



ABORIGINAL HEALTH JUSTICE PARTNERSHIP

EVALUATION of FIRST SIX MONTHS OF OPERATION
December 2015

INTRODUCTION

Providing greater access to justice for vulnerable patients

A Health Justice Partnership (HJP) is an early intervention program designed to identify and intervene in the potential legal issues that frequently exist for patients in healthcare settings. The potential for legal issues to cause or compound health problems for patients is well established.¹ The purpose of our a HJP is to address the potential effects of compound health and legal problems, by enabling the respective professions to work in tandem to improve the holistic health of individuals and alleviate the strain on the healthcare and legal systems.

Additionally, providing legal assistance within a health care setting provides greater access to justice for vulnerable patients, as many of these patients would not otherwise access legal advice.

The HJP works by not just providing legal assistance to patients, but to also train health care staff in identifying health harming legal needs.

In May 2016, Redfern Legal Centre (RLC) and Sydney Local Health District (SLHD) signed a Memorandum of Understanding for RLC to provide a solicitor two days week. SLHD provides premises, equipment and takes bookings for the service. Drug Health at Royal Prince Alfred Hospital hosts the legal service, although the service assists all patients of the Sydney Area Health District.

This is the first hospital based, HJP in NSW. Until June 2016, the service is part-funded by the Gandevia Foundation.

ACKNOWLEDGMENTS

At the beginning of November 2015, we began a formal evaluation process, this was undertaken as a “snapshot” of clients seen during this time. The evaluation was designed on a pro bono basis by:

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Input on the design of the evaluation was received by the following:

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¹ Nobel, P., *Advocacy-Health Alliance: ‘better health through medical legal partnership’* 2012; McGilvray, A., ‘Prescribing the Law’ 2014 200 (8) *MJA* p. C1-C2.

METHOD

The evaluation consisted of two different surveys that were designed based on the immediate aims of the service:

- To provide effective early legal intervention to Indigenous People who would not otherwise access Legal Advice
- To build capacity amongst health professionals to identify legal issues
- To improve health outcomes for clients of the legal service

a) Client Feedback Questionnaire

This consists of a 5-minute survey to be completed by patients after they have seen the solicitor.

b) Pre and Post Training Professional Development Evaluations

A short survey to be completed by staff that have, or will be trained, by the solicitor in identifying health harming legal needs.

STAFF TRAINING

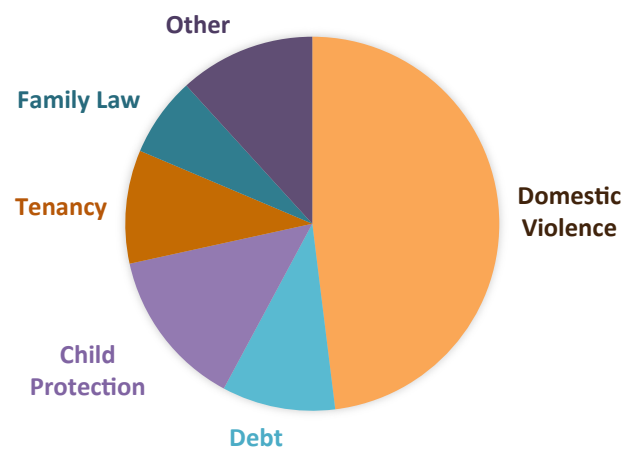
During the first six months of the service, 12 staff training events were conducted by the solicitor. We have trained 220 SLHD staff in identifying legal needs and referral pathways.

Health Departments Trained

- Social Work
 - Aboriginal Health Workers
 - Drug Health
 - Post Natal
 - Delivery Ward
 - Antenatal
 - Physiotherapy
 - Croydon Health Centre
 - Redfern Community Health Centre
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In the first six months of the service, RLC saw 62 clients at the RPA. The breakdown of legal issues is as follows:

Fig 1. Distribution of Legal Issues



*Note Domestic Violence includes both primary advice or noted as indicator for the client.

The following is a report of achievements against the aims of the service.

1 Providing effective early legal intervention to Aboriginal and Torres Strait Islander people who would not otherwise access legal advice.

Prior to contact with our Partnership, 80% of clients surveyed did not know their issue was a legal one, and answered the following question negatively:

“If you were referred to the lawyer by a hospital worker, would you have known you needed to access, and could access a lawyer, for your problem, if they had not advised you of the option?”

Anna’s Story

Anna regularly attended the RPA for treatment. The previous day she had been the victim of a domestic violence assault. After speaking to the Registered Nurse, she was referred to the solicitor.

Anna was given immediate advice around Apprehended Domestic Violence Orders, how the Police will protect her and the Local Court process. She was very fearful of the defendant and reluctant to engage any further with the legal process.

The solicitor explained to Anna that there is a safe room in all courts, and that she will be protected from the defendant. The solicitor spoke with RLC’s Women’s Domestic Violence Court Advocacy Service, and we were able to ensure that Anna received assistance at court, and did not need to re-tell her story.

‘Having a solicitor at the hospital, ensured that [I] received legal assistance’

Anna has continued to drop in regularly to be given ongoing support and advice around safety, and the court processes. She has stated that having a solicitor at the hospital, ensured that she received legal assistance, and felt safe and confident about going to court.

Adam’s Story

Adam told his health professional that the government had removed money from his bank account. As the health professional had been trained in identifying legal issues, she was aware that the solicitor could provide assistance.

Adam saw the solicitor who determined that there was a garnishee order from the State Debt Recovery Office for unpaid fines. As Adam was homeless, fines can be written off under the legislation.

The solicitor contacted State Debt Recovery Office immediately and advocated for Adam. The money was deposited back into his account that day, and further outstanding fine debts were removed.

If it wasn't for the health professional identifying the legal issue, and the solicitor being on site, is unlikely that legal assistance would have been obtained in relation to this issue.

2 Building capacity amongst health professionals to identify legal issues.

Prior to training all SLHD staff surveyed stated that they were unaware of issues in their patient's lives that solicitors could assist with.

Post-training, 88% of SLHD staff surveyed reported they "strongly agreed" or "agreed" with the following statement:

"I believe have the required skills and knowledge to effectively identify legal issues experienced by patients."

Significantly, 88% of staff surveyed "strongly agreed" that:

"An important part of my role at RPA is to identify social, economic or legal issues that impact on a client's health and wellbeing"

3 Improving health outcomes for clients of the legal service.

After receiving advice, ALL clients surveyed "agreed" or "strongly agreed" that "overall I feel less stressed now that I know more about my legal position".

Clients were also asked the following question: *“But for the help of the Aboriginal Medical Legal Partnership, what might have happened to you?”*

Their various responses indicate a significant improvement in outcomes as a result of the Partnership.



Client's Stories Where Health Outcomes have been Achieved

Carolina's Story

A new mother, Carolina, was in the post-natal ward after having recently given birth. She had recently separated from the father of the baby and there had been a history of domestic violence. The father had attempted to come and see the mother and baby in the hospital ward, there was a violent episode, security and the Police were called, and he fled.

Our solicitor saw Carolina the next day, explained to her the Apprehended Domestic Violence Application process and what Police are required to do to protect her and the baby. We were able to facilitate the mother giving a further Police statement, and provided assistance to her through our Sydney Women's Domestic Violence Court Advocacy Service at the Local Court.

Our solicitor also provided legal advice on parenting when separated and within the context of domestic violence. We also explained how to ensure that both herself and the baby remain safe, fulfilling child protection authorities requirements, and how to report a breach of the AVO.

Mary's Story

An elderly client, Mary, was seen in the ward after she had a fall at home. She was diabetic, required dialysis and some mobility issues. Several months prior, she had an occupational therapist assess her home as she had issues in climbing the stairs. They recommended a handrail be installed. This assessment had been sent to Housing NSW, however, it had not been actioned in several months.

After speaking with Mary, we wrote immediately to Housing NSW making them aware of their obligations for minor modifications in homes. Four days later the handrail was installed in the home. Mobility issues were no longer a consideration in her discharge plan.

Aron's Story

Aron was in the MERIT program. He told his counsellor that he was having difficulty in paying back his loan under a Financial Management Order. He told his counsellor that his drug use was increasing due to the stress and anxiety about the debt, which was also increasing due to default fees and other charges.

He was referred to the solicitor who found that as Aron was under a Financial Management Order, legally he was unable to deal with his own finances. The loan should never have been given and as such was voided through our advocacy. He reported saying that his stress had decreased significantly, and therefore his drug use.