients with complex needs, including financial, mental and physical health injustices.

Many predicted that hospital stays would be lengthened due to patients being unsupported to plan ahead and prepare, for example, enduring guardianship documents or advanced care directives. They would also miss out on securing representation for Court proceedings as early as possible in their treatment, and lack support from health workers with whom they had already built trust.

Older patients were predicted to experience delays entering aged care facilities that often require power of attorney documents as part of their admission process.

“

You feel like you're working with social workers. They're so compassionate. Their frame of mind is similar to the way we're working. It feels like they're one of us, but they're lawyers.

Health worker, POWH

Increased capability and capacity for collaboration

There are opportunities for the HJP service to increase its capacity to develop new partnerships and deliver HJP in new and expanded ways, both within the hospital units and in community settings. At the same time, there is an ongoing need for the existing service to be better supported to continue to provide current levels of legal support among both inpatient and community-based patients across both POWH and ESMHS.

Although projections of the potential client market size were beyond the scope of this evaluation, discussions with a range of partners suggested evidence of unmet legal needs. This information can be used as a basis to estimate the likely potential for an expanded service of the HJP. However, with just one HJP solicitor across both services of ESMHS and POWH, it seems impossible to consider providing a co-location model in community and mental health services, in addition to the service currently provided at the POWH campus.

These insights are supported by research conducted by the Australian Council of Social Services (ACOSS) in 2019 that highlighted a significant unmet demand for community services and that people's issues are becoming more complicated.¹⁷

Potential demand for increased HJP services

There is potential demand for increased HJP services in POWH, particularly in acute mental health services and the community health sector. The following factors can be considered when assessing demand.

Potential demand for expanded HJP services at Prince of Wales Hospital

Each year, more than **58,000 patients** come through POWH's Emergency Department, and there are about **50,000 admissions** to the inpatients unit of the Hospital and over **450 beds**.¹⁸ A POWH Complex Health Care Physician estimated using the HJP for approximately **3 per cent** of cases only. Allied

health professionals estimate there could be **2-3 times** potential increased demand within POWH alone.

KLC staff acknowledge that awareness of the service is higher in some POWH teams than others, and they do not receive referrals from all potential units within the hospital. However, with one solicitor currently attending for a full day per week, devoting extensive resources to promoting the service more widely is a difficult task.

Potential demand for partnerships with acute mental health services

There are about **600 adult mental health** patients as part of ESMHS, across community-based clients and inpatient mental health units. The majority of these people present to the HJP with legal issues such as criminal charges, debt, guardianship matters or other legal issues, but have a limited awareness of the HJP service. The HJP is currently thought to be servicing about **30-40 per cent** of these patients.

There was said to be increased need for the HJP to work in acute mental health services, with the potential for a greater number of older clients to be serviced, for example, through the Euroa Older Person's Mental Health Unit at POWH campus.

Mental health workers also suggested expanding the HJP to attend critical specialist community-based services such as Headspace, the Early Psychosis Programme (EPP), and the Child and Adolescent Mental Health Service.

Potential demand for partnerships with community health services and outpatients

There is considerable unmet need for HJP services for outpatients accessing community health services in South Eastern Sydney. Having a KLC solicitor in regular attendance at their main adult Community Mental Health Centre—the Maroubra Centre—would allow for consumers to be seen at a location they attend for their regular treatment and for KLC staff to work more closely with

¹⁷ The profile and pulse of the sector: Findings from the 2019 Australian Community Sector Survey, Australian Council of Social Services.

¹⁸ Prince of Wales Hospital, 2024

community mental health staff. ESMHS can provide the space for KLC to work out of the Maroubra Centre. KLC staff have indicated that they are keen to start working out of these community-based mental health centres if their funding is increased and made ongoing to allow them to increase their dedicated HJP staffing.

Perception of the HJP in the wider sectors

Should the HJP be in a position to expand its service offering within the broader community and health sectors, it would be met with support from the CLC and wider sectors.

KLC was said to be well respected in the Community Legal Centre and pro bono sectors more broadly. HJPs are held up as a best practice example of legal service delivery and early intervention and a model for enabling access for people with unmet legal needs who are very unlikely to present at the front door of a CLC let alone a private law firm.

According to Health Justice Australia, KLC's HJP is perceived as an established, organised, highly skilled service that offers a broad range of support, rather than a single intervention. It was also regarded highly for its formalised, well governed systems.

One of the strengths of KLC's HJP was said to be the skills and experience of its staff, who are not only delivering a successful service, but are actively involved in the sector. KLC's Deputy Director is widely respected for her leadership roles in the sector, including her active role in the HJP Leaders Forum, and her role in translating knowledge and experience to policy and advocacy for the HJP sector more broadly.

“

For us as a firm, it's (the HJP is) important and valued as a project we support. When we consider supporting victims of domestic violence, the HJP is held in high regard by the business community.

Herbert Smith Freehills

“

She (KLC's Deputy Director) and the KLC HJP are what we consider leaders in HJP work.

Health Justice Australia

Recommendations

The following **three key recommendations** have been derived from this evaluation. Each recommendation includes a statement of action, evidence that informed it, and implications for the future of the HJP.

1. Advocate for secure and increased funding for KLC's Health Justice Partnership

All three HJP partners should advocate for funding security and increases to enable KLC's HJP service to maintain existing relationships and referrals as well as provide additional attendance at the hospital campus and create new attendances at community mental health services. Government funding is key to this expansion, but the partners should also consider other philanthropic avenues to achieve this. This project is not funded beyond June 2025, which places logistical hurdles to long term planning around the service's promotion, priorities and administration.

This evaluation provided evidence for the need for additional financial investment. The HJP service is being run efficiently, is clearly reaching priority client groups and is achieving high levels of unmet legal needs for those who don't have the finances or resources to access legal help themselves. However, the service model is labour intensive and unsustainable with its current level of funding.

Increased and ongoing funding would support additional HJP solicitor positions with necessary administrative support. This would enable KLC to deliver HJP services more consistently. KLC's already established model has the capability to reach additional sections of POWH, ESMHS and partner with community mental health services to meet additional unserved community legal need.

2. Maintain and strengthen current referral points

Until additional funding becomes available, the HJP should maintain and strengthen current referral points. This would enable continued service for priority clients, while consulting with the Steering Committee and senior health workers about one or two other areas to potentially establish new referrals and training relationships.

The evaluation provided evidence that the current referral points are working well in identifying and accessing priority clients. This should be acknowledged, supported and maintained.

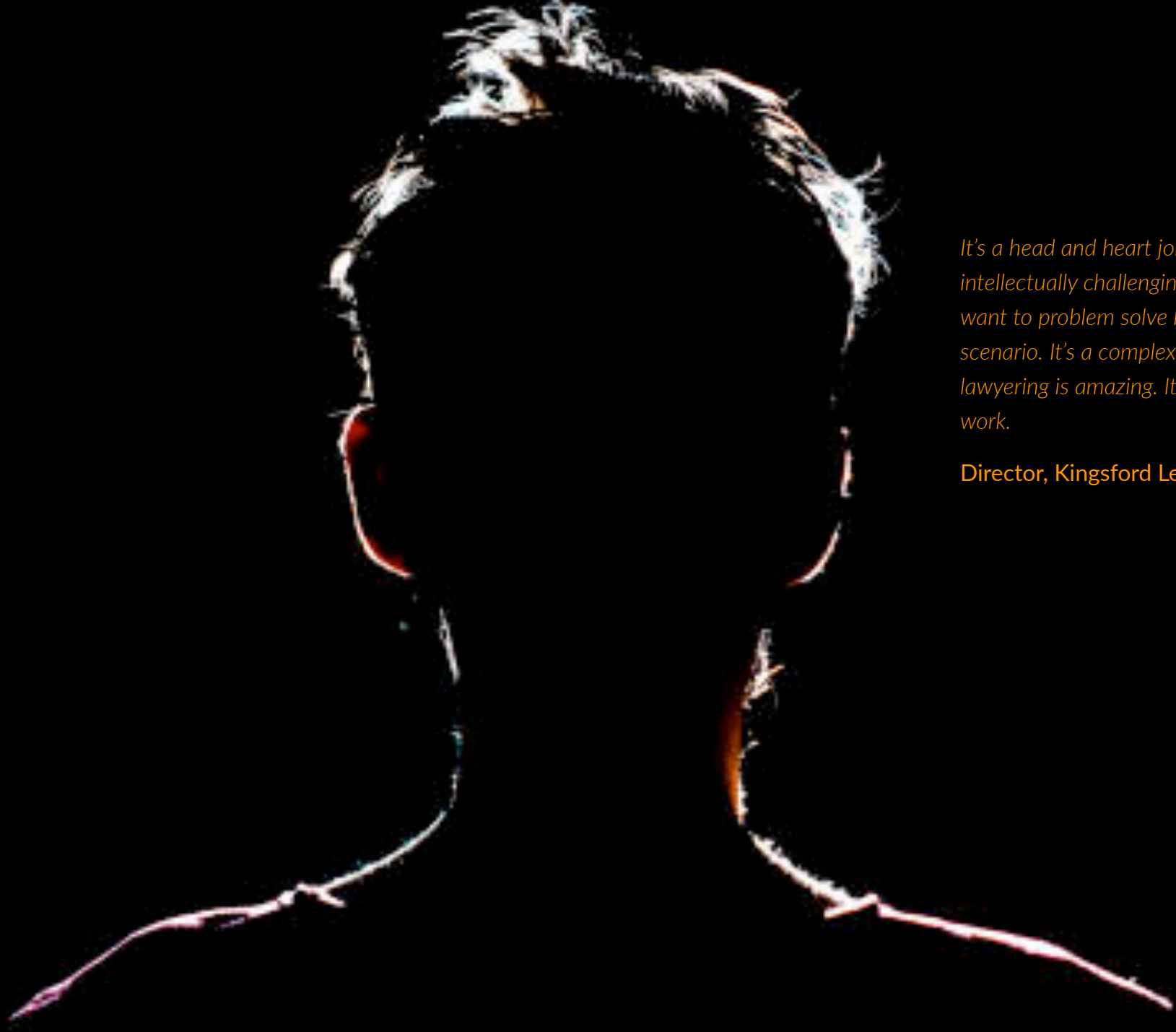
Maintaining existing strong referral pathways will provide a solid foundation for exploration of other areas of high need.

3. Identify areas of most need

The HJP should identify areas of most need to grow and strengthen the HJP service, thinking strategically about where unmet legal needs are. This should support Recommendation 2 (above) of consulting with the Steering Committee and senior health workers about one or two other areas to potentially focus new referrals and training relationships.

This evaluation provided evidence that health partners have identified potential new areas of high need, including the cancer centre and the ESMHS outpatient clinic that are already located on POWH campus and easy to service.

Identifying areas of most need will ensure that future further financial support for the service will be directed towards additional people experiencing most disadvantage within the hospital, and using funding and resources most efficiently.



It's a head and heart job. This is the most complex and intellectually challenging work. We have bright people who want to problem solve but don't forget the person in the scenario. It's a complex set of skills. This model of the lawyering is amazing. It's a complex and specialised area of work.

Director, Kingsford Legal Centre

Conclusion

Kingsford Legal Centre's Health Justice Partnership is a well respected and appropriate early intervention model that addresses legal problems before they cause more harm to people. It is lauded by Health Justice Australia as one of the most well established and admired HJPs in the country.

In its five years of operation, the partnership has gained momentum over time, weathered challenges to service delivery during COVID pandemic lockdowns, and continued to embed the service during those crucial early years that were disrupted. Even though still in its early days, the service has moved well beyond a pilot phase, becoming embedded in the local hospital health system, and proven to effectively service clients with the highest legal need, with growing momentum. The HJP has demonstrated that it is working extremely well to identify and assist people falling into identified priority client groups.

The HJP service has been operating in an extremely cost-effective way, delivering hundreds of discrete and ongoing legal services for clients with a diverse range of legal support needs, on the funding of just one HJP solicitor and some philanthropic funding for administrative and other support.

Health partners feel personally committed to the service and engagement levels are high. This was also reflected in high levels of willingness and availability to participate in this evaluation process, despite key health workers being so time-poor.

There was overwhelming support amongst health partners for the sustainability and expansion of the HJP, with widespread acknowledgment of further unmet need. However, it will be important to be strategic about where to invest effort into expansion of the service. At the same time, the HJP cannot be sustained on short-term funding of just one HJP solicitor, even without expansion.

Kingsford Legal Centre should work closely with its Steering Committee and health partners to identify areas of greatest unmet legal need. Key stakeholders

identified the key areas of client need being mental health (particularly community based mental health services), and geriatrics. A market projection exercise may be a useful next step in assessing and calculating the cost of an expanded service into these areas, with the aim of attracting funding to enable the service to grow.

Whatever approach it takes to service its client base in future, this evaluation has uncovered overwhelming support from key stakeholders and health partners for the service to be more securely funded and supported into the future.

Appendices

1. Individuals consulted
2. Discussion guides
3. Client surveys
4. Additional quotes

1. Individuals consulted

Internal stakeholders

Name	Position	Organisation
*Emma Golledge	Director	Kingsford Legal Centre
Tempe McMinn	Solicitor/ Clinical Supervisor	Kingsford Legal Centre
Dianne Anagnos	Deputy Director	Kingsford Legal Centre
Rachel Gregory	Solicitor/ Clinical Supervisor	Kingsford Legal Centre
Fiona Duane	Principal Solicitor	Kingsford Legal Centre
Emma Anderson	Former Solicitor/ Clinical Supervisor	Kingsford Legal Centre
*David Carter	Scientia Associate Professor, School of Law, Society and Criminology, Faculty of Law & Justice	University of New South Wales
*Darren Wagner	PhD student, School of Medicine and Health, Sydney Campus and former ESMHS Peer Support Manager	University of New England
Andrew Lynch	Dean Faculty of Law and Justice, UNSW	University of New South Wales

External stakeholders

Name	Position	Organisation
*Bianca Janovic	Pro Bono Council (Australia)	Herbert Smith Freehills
Cathy Bucolo	Acting Partnerships Manager	Health Justice Australia
Suzie Forell	Research Director	Health Justice Australia

* *Steering Committee member*

HJP Health Partners

Name	Position	Organisation
*Liz Brown	Director, Operations	POWH
Selena Consandine	Emergency Department Social Worker	POWH (and SSEH)
Anne Meller	Former (ret.) Advanced Care Planning Nurse	POWH
Sarah Williams	Advanced Care Planning Nurse	POWH
Dr Patrick Bolton	Complex Care Physician	POWH
Ronald Davis	A/Deputy Head of Social Work	POWH
Siobhan Feely	Social Worker- Acute Services Team Leader	POWH
Julie Manger	Former Senior Social Worker- Community Assessment Unit	POWH
Annabelle Bains	Aged Care Team Leader	POWH
Kellie Sanders	Senior Social Worker, Infectious Diseases & Respiratory Medicine	POWH
Lauren Anderson	Social Worker- Acute Services Team Leader	POWH
Toni Dounias	Social Worker	POWH
Dr Nadia Kausae	Psychiatry Registrar, Mental Health	ESMHS
Sian Treves	Senior Social Worker, Rehabilitation Unit	ESMHS
Christian Stonill	Welfare Officer, Kiloh Centre	ESMHS
Ariella Klein	A/Professional Head of Social Work,	ESMHS
Andrew Myhill	Social Worker, Older Person's Mental Health Service, Euroa Centre	ESMHS
Karen Lazarus	Assertive Outreach Clinician, Older Person's Mental Health, Euroa Centre	ESMHS

2. Discussion Guides

Health partners

TOPIC	QUESTIONS
Appropriateness/ the model	<p><i>The Health Justice Partnership is a response to the identified problem that people experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing.</i></p> <p>Is the Health Justice partnership an appropriate response to this problem?</p> <p>Is it a good 'early intervention' model? Does it address legal problems before they cause more harm to clients?</p>
How it's all working (Efficiency)	<p>Is the service provided in a flexible way that addresses the needs of clients?</p> <p><u>WHAT YOU PROVIDE WITHIN THE PARTNERSHIP</u></p> <ul style="list-style-type: none"> - Do you feel that you can refer patients efficiently to Kingsford Legal Centre? - Are you able to promote the services of Kingsford Legal Centre within your work setting? - Is there enough funding and resources for you as partners to work efficiently as partners? (what else is needed to improve efficiency?) <p><u>WHAT YOU GET FROM THE PARTNERSHIP</u></p> <p>Have you developed new skills for identifying legal issues amongst your patients?</p> <p>Do you receive secondary consultation and support systems from Kingsford Legal Centre?</p> <p>Is the partnership arrangement with Kingsford Legal Centre sustainable? Is it working well for you?</p>
Outcomes	<p>Do you feel better equipped to work with vulnerable people with complex needs?</p> <p>Can you better recognise individuals with legal needs that may impact their health?</p> <p>Do you experience a reduction in workload and ultimately improved wellbeing?</p> <p>Do you feel you have increased capacity to address complex needs of patients?</p> <p>Do you feel vulnerable patients have better outcomes?</p> <p>Do you feel you have increased capability and capacity for collaboration because of the JHP arrangement?</p>
IMPROVEMENTS	<p>How could the partnership be improved to meet your needs as partners?</p>

HJP Staff

TOPIC	QUESTIONS
Role	What has been your role in delivery of KLC's HJP?
Purpose	<p>What do you think the purpose of the HJP is?</p> <p><i>(The Health Justice Partnership is a response to the identified problem that people experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing).</i></p> <p>Is it a good early intervention model?</p> <p>Have you had experience with other HJPs? How does the KLC HJP compare?</p>
Delivery challenges	<p>What have been the challenges in program delivery?</p> <p>PROBE:</p> <p>COVID- staff turnover at hospitals, the partnership became a telephone service. Did that work?</p> <p>Awareness amongst new staff;</p> <p>HJP staff and hospital staff sharing work spaces;</p> <p>HJP key solicitor absence eg illness;</p>
Success factors	What do you think are the key success factors of the HJP?
Impact	What benefits or impacts do you think the program is having? Who are the main beneficiaries?
IMPROVEMENTS	Do you think there are ways that the service could be improved in its delivery?

Steering Committee

TOPIC	QUESTIONS
Appropriateness/ the model	<p><i>The Health Justice Partnership is a response to the identified problem that people experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing.</i></p> <p>Is the Health Justice partnership an appropriate response to this problem?</p> <p>Is it a good 'early intervention' model? Does it address legal problems before they cause more harm to clients?</p>
How it's all working (Efficiency)	<p>What is the aim of the HJP Steering Committee? How does it contribute to governance of the HJP?</p> <p>How does the Steering Committee operate?</p> <p>Why did you join the Steering Committee?</p> <p>Have you served on other HJPs Steering Committees? How does this compare?</p> <p>What is your role?</p> <p>What do you feel you've contributed to the Steering Committee?</p> <p>Is the Steering Committee working efficiently?</p>
Benefits for legal/health staff	<p>What do you think the benefit is to the broader [health/legal] sector because of timely interventions? (eg. does the service lessen burdens on public systems and processes scubas courts and health staff?)</p>
Sector perceptions	<p>How do you think the broader community legal services sector and HJP sector view the work of Kingsford Legal Centre's HJP?</p>
IMPROVEMENTS	<p>Is there anything you think could be improved in the way that the HJP governance works?</p>
END	

KLC Staff

TOPIC	QUESTIONS
Role	What is your role at KLC and how have you been involved in the HJP?
Purpose	<p>What do you think the purpose of the HJP is?</p> <p><i>(The Health Justice Partnership is a response to the identified problem that people experiencing disadvantage, chronic and sudden health issues can also be navigating complex legal issues that affect their recovery and overall wellbeing).</i></p> <p>Is it a good early intervention model?</p> <p>Have you had experience with other HJPs? How does the KLC HJP compare?</p>
Impact	What benefits or impacts do you think the program is having? Who are the main beneficiaries?
IMPROVEMENTS	Is there anything you think could be improved in the way the HJP works?
END	

3. Client Surveys

CLIENT CASEWORK HJP - Casework

Q1. At the time of your service, were you an:

Inpatient

Outpatient

Other (specify) _____

INITIAL EASE OF CONTACT

Q2. When you first needed help, how easy or difficult was it to contact KLC?

Very easy

Easy

Neutral/ don't know

Difficult

Very difficult

ONGOING EASE OF CONTACT

Q3. On an ongoing basis, how easy or difficult was it to contact your solicitor from KLC who was helping you?

Very easy

Easy

Neutral/ don't know

Difficult

Very difficult

AWARENESS

Q4. How did you first hear about our service?

Social Worker

Other health worker

Other (please specify) _____

Q5. If you hadn't received the referral to HJP, would you have sought legal assistance from anywhere else?

Yes (specify) _____

No

Don't know

LISTENED

Q6. How well do you feel the solicitor listened to your legal problem?

Very well

Quite well

Not very well

Not well at all

Don't know

UNDERSTOOD

Q7. How well do you feel the solicitor helped you understand how to deal with your legal problem?

Very well

Quite well

Not very well

Not well at all

Don't know

Q8. What do you think might have happened if you did not get help from the KLC lawyer about this problem?

Q9. If you have another legal problem, would you know where to go for help?

Yes

No

Not sure/ don't know

OUTCOME

Q10. Were you happy with the outcome of your case?

Yes

No

Not sure/ don't know

Q11. If no, why weren't you happy with the outcome of your case?

Q12. If not sure/ don't know, why were you unsure?

SATISFACTION

Q13. How satisfied were you with the overall services you received from your solicitor?

Very satisfied

Satisfied

Neutral/ not sure

Unsatisfied

Very unsatisfied

FINANCE

Q14. Did the help you received from the KLC lawyer make any difference to your financial situation? How is your financial situation now compared to before you received help?

Financial situation a lot better

Financial situation a bit better

No change to financial situation

Financial situation a bit worse

Financial situation a lot worse

N/A

HOUSING

Q15. Did the help you received from the KLC lawyer make any difference to your housing situation? How is your housing situation now compared to before you received help?

Housing situation a lot better

Housing situation a bit better

No change to financial situation

Housing situation a bit worse

Housing situation a lot worse

N/A

SAFETY

Q61. Did the help you received from the KLC lawyer make any difference to your feelings of safety? How safe do you feel now compared to before you started with the KLC lawyer?

I felt a lot safer

I felt a bit safer

I didn't feel any change

I felt a bit more unsafe

I felt a lot more unsafe

N/A

CONFIDENCE

Q17. Did the help you received from the KLC lawyer make any difference to your confidence in dealing with your problem? How confident do you feel now compared to before you started with the KLC lawyer?

I felt much more confident

I felt a little more confident

I didn't feel any more or less confident

I felt a bit less confident

I felt a lot less confident

Not applicable

STRESS

Q18. Did your stress levels change as a result of working with your KLC lawyer?

I felt much more stressed

I felt a little more stressed

I didn't feel any more or less confident

I felt a bit less stressed

I felt a lot less stressed

Not applicable

Q19. Is there anything we could have done better in helping you with your problem? _____

Q20. Did you have any personal or cultural needs that Kingsford Legal Centred needed to consider? (like a disability or a need for interpreter?)

Yes (please specify)_____

No

Q21. IF YES:

Did Kingsford Legal Centre meet those needs?

Yes

No

Partly/ don't know (specify)_____

Q22. How could Kingsford Legal Centre have better met those needs? _____

Q23. How likely are you to recommend Kingsford Legal Centre to other people?

Highly likely

Quite likely

Not very likely

Not at all likely

Don't know/ N/A

Q24. After getting legal help from KLC, do you think you are more or less likely now to tell hospital staff and other health workers about the things you need help with? (other than your health)?

More likely

Less likely

Don't know

Q25. What is your age group?

- Under 18
- 18-34
- 35-49
- 50-64
- 65 and over

Q26. What is your gender?

- Woman/female
- Man/male
- Non binary
- I use a different term
- Prefer not to say

Q27. Are you Aboriginal and/or Torres Strait Islander?

- Yes
- No

Q28. Do you have a disability?

- Yes
- No

Q29. Did you use an interpreter to help you fill out this survey?

- Yes
- No

Q30. Do you have any other comments about the help you received from Kingsford Legal Centre (either positive or negative)? _____

CLIENT SURVEY HJP - Advice

Q1. At the time of your service, were you an:

Inpatient

Outpatient

Lexo Hub Client

Other (specify) _____

Q2. How easy or difficult was it to contact KLC when you first needed help?

Very easy

Easy

Neutral/ don't know

Difficult

Very difficult

Q3. How did you first hear about our service?

Social Worker

Other health worker

Other (please specify) _____

Q4. If you hadn't received the referral to HJP, would you have sought legal assistance from anywhere else?

Yes (specify) _____

No

Don't know

Q5. How well do you feel the solicitor listened to your legal problem?

Very well

Quite well

Not very well

Not well at all

Don't know

Q6. How well do you feel the solicitor helped you understand how to deal with your legal problem?

Very well

Quite well

Not very well

Not well at all

Don't know

Q7. What do you think might have happened if you did not get help from the KLC lawyer about this problem?

Q8. If you have another legal problem, would you know where to go for help?

Yes

No

Not sure/ don't know

Q9. Did the help you received from the KLC lawyer make any difference to your financial situation? How is your financial situation now compared to before you received help?

Financial situation a lot better

Financial situation a bit better

No change to financial situation

Financial situation a bit worse

Financial situation a lot worse

N/A

Q10. Did the help you received from the KLC lawyer make any difference to your housing situation? How is your housing situation now compared to before you received help?

Housing situation a lot better

Housing situation a bit better

No change to financial situation

Housing situation a bit worse

Housing situation a lot worse

N/A

Q11. Did the help you received from the KLC lawyer make any difference to your feelings of safety? How safe do you feel now compared to before you started with the KLC lawyer?

I felt a lot safer

I felt a bit safer

I didn't feel any change

I felt a bit more unsafe

I felt a lot more unsafe

N/A

Q12. Did the help you received from the KLC lawyer make any difference to how stressed you are?

I feel a lot more stressed

I feel a bit more stressed

I didn't feel any change

I feel a bit less stressed

I feel a lot less stressed

Q 13. Did the help you received from the KLC lawyer make any difference to your confidence in dealing with your problem? How confident do you feel now compared to before you started with the KLC lawyer?

I felt much more confident

I felt a little more confident

I didn't feel any more or less confident

I felt a bit less confident

I felt a lot less confident

Not applicable

Q14. Is there anything we could have done better in helping you with your problem?

Q15. Did you have any personal or cultural needs that Kingsford Legal Centre needed to consider (like a disability or a need for an interpreter)? .

Q16. Did Kingsford Legal Centre meet those needs?

Yes

No

Partly/ don't know (specify) _____

Q17. How could Kingsford Legal Centre have met those specific needs better? (if applicable)

Q18. How likely are you to recommend Kingsford Legal Centre to other people?

Highly likely

Quite likely

Not very likely

Not at all likely

Don't know/ N/A

Q19. After getting legal help from KLC do you think you are more likely to now tell hospital staff and other health workers about things you need help with (other than just your health)?

Yes

No

Don't know/depends

Q20. What is your age group?

Under 18

18-34

35-49

50-64

65 and over

Q21. What is your gender?

Woman/female

Man/male

Non binary

I use a different term

Prefer not to say

Q22. Are you Aboriginal and/or Torres Strait Islander?

Yes

No

Q23.. Do you have a disability?

Yes

No

Q24. Did you use an interpreter to help you fill out this survey?

Yes

No

Q25. Do you have any other comments about the help you received from Kingsford Legal Centre (either positive or negative)? _____

4. Additional quotes

The following quotes have been extracted from interviews conducted with internal and external stakeholders as part of this evaluation.

BENEFITS TO HEALTH CARE WORKERS

It is better use of my time. My workload is reduced. It makes the system more efficient.

Health worker

It's a simple phone call or email. (I'm) practically guaranteed they're able to provide support.

Health worker

They provide a clear guidelines for what is required. I don't have to try to figure out the answer myself.

Health worker

(It) reduces work because if someone is able to receive independent advice, they may not need our clinicians so much.

Health worker

It's about having that understanding that we're calling from a mental health service. There is no stigma from the receiving end. We almost are guaranteed that the legal issue will be looked at itself for just the legal issues. There is no added agenda in terms of the person's mental health which often happens when contacting mainstream services. They (the patients) are being treated like everyone else.

Mental health worker

WITHOUT THE HJP

There would be injustice. Tremendously disadvantaged people who can't get to a lawyer another way.

Health worker

Other organisations such as Legal Aid- they're so busy and you couldn't rely on them to provide supports to in-patients. Law Access can provide general

advice, but not about cases and specific advice.

Health worker

Poorer outcomes for patients. People waiting a lot longer to be provided with legal support. Harder for us to provide good outcomes for patients ourselves.

Health worker

I don't know what we'd do. Would be at the detriment to our mental health patients. Eg. their outcomes form legal proceedings wouldn't be in their best interest.

Health worker

It would affect them financially: their access to accommodation, it puts stress on them, putting impact on mental health recovery. It would affect their family situation..... with wider impact. KLC goes beyond just supporting the person, they support the families as well.

Health worker

We would be really doing our patient a disservice.

Health worker

Without it, they don't get enduring guardianship. They won't have it because of money issues.

Health worker

STRENGTH OF THE PARTNERSHIP WITH KLC

Flexible and available. They are hands on. They come in to the ward. They see people face to face. Supports that patient through the process which can be scary.

Health worker

We see them build a rapport. People are grateful for their support and can have contact with them, messaging and emailing as well.

Health worker

As a social worker you want to make sure the person is getting the best information. While we try to do that, we're part of the health system and we

may not have the same clarity of view that may be offered by Kingsford.

Health worker

It's a service that you know you've got at your fingertips. It saves you time as you're managing a busy referral.

Health worker

GOVERNANCE

We achieve change well. We have good connections and coordinations and turn things into action.

Steering Committee member

Given the model of the HJP as it stands, it should be permanently funded and including a permanent house.

Steering Committee member.

If the HJP expects referrals to come in an orderly fashion, there will be no referrals. We can't improve the system in the hospital, which is a big barrier.

Steering Committee member.

The HJP solicitor needs to be there at least four days a week.

Steering Committee member

Di and the KLC HJP is what we consider one of the leaders in HJP work.

Health Justice Australia