

Making Connections: the Benefits of Working Holistically to Resolve People's Legal Problems

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[Introduction](#)

1. The recent Legal Services Research Centre findings underline the fact that it is not enough to merely provide legal services in isolation from other factors effecting people's lives and patterns of behaviour. If legal services both public and private targeted at improving access to justice and reaching people on a socio-economic income, marginalized or those likely to be discriminated against, continue to work on the assumption that these people can of their own accord navigate their way through the complex legal system then there will always be problems for them in accessing justice.
2. It is the writers' view that lawyers must be more prepared to think outside the traditional frame of legal service provision and consider the situational contexts in which clients are likely to find themselves and use this information to improve access.
3. There is now empirical evidence emerging from England and Wales that factors can impact upon and compound legal or 'justiciable problems' leading to entrenched difficulties and barriers to accessing justice or problem solving. The question is: are there better ways of delivering legal services through a client-centered, multi-disciplinary approach which involves the formation of improved relationships and networks with other than legal service providers

which might increase the likelihood of people accessing the legal help that they need?

4. The findings of the Legal Services Research Centre in the United Kingdom in their report *Causes of Action*,^[1] present many challenges not just in the United Kingdom but in other Commonwealth jurisdictions. Its findings have some resonance in terms of finding better ways to resolve people's problems based on those people's experiences of how they navigate the legal system. This article will examine some academic literature on the delivery of integrated services and will explore some of the advantages for clients of an integrated and holistic approach to solving clients' problems in the delivery of legal services. It will also outline the working operations of the West Heidelberg Legal Service and its relationship with the Banyule Community Health Centre as an example of such an integrated/holistic approach and seek to document strategies and relationships which have developed over time to ensure the best possible outcomes for clients and the local community. It is hoped that the insights gained by operating within a multidisciplinary cooperative model may assist others in seeking to make improvements in the way that people can access the justice system.
5. Much of the academic commentary on access to justice and delivery of legal services tends to work mainly within the paradigm of a focus on the lawyers working within the legal system rather than consideration of issues around access to justice from the perspective of the actual circumstances of the clients. This article is particularly concerned with those clients who are most likely to experience high levels of unmet legal need and who are likely to encounter problems gaining access to justice.^[2] There seems to be either an inability or resistance to thinking outside the legal paradigm and looking at the practical situations which are likely to bring a person into the realm where they can access legal services. A good example of a radical repositioning of approach to the delivery of legal aid services is the Homelessness Clinic in Melbourne. This legal service actually goes to where the clients unlikely to access help for their legal problems are situated. Lawyers work closely with social service providers and also attend soup kitchens and walk the street side by side with the homeless, successfully building up trust and contact with homeless people who were not previously accessing traditional legal services.^[3]
6. This article argues for a reconsideration of how legal services are delivered which can enable better connections to be made. It is suggested that legal services through working more connectedly with non-legal contact points may find people with legal need who may not be in fact accessing legal services. In such an approach, improved community legal education of social service agencies about the legal rights of their clients is also critical, so that such agencies can add legal issues to their repertoire of what services a client may need to be linked into.
7. Nothing in this article is intended to derogate from the importance of the offering of legal skill and expertise, rather the essential issue under consideration is ensuring access by people to that skill and expertise where issues of marginalisation, discrimination, lack of knowledge, lack of empowerment or a sense of hopelessness may act as barriers for people with genuine rights and remedies that need to be enforced. In other words, the writer believes that lawyers and public policy makers need to start to think

outside the traditional box of legal services and think about where the clients may find themselves and look at making connections there. An illustration in point is found in a discussion by Vago of the problem.^[4] In discussing, "Legal Services for the Needy and Not So Needy" he examines attorney availability, legal aid programs, pro bono, clinics and the more routine work done by paralegals. He does not however consider how people are going to make the connections with these legal services in the first place.

Background

8. There is not a lot of academic writing on the concept of legal services being provided in a holistic manner within the much broader context of other service providers from different disciplines, which include health and social welfare. Much of the legal literature in Australia pertaining to "multidisciplinary practices" relates more to recent debate around the opening of joint commercial enterprises between lawyers and accountancy practices. The writer in contextualising the theory behind the provision of holistic, multi-disciplinary approaches to solving client problems therefore found herself examining the literature in other fields such as social work and public health.
9. There is some discussion however around the law and its need for adaption if it is not fulfilling its full purpose. If the law is to treat everyone as equal before the law, and if its aim is to offer protection of people's human rights, to offer remedies when people are wronged and to uphold peoples rights then if a proportion of people cannot access the law or find legal help the law is in practice unable to reach people effectively. Allott states,^[5] "The description we have given above of law as a communications system consisting of many parts, showed that the legal system, like any system is subject to inbuilt sources of weakness which cannot be entirely eliminated, whatever we do. Our first step is therefore, like a systems engineer, to examine the system for 'bugs' and to 'debug' it so far as possible. One must detect points of weakness in the system, faulty parts, bad connections, teeth missing from gears. If we wish to measure the effectiveness of medical treatment, we can see how far it is, as the case may be, preventative = eliminating a disease or pathogen; or curative = restoring the patient to full health and activity. We can tell if a machine is effective by seeing whether it works i.e. does the job it is designed for... the machine should be adaptable, so that it can be used in a variety of circumstances... Effective laws should generally do what they are designed to do; if some failure occurs, there should be the possibility and means of easy rectification."
10. Recent studies have indicated that the laws and legal services have many problems. They show that the people most likely to have problems gaining legal assistance and participating in the legal system will be on low incomes and that other factors can also escalate their likelihood of having unmet legal needs including being from a non-English speaking background, having a disability, low literacy, gender, age, cultural differences or being poor in mental health. The 1999 Genn study^[6] involved the conduct of expensive, extensive household surveys around England and Wales. It found that problems of a legal nature had a tendency to appear in clusters. Often the respondents were powerless or felt it was too traumatic to take any action.^[7] The self-help process depended on the type of problem.^[8] The Genn study

also found that three fifths of people with justiciable problems took some form of legal advice. Genn observes that a complexity of choices can be obscured by data and how informed people are.^[9] She also has found in this and ongoing studies that people use a range of sources for advice and help and at differing times.^[10] The study found that the most confident people will seek legal advice.^[11] This has been borne out by similar studies in Scotland (Paterson) in 2002. The findings noted that most people wanted to be rid of their problem or obtain compensation and wanted quick, cheap, stress free solutions and did not want punishment or revenge. This was true of all social groups. In addition, the study stated there was a need for knowledge about rights, remedies, procedures and responsibilities.^[12] This is a very abbreviated summary of some of the Genn findings.^[13]

11. In Australia, although there is a gap in uniform information about levels of legal need, two recent reports highlight that there are problems with access. The first is the June 2004 Senate Legal and Constitutional References Committee Report into Legal Aid and Access to Justice. Some key comments of the main report were:
 12. 1. A need for data and a national survey on demand for legal aid services and an assessment of unmet legal need
 13. 2. A lack of uniform access for women particularly in relation to family law
 14. 3. The need for specialist services for indigenous Australians and worries about the impact of the tendering of services
 15. 4. Difficulties in rural and regional Australia for access
 16. 5. Concern about the Commonwealth Priorities and Guidelines of 1997 which reduce legal services to migrants and refugees
17. These are much the same recommendations as were made in the Report to the same Senate Committee in 1997. Jeff Giddings from Griffith University^[14] has also observed that the recent increase in funding for self-help kits largely benefit those who are already articulate and better educated. He warns that legal aid resources specifically targeting the poor or disadvantaged should not be diverted to such schemes if these parts of the community are unlikely to benefit.
18. A New South Wales specific legal needs study has been undertaken in recent years by the New South Wales Law and Justice Foundation.^[15] It bases much of its methodology on Genn's Paths to Justice Surveys. Issues raised in the study were over the high costs of legal services, availability of legal aid and intimidating formalities of court procedures. In a Bega pilot undertaken as a part of the same study, housing was the number one issue and third were credit and debt issues. In this survey 51% sought help from non-legal sources.
19. With the many recent criticisms of the legal system's inaccessibility and the inhibitors to people gaining access to the legal system, remedies, rights and justice perhaps it is important to take Allott's advice and examine whether there are ways in which the approach to the delivery of legal services to those who face barriers to accessing legal help can be improved upon and modified so that access can be better facilitated. Allott argues that, "A norm to work must operate within a given social system. If the norm cuts across the grain of that social system, it is less likely to be effective."^[16]

20. This is why this article seeks to examine the benefits of either a "one stop shop" for clients and/or the use of better integrated service provision across the professions that people with legal need are likely to come into contact with. It tries to grapple with the way that legal services can be improved in a context of the practical day today reality of client activity and where they might go when they have a "cluster" of problems some of which might be legal but which because of the nature of their other problems for instance lack of housing, lack of food, employment problems or mental health issues may mean that people are so overwhelmed that they do not address legal problems. Legal problems which if not attended to earlier could have been prevented or an escalation in the number or nature of the problems could have been reduced. Ewald has stated[17] that " What changes the old legal system to the new one is the way of thinking about the relationships of the whole to its parts, about mutual relationships of individuals, about the whole they set up thereby; in brief, the way in which the social contract is conceived." In her book dealing with a feminist perspective on the law, West[18] comments that "The failure of our political and legal institutions to either protect and nurture the connections that sustain and enlarge us, or to intervene in those private and intimate "connections" that damage and injure us, is reflected in and amplified by the ideologies of contemporary intellectual life, both in law and legal studies and in other disciplines as well. The "connected individual" - whether she be sustained or damaged, enlarged or diminished by those connections - is simply not the subject of modern political and legal thought any more than she is the subject of political and legal protection." Although speaking in the different context of women the argument much of what West discusses in terms of "connections" is relevant here. People who are likely to be excluded for multiple and complex reasons from seeking legal help may in fact be likely to make "connections" at other points in the service delivery system and if lawyers and legal aid services could be more savvy about identifying where those connections are most likely to be made and working more closely with these other services, then more people would be able to access legal services and have a range of their issues dealt with. This would improve their overall well being and reduce the dilemmas facing clients and offer some support as they seek to resolve them.
21. In examining some of the literature around what has been described as "integrated care" it has been argued that integrated care offers services to meet peoples needs and not the needs of the system. As stated earlier much of the literature around integrated care resides in the health service field but the writer believes that legal services can learn from approaches adopted in other fields.[19] An integrated care system often involves a multi-disciplinary team who combine to coordinate all that is required to meet the assessed needs of the individual. It is often a person centered, inclusive and holistic approach used to deal with the ranging needs of a person. It involves the collaborative working between agencies and service providers at each stage in the program of help for the individual concerned.[20]
22. It is argued that improved cooperation, coordination and communication between different providers means that a service is given in the best possible place by the most appropriate provider with the least possible disruption.[21] In examining research on integrated care, Russell et al[22] although discussing the medical field, sees a wider view of integrated care which can

accommodate the social determiners of health and illness including social and economic life and the impacts of housing, education, transport and other issues on people's lives. Similarly it can be argued that these issues can all add to and complicate a person's legal problems and their capacity to access help. Russell et al observe that in Australia there has already been a recognition of the need for better delivery of health services throughout the mid 1990s for people with complex care needs through the introduction of a number of coordinated care arrangements. They note that Britain has recently seen general practitioners self-selecting to participate in the purchase of referred services.

23. In commenting on the model of integrated care Russell et al note that it is important to observe and evaluate the outcomes and effectiveness of integrated care models. They note that key aspects of integrated care are that:[\[23\]](#)
24. 1. Relationships are at the heart of cooperation and collaboration.
25. 2. Tools and rules need to operate ensuring players operate on best practice guidelines, clinical guidelines, referral protocols
26. or care pathways, new information systems and new services and training.
27. 3. Evaluation with mechanisms or expertise to assess work and bring in additional assistance are required. They warn against
28. the judging of short-term developments and suggest impacts may be expected in the long term.
29. The authors conclude, "... getting people speaking to one another emerged as a positive theme of integration." They note that personal contacts and relationships seem to improve as does communication but note that information systems need to be available to support the exchange of information and are essential for integrating care. The authors warn that where funding streams and accountabilities are not integrated and where there is "patch protection" and competition amongst providers these would create barriers to integration.[\[24\]](#)
30. Murray suggests that "... solutions if implemented as a unitary piece will themselves be robust."[\[25\]](#) Wearing has observed that "the continuous exposures of the client to the classifying tasks of the agencies mean that the client's self is gradually cut off or isolated from immediate feedback and the enhancement of self image from networks of informal support or informal caregivers."[\[26\]](#) He notes that "generating networks in a new neighbourhood or community takes time. Marginal clients have few resources to initiate informal contacts yet they manage to survive in webs of social support and they are commonly exposed to new and sometimes hostile networks through displacement from accommodation."[\[27\]](#)
31. He states that geographical location in public housing means local relief agencies become a major part of the relief client's weekly identity 'politics' in their struggle to obtain resources or to survive.[\[28\]](#) He notes that feelings of suspicion and mistrust also lead clients to adopt avoidance problems. Wearing is cautious about the restructured debates on the causes and effects of living in poverty and expresses concern that concepts such as the "underclass" or "relative deprivation" legitimate poverty rather than explain the political conditions and that all people hold membership of the national state just as everyone else does.[\[29\]](#)

32. In the writers' view an integrated care approach should also lead to a more systemic and broadly encompassing energy between differing professions to generate changes which ameliorate and reverse the negative impacts of poverty and exclusion on a systemic basis through improved and integrated public policy debate and discussion. Thus minimising the turf wars that can often be played out by government departments and professionals working in isolation. These can hardly benefit the community.[\[30\]](#) The reality is that many aspects of life are related and interconnected and require a holistic solution if any real gains are to be made.
33. The writers of this article would argue that to make the struggle less complicated by placing a range of interconnected services where the need is most likely to emerge is a progressive approach which can reduce barriers rather than expecting clients particularly those with minimal educational skills, who are disempowered or who have been discriminated against or are without power to navigate their own way through complex systems to engage with legal services.
34. Wearing, like Russell et al argues for the building of cooperation in community services and expresses concern about increasing competition and the part commercialisation of services. He argues that strategic action based on the maximization of equality and social citizenship and the "acknowledgement of the benefits of social diversity" can provide better than the market for the society, especially the most vulnerable. He concludes that the community service sector, of which the writer would argue legal aid services should see itself as being a part, needs to develop organisational energy for social change through cooperative alliances and networks focusing on community development and local issues in the community. Nothing in this article is intended to derogate from the important role of lawyers in acting for clients be it through information, advice or representation.
35. The article seeks to ensure that all citizens and non-citizens who have rights and remedies under the law can find their ways more effectively to the expert advice and assistance they need. Such increased access should also involve lawyers in the undertaking of test cases that challenge the intrusion into the rights of society's most marginalized. Currently, it can be argued that because many people who have legal rights and needs undermined are not accessing the help that they need, these cases are hidden. Society is likely to tolerate these conditions if the people who fall victim to them are not capable of being discovered or having their cases assessed by legal experts nor the conditions challenged.

Recent Research Findings

36. The most recent report of the United Kingdom's Legal Services Research Centre (LSRC), Causes of Action: Civil Law and Social Justice, February 2004,[\[31\]](#) highlights some worrying trends for those interested in access to justice issues. These trends present challenges for England and Wales and other jurisdictions with similar experiences. The concerning findings are that people with a justiciable problem, that is problems that have a legal solution, often have a number of justiciable problems,[\[32\]](#) that justiciable problems come in clusters, can increase in certain circumstances, are likely to face vulnerable groups and that many vulnerable people do not seek advice or feel

- that they cannot resolve their issue in a context of little information. So too are the findings of referral fatigue and that one in seven who seek advice fail to obtain it. People who are referred more than three times are likely to give up.
37. The findings mentioned accord in many ways, with some local variations, in the microcosm of legal experience of the practice at the West Heidelberg Legal Service where I work thus giving the work of LSRC a strong resonance. The types of clients seeking legal aid services are consistent. For instance, of the 651 clients seen by the West Heidelberg Legal Service from 1 July 2002 until 30 June 2003: 425 were social security recipients and 29 had no income. 159 of those clients were borders or lodgers and 108 were in private rental accommodation. 141 lived in public housing. 133 were sole parents with dependant children and 108 of them were on a sole parents pension. 87 were on a disability pension, 80 were on Newstart (unemployment) allowance and 79 were on aged pensions.
 38. The types of problems clients sought help with were mainly in family law involving child residency, divorce or family violence, criminal offences, debts owed including fines and Commonwealth social welfare benefits. Neighbourhood disputes and motor vehicle accidents also featured. Often the same clients had one or more of these problems and other non-legal problems. These findings are again, consistent with the UK study. Clients also often came as a result of referrals from the health service where the legal service is collocated and were referred by housing workers, youth workers, mental health professionals, migration workers, drug and alcohol counsellors or financial counsellors indicating that they too had a range of problems to deal with.
 39. In addition, it is not uncommon for the legal service to be one of many ports of call along the way for the client. Often the legal service is unable to assist a client in a civil matter. This is because they are outside the catchment area of the legal service, the legal service lacks the expertise in the area of law concerned, or as is often the case there is a waiting period for an appointment. In addition, as our legal receptionist asks clients to ring her back after referral, having been guided through the referral if they are unsuccessful, often a client will advise that after a referral by the legal service to another agency they were unable to gain assistance there either. This is concerning in view of the information from the LSRC study on referral fatigue experienced by the public. The findings also confirm that an integrated, holistic problems solving approach to legal services which has close links to other services is highly desirable but also that systemic causes of vulnerability or marginalisation need to be addressed.

An Introduction to the West Heidelberg/Banyule Community Health Center/La Trobe University Model

40. In the context of the release of the Henderson Inquiry into Poverty which was delivered for the Commonwealth Government in 1975,^[33] and the general concern about a lack of access to legal services^[34] in the West Heidelberg area of Victoria. A local solicitor, John Cain (who was later to become the Premier of Victoria) offered to work for free as a volunteer solicitor on a

Monday night at the offices of the Banyule Community Health Service, which was and still is housed in what was the athletes administration center of the 1956 Olympic Games in Melbourne. The area had and still has a high concentration of people who are in public housing and West Heidelberg still holds one of the poorest postcodes in Victoria.[35]

41. This community act of volunteerism by John Cain foreshadowed what is now a long-term relationship of over twenty-five years between the delivery of legal service in the context of a more holistic problem solving approach. Through a strong connection with the workers, management and the collocation with a health centre working in cooperation with La Trobe University law school. In June 1978, the Department of Legal Studies appointed Phil Molan, a local solicitor, as lecturer in legal aid. His job was to provide legal services at the West Heidelberg Community Health Service and to involve legal studies students in both casework and social action research. The relationship with West Heidelberg has continued and flourished with staff and students making a significant contribution to access to justice in the community with law students now also delivering legal services under supervision and in recent years participating in law reform projects emerging from casework. Reports on issues such as the care and protections system, drug and alcohol treatment and mentally ill people and the criminal justice system highlight an approach that sees client's legal problems in the context of broader societal issues they confront. One of the reasons for this is that feeding into their law reform work are not just the experiences of the legal service but also of the collocated Banyule Community Health Service (BCHS) professionals.
42. The legal service has operated along a model of problem solving, appropriate referral, representation and advice and active involvement in law reform and community education emerging out of identified client problems and emerging systemic issues. Where resources permit, the legal service may take on test cases to improve outcomes for community members.
43. Integral to the legal services approach is its ongoing relationship and collocation with the health service. To use the language of the health sphere, the legal service along with the health center has endeavoured to implement an integrated care approach whilst adhering to privacy laws and lawyer client privilege through a separate filing system and strict client consent regime within the legal service. The health service which also addresses social welfare issues employs doctors, nurses and psychiatrists and psychologists but broader professionals including drug and alcohol counselors, problem gambling support services, financial counselors and youth workers to name a few. The health service "promotes a multi-disciplinary approach to community health through team work and cooperation with other health and welfare providers." It "encourages those in necessitous circumstances to have access to the range of health and welfare services provided, providing health and welfare services promoting a preventative and educative approach..."[36]

How the relationship with the health service works

44. It is the legal service's experience that many people fall through the cracks, and that interlinked services on one site, such as those that the West Heidelberg Community Legal Service and the array of professionals in health and social service disciplines at the BCHS has provided, have enabled access for people who might not otherwise have received help so they can address their problems more effectively. It should be noted at the outset however that the legal service has certain limitations upon the work it can and cannot do based largely on its limited funding and staff. As the statistics mentioned earlier highlight, the main areas of assistance relate to criminal law with some representation, family law in a limited form, social security law and domestic violence.
45. What enables the service to access people who otherwise would not seek out help and to resolve legal and a range of problems in concert is the heavy reliance it places on the relationships built on trust and contact between the onsite workers of the health and welfare services. Legal issues are seen as often a part of a complicated web of other associated problems that might include mental health, health generally, financial issues and so on. The health service works on a case management basis and so works not only on one problem in isolation but may work on an array of issues with the client which can often paralyse or overwhelm them so that the client feels they are not alone and can take action with support.
46. Often by working within a broader context of the realities of the clients lives and making appropriate referrals and working closely with experts in other fields this has led to better legal outcomes for the client than a strict legal approach isolated from other concerns would have.
47. For instance, where a young client is charged with a criminal offence, has a drug problem and has been homeless, the lawyer having established rapport with the client is able to recommend a youth worker the lawyer knows and works with on site. In many cases, it is critical that the lawyer is able to introduce the client directly to the youth worker and demonstrate to the client the working relationship between two professionals and their desire to help. Young clients particularly if they hold a long history of being in state care, can demonstrate a general distrust of authority figures that have let them down. The lawyer and the youth worker can then work together with the client's consent to start addressing a range of issues.
48. Similarly, the relationship can work the other way. The youth worker having developed a positive relationship with a young person can unpack the range of problems they encounter identifying legal problems, drug and alcohol issues and so on and encourage the young person to see other professionals on site who they might otherwise not make contact with but for the youth workers personal recommendation and ability to refer them onsite.
49. This avoids the young person having to navigate the complex labyrinth of social, health and legal services that they may have no hope or stamina of engaging with. Not only does this improve the prospect of that young person making modest strides forward in their personal life but a range of young people who otherwise may not have the maturity, patience or capacity to seek help or even identify that they need help can be linked into such help. From the legal perspective it may mean that at court there is evidence of strong improvement which can result in a lesser sentence for that young offender.

50. Health service professionals work very closely with our legal service to ensure people whose problems are legal in nature, or who have other issues, can be looked after by the legal service or the broad range of professionals who work in the Health Centre. An example of this was a recent referral of an elderly person by a doctor. The doctor had treated the patient for many years and assessed the patient's personal safety in the home as an issue. As a part of the doctor's repertoire of items to consider in improving the stress on his patient, he was able to refer the person to the legal service to assist in sorting out issues of domestic violence and family law on the home front. The student lawyer and the doctor with the client's consent were able initially to sort out interim accommodation and give advice on intervention orders and make an application for a divorce and seek options for respite care for the elderly client.
51. The reality of such a situation is still affected by the limitations on services externally. Finding housing for an elderly male which is safe and not going to pose a further health risk, as a rooming houses would have, saw the client return to his home in the long term. Such a client is still subject to the usual vagaries of external waiting lists and housing shortages.
52. In another case, a more positive outcome was achieved. A doctor saw a young patient who had been having anxiety attacks and defecating in his pants despite being in his late teens. The doctor, having assured the client of patient/doctor confidentiality, was able to discover that the young person had received a series of bills for mobile phone debts. As the patient concealed the problem from his parents and as each bill came in, the more the amount increased and his panic attacks worsened. The alleged debt had escalated to an amount in excess of \$5000. The telecommunications company had made certain numerous and forceful demands for payment. The young person had dug himself in so deeply and was worried about the consequences (as his far from affluent parents were guarantors for the mobile phone). The ongoing stress and worry had created a medical problem.
53. The doctor was able to suggest to the young patient that with the help of the health centre's financial counselor and the legal service's lawyer there might be a solution and suggested it might be worth a try. With this encouragement and possibility of a solution, the young person consulted a legal professional from the legal center in the same building. The lawyer was able to argue with the telecommunications company and threaten a complaint of the matter to Consumer Affairs and render the contract voidable on the basis of improper process by the telecommunications company. Such a multidisciplinary approach to the situation saw a resolution.
54. There are many other examples that have occurred that demonstrate how this cooperative, "one-stop shop" and case management approach to a persons whole life problems can have a positive outcome. These examples highlight the process for referral and why a service built on relationships of trust can advance a client's situation.

Conclusion

55. These connections between the health service, the legal service and the opportunity for law student research on legal issues for clients and input into law reform and community education issues has enabled early intervention in the lives of people to avoid the escalation of their often multiple problems.

The solid and constructive working partnership between the health service, the legal service and local university over thirty years has meant that a lot of people who would not have otherwise had access to legal services and legal advice because of their transient lifestyles, lack of trust in authority, inability to navigate a complicated service system, lack of understanding of legal process have been connected with our service when otherwise they would not have had such an introduction.

56. Nothing however is set in concrete and in the course of writing this article it was announced that the JPET Program, which employed the two youth workers and had been auspices by the Health Centre for the last seven years, had been tendered out to another organization. This was despite it being described in December 2003 by the Department who de-funded it as the benchmark for the rest of Victoria. This means that the legal services access to youth workers and the early referral of the client in a holistic case management context may be at an end unless alternative funding to keep the youth workers can be found. This highlights that the legal and health service and more recently the university, must constantly be conscious of budgetary frameworks and external pressures on the ongoing provision of services whether it be because of waiting lists or funding decisions made by persons often removed from what is needed on the ground.
57. The effectiveness of an integrated service provision approach and its positive outcomes of it for the local community are not a guarantee for its continuance. Although the cooperative relationship between the legal service, the health center and the university has been running for over twenty five years, the relationship must continue to be evaluated and not merely on the limited basis of cost. Any genuine attempt to serve the community ought to consider as part of the measurement of its success the actual outcomes for the people who seek assistance and whether it truly addresses their problems in a way which has a positive effect on their lives as the three services outlined do. It should consider whether the service reduces their marginalisation, looks toward the future in terms of promoting early intervention and prevention of problems, community education and the education of future professionals and the promotion of good public policy informed by the realities of the impact on laws, administrative procedures and policies at the coal face. Currie^[37] states that the Legal Services Research Centre's recent research would "imply that legal services are viewed not only as ends in themselves but also as leverage to alleviate poverty by disrupting the interlocking patterns of social exclusion". He states that by "extending the reach of legal aid beyond the objective of providing representation in courts and tribunals, the potential benefit of each dollar of public funds spent on legal aid is magnified." He argues that this "links the funding dilemma with the expanded concept of access to justice."
 - *The author thanks Mary Anne Noone of La Trobe Law and Rhonda Nelson from the Banyule Community Health Service for their comments on a draft of this article.*

Notes

[1] Causes of Action: Civil Law and Social Justice, Legal Services Research Centre, February 2004, London. [2] Much of the overseas research indicates that those likely to have unmet legal need are often from poor and vulnerable

groups. See H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999 and R Moorhead, M Sefton, G Douglas, *The Advice Needs of Lone Parents*, Cardiff University Law School, Cardiff University, 2004 and Pleasence, P., Buck, A., Balmer, N.J., O'Grady, A., and Genn, H. *Causes of Action: Civil Law and Social Justice*, LSRC, Norwich, February 2004. [3] The Homeless Person's Legal Clinic is a joint project of the Public Interest Law Clearing house and the Council to Homeless Persons established in October 2001. It provides free legal assistance to and advocacy on behalf of people who are homeless or at risk of being homeless. The clinic operates its legal services at places where the homeless are likely to be including crisis accommodation, the streets and welfare agencies. Host agencies include Melbourne City Mission, The Big Issue, St Vincent de Paul Society, the Salvation Army, Anglicare, Urban Seed, Hanover and Argyle Housing Service. Pro bono services of a large number of participating law firms are also used. The service also undertakes law reform, community education and test case work on behalf of their clients. For more information see www.pilch.org.au. [4] S. Vago, *Law and Society*, Fourth Edition, Prentice Hall, New Jersey, USA 1994 page 281-282. [5] A. Allott, *The Limits of Law*, Butterworths, Great Britain, 1980, Chapter One p 29. [6] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999. [7] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999, page 250. [8] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999, page 251. [9] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999, page 252-253. [10] This has also been confirmed by stakeholder interviews with a range of service providers both legal and non legal on unmet legal need undertaken by the writer and her colleague Mary Anne Noone during the course of 2001 -2002. [11] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999, page 253. [12] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999, page 256. [13] H.Genn, *Paths to Justice: What People Do and Think About Going to Law*, Hart Publishing, 1999. [14] J Giddings and M Robertson, *Self Help Legal Aid: Abandoning the Disadvantaged*, July/August 2002, Volume 12 Number 4, *Consumer Policy Review*, pages 127-134. [15] *Access to Justice and Legal Needs: A project to identify legal needs, pathways and barriers for disadvantaged people in NSW and Stage 2: Quantitative Legal Needs Survey, Bega Valley (Pilot)*, New South Wales Law and Justice Foundation, 2002 and 2003 see www.lawfoundation.net.au/publications/reports. [16] A. Allott, *The Limits of Law*, Butterworths, Great Britain, 1980, Chapter One, page 36. [17] F Ewald, *A Concept of Social Law from Part II The Welfare State and its Impact on Law*, from *Dilemmas of Law in the Welfare State*, Edited by G. Teubner, European University Institute, De Gruyter, Berlin, 1985 at 40 pages 40-41. [18] R West, *Caring for Justice*, New York University Press, 1997, New York see the Introduction: *Losing Connections* page 4. [19] See J M Norwood and A Paterson, *Problem Solving in a Multidisciplinary Environment? Must Ethics Get in the Way of Holistic Services*, *Clinical Law Review*, Volume 9, Number 1, Fall 2002. [20] For further information about integrated care programs and response see: M. A Satinsky, *The Foundations of Integrated Care: Facing the Challenges of Change* The Healthcare Assembly, Jossey

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 Heidelberg is ranked on the second band of the forty highest postcode areas on
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