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"They all come in the one door" The transformative potential of an integrated service model: A study of the West Heidelberg Community Legal Service

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ABSTRACT

Since 1978, the West Heidelberg Community Legal Service (WHCLS) has provided integrated services to the people of West Heidelberg, a disadvantaged northern suburb of Melbourne, Australia. A report on the extent of welfare and other services in the area recommended the establishment of a community health and welfare centre, including a legal aid centre. In this article, the potential for an integrated approach in legal service delivery is examined within the context of the WHCLS. The impact of providing legal services within a community based multidisciplinary service is explored, and the desired features of an integrated service are outlined. The article refers to recent Australian work on communities of disadvantage and social cohesion and outlines some of the challenges for an integrated service, given the current government funding and accountability arrangements.

1. INTRODUCTION

Since 1978, the West Heidelberg Community Legal Service (WHCLS) has provided integrated services to the people of West Heidelberg, a northern suburb of Melbourne, Australia.[2] From the beginning, it has been collocated with a community health centre. The suburb of West Heidelberg was described as a 'District of Special Need' in 1975. The Australian *Commission of Inquiry into Poverty* identified it as one of the most disadvantaged in the country. A report on the extent of welfare and other services in the area recommended the establishment of a community health and welfare centre. This was to include a legal aid centre. Thirty years later, legal services are still provided to that local

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[2] The population in 2001 was 6,939. For further detail on the area see Banyule City Council, *profie.id –community profile Heidelberg West/Bellfield* (2003).

community as part of an integrated service.

In this article, I examine the potential for an integrated approach in legal service delivery within the context of the WHCLS.[3] I explore the impact of providing legal services within a community based multidisciplinary service and the synergies that can be developed. I outline the desired features of an integrated service. In the process of critically analysing the impact of an integrated approach, I refer to some recent Australian work on communities of disadvantage and social cohesion. I conclude by outlining some of the challenges for such a service, given the current government funding and accountability arrangements.

2. BACKGROUND

In August 1972, Australia's Prime Minister announced the establishment of a Commission of Inquiry into Poverty. The Commission conducted its work through funded research projects and receipt of wide-ranging submissions.[4] A network of social workers and welfare officers in the North Eastern region of Melbourne obtained funds to "Identify a 'District of Special Need'", detail the welfare services in the area and make recommendations accordingly (Morgan 1976 pp. xi-xii). The area under review was West Heidelberg, the site of the former 1956 Olympic village. This had become a public housing estate.

The project's report detailed the significant level of poverty in the area, the lack of a wide range of services including medical and dental, issues with substandard housing and poor facilities for education. The major recommendation of the report was the establishment of a Community Health and Welfare Centre. This centre was to have a range of preventive and diagnostic medical services and programmes, stimulate community health welfare education programmes, provide counselling and a location for community activities and groups and include "a Legal Aid Centre" (Morgan 1976 p. 22). The report recommended the provision of "a high standard, low cost, integrated health/welfare service in West Heidelberg. The need is URGENT [sic]" (Morgan 1976 p. 76).

The West Heidelberg Community Health and Welfare Centre was the first centre established under the Commonwealth Community Health Plan. It opened its doors in 1975. The Centre was, until recently, housed in two double storey blocks of former public housing flats (eight flats in total), which were joined by a reception and community meeting area. A new building opened in October 2006.

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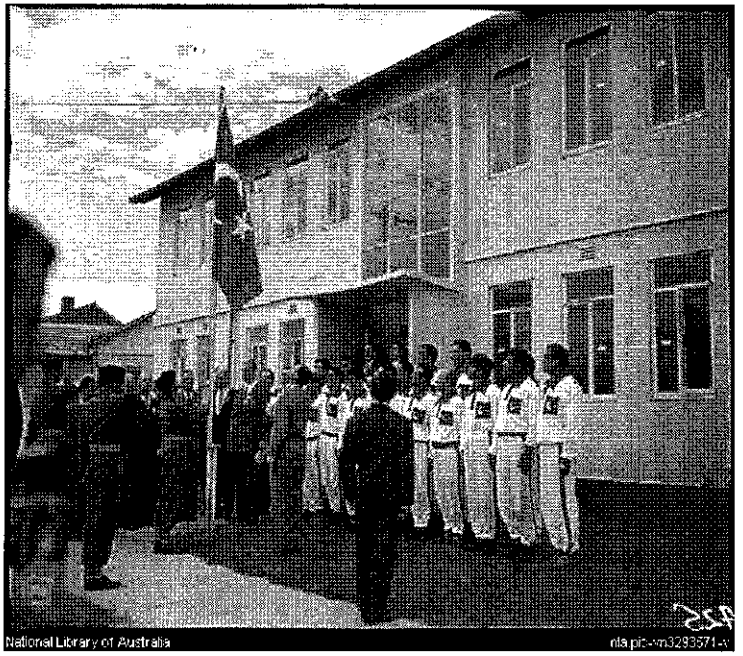
[3] The author has worked at the West Heidelberg Community Legal Centre and is currently a member of the Management Committee.

[4] For a recent review of the legacy of the Poverty Inquiry, see Fincher and Niewenhuysen (1998).

Figure 1: *Turkish Team raising their flag in the Olympic village Melbourne, 22 November 1956 [National Library collection] This building became the West Heidelberg Community Health and Welfare Centre. Reproduced with permission of Herald and Weekly Times Pty Ltd.*



Initially legal services were provided on a voluntary basis by a local solicitor (John Cain, who went on to become a Premier of Victoria). In 1978, La Trobe University (located five minutes drive from West Heidelberg) employed a solicitor as a lecturer to establish a community legal service at West Heidelberg and this was formalised in the incorporation of the WHCLS (Neal 1978; Noone 1997). The relationship with the University continues and students have been involved in the work of the Legal Service as part of various clinical legal education programmes during that time (Curran 2005 p. 31; Dickson 2004).

In October 2006, the Community Health Centre (now called the Banyule Community Health Centre) had staff including doctors, dentists, nurses, social workers, psychologists, drug and alcohol counsellors, problem gambling support staff, financial counsellors and youth workers. The Legal Service receives funds to employ a lawyer, a legal assistant and coordinator (part-time) as well as having the services of a La Trobe University lecturer, also a legal practitioner, who supervises students in a clinical legal education programme.[5]

[5] For details of La Trobe's clinical legal education programme see: http://www.latrobe.edu.au/law/cle/index.html

3. INTEGRATED SERVICES

The term 'integrated service' is not one that is normally associated with the provision of legal services. It is used more often within the health and welfare sector and is also increasingly being used in the context of the provision of government services (Ida 1999). Integrated services are focused more on addressing a person's needs rather than 'the needs of the system'.

> "an integrated care system often involves a multidisciplinary team who combine to coordinate all that is required to meet the assessed needs of the individual. It is often a person centred, 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." (Curran 2005 para. 16)

Within the context of legal services provision, multidisciplinary practices are a form of integrated services.[6] The concept of lawyers working and sharing profits with non-lawyers has generally been prohibited. However, in recent times the development of multidisciplinary practices has been the subject of some debate within legal professional organisations both in Australia and internationally (Dal Pont 2006 pp. 458-460; Brustin 2002; Norwood and Patterson 2002). Although the focus of these debates has normally been private legal practices performing commercial and corporate work, the approach is one that resonates with a range of approaches to providing legal services to the poor and disadvantaged.[7]

Multidisciplinary practices, like the concept of integrated services, are underpinned by a recognition that:

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

The purpose of a holistic practice, therefore, is to marshal the combined resources of a network of professionals for the benefit of clients, as well as to further the public interest. The work they do is carried out by and through the relationships they establish with each other, with their clients, and with communities (Norwood and Paterson 2002 p. 356).

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[6] There has also recently been a recognition of the benefits of a holistic approach to legal problems in the court system. In Australia the concept of the problem-solving court has developed in the areas of domestic violence, drug use and indigenous offenders.

[7] For a discussion of models of providing services to the poor, see Garth 1980.

In Australia, one of the distinguishing features of early Australian community legal centres was their claim to provide a 'holistic' service. This derived from a recognition of the relationship between socio-economic and systemic factors and legal problems. The aim was to not only address the client's 'legal' problem, but also other related issues. Thus, community legal centres valued working with non-legal health and welfare workers in the resolution of clients' issues. As an example of this early approach, the first employee of the Redfern Legal Service (the first NSW community legal centre) was a social worker (Noone and Tomsen 2006 p. 207). However, this multidisciplinary approach to the provision of legal services by Australian community legal centres has received little analysis to date.

Similarly, in a range of North American not-for-profit organisations and law school clinics, there is a growing recognition of the potential benefits to be gained in the adoption of a 'multidisciplinary' approach to providing legal services to the poor and disadvantaged. (Brustin 2002; Norwood and Patterson 2002; Trubek and Farnham 2000). The centrality of non-legal as well as legal needs are recognised and the practices emphasise the benefits of working closely with other professions, lay advocates and community agencies to meet a variety of needs and overcoming barriers of access (Trubek and Farnham 2000 p. 229). Some practices are ad hoc for the benefit of a particular client or client group, whilst others are more formal arrangements involving "matters as referrals, cross referrals, consulting services, and allocation of resources" (Norwood and Paterson 2002 p. 346). In longer term arrangements, the relationships are "characterised by frequent, ongoing interaction, commitment to the relationship and trust" (Trubek and Farnham 2000 p. 229). In North America, Trubek and Farnham have called these arrangements "social justice collaboratives" and describe them as a new way of practising that involves "non-lawyers as important actors in legal institutions while simultaneously facilitating lawyers' engagement with clients" (2000 p. 257).

In the North American experience, the use of multidisciplinary practices to assist the poor has rarely existed outside of law school clinical settings. For instance in Canada this was illustrated at Osgoode Hall's Parkdale Community Legal Service programme, where community workers are part of the team with lawyers and law students that provides community education, development and organising (Martin 2001). In the Australian and North American experience, many community legal centres, law clinics or legal practices may have well-established relationships with a number of external agencies but the concept of formal integration or collocation is still exceptional.

4. THE WEST HEIDELBERG EXPERIENCE OF INTEGRATED SERVICES

From the outset, the two community organisations, the legal service and the health centre, aimed to offer integrated services. "They all came in the one door" was how an employee of 24 years describes the approach of the services and this

expression captures several key aspects. It refers to the welcoming entrance used by clients of both the legal and health service, but it also refers to the fact that the staff used the same entrance as well as the general community who used the public telephone and toilets in the building. This physical layout was thought by the employee to have a significant impact on the way the community interacted with the service and staff with the community and each other.[8]

The founding solicitor of the WHCLS, reflecting on his experience in 1982, said:

> "The legal service that we set up was run in the Community Health and Welfare Service and this was a superb location. It is just very good to have a legal service in a community welfare centre. We could look at people's problems in toto. There were psychiatrists, doctors, youth workers, social workers, a community nurse, a lawyer, an educationalist and you name it. All the caring professions worked there. So for example there was someone who consulted the doctor because of sleeplessness and worry about her kids at school. It turned out that they were playing up because their dad had left home. So they then involved the youth worker. Then it emerges that she had financial problems because dad had left home. That then involved the credit counsellor and it involved the lawyer to get the maintenance payments. It turned out too that the kids had really deep psychological problems because of the conflict between their parents. So then the psychologist was involved. We were able really to look at the total problems affecting that family." (Neal 1984 p. 63)

This view of the way the services operate continues, and has been reflected regularly in the Annual Reports of both organisations. For example, in the 1988 Annual Report of the Legal Service:

> "HOW WE OPERATE
> To achieve our objectives, the Legal Service works with the staff in the Community Centre to provide a multidisciplinary approach to problems facing residents. Lawyers and Community Centre staff work jointly on individual problems to resolve the legal problem as well as the underlying cause that created the legal problem. This close working relationship enables referrals to be made instantly and sensitively. Examples of the multidisciplinary approach include lawyers working with the Financial Counsellor on debt matters or with the Social Workers or Community Workers on social security and domestic violence issues.
>
> Many people who contact the Legal Service are unsure whether their problem is a legal one and a major proportion of staff time is spent with people at this initial stage...

[8] Interview with Gary Sullivan, Supervising Solicitor, 3 Feb. 2006.

> The process of clarifying the actual problem, identifying courses of action for the individual to choose from and other agencies for the person to contact for assistance takes up a lot of staff time. Many who contact the Legal Service are upset or distressed and do not know exactly what their problem is or where they should go for help."[9]

And the 1994 report:

> "Legal Service staff regularly attend the Community Health Centre staff meetings to ensure that information on areas of common interest and concern are shared promptly, and legal advice is always available to Community Health Centre staff. A Board of Management member and a member of staff of the Community Health centre are elected on to the Legal Service Committee of Management on a rotating basis, and there is regular contact between the Community Health Centre Board of Management and the Legal Service Committee of Management. This close association ensures that a multidisciplinary approach is maintained."[10]

The enduring features of the integrated approach adopted by the two, legally distinct, organisations include: collocation of the organisations, crossover of board membership, including community members; use of a common reception area, but maintenance of separate filing and administrative systems (to ensure the professional obligations of the lawyer/client relationship are met); use of informal referrals between staff of the two organisations; attendance by legal centre staff at larger health centre staff meetings; and employment of practitioners who are prepared and keen to work with other disciplines.

i. Nature of Legal Work Performed by the West Heidelberg Community Law Service

Unlike many Australian community legal centres that are involved primarily with advice and referral work, the WHCLS provides significant casework services. Court representation is a major component of the work undertaken and the supervising solicitor regularly appears in the local courts, particularly for young people. Due to the demand for services and the limited resources available, the Legal Service gives priority to matters of public interest, which have relevance to the broader community and to members of the community who are experiencing isolation, poverty, discrimination or other social disadvantage. The Legal Service also accepts referrals from other community legal centres in areas of its legal expertise and knowledge. Examples of the casework undertaken by the Legal Service include: acting on behalf of a client issued with criminal charges; advocacy for family members who are the subject of child protection orders; and family law matters where children are involved

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[9] West Heidelberg Community Legal Service, *Annual Report 1988* p. 3-4.
[10] West Heidelberg Community Legal Service, *Annual Report 1994* p. 10.

and consent orders are negotiated on the client's behalf. Currently the top five problem types for legal advice are: child contact orders; separation; child residency; road traffic or motor vehicle regulatory offences; and property in marriage. In relation to providing representation, the top five problem types are: theft and related offences; road traffic/motor vehicle regulatory offences; fines; divorce; and acts intended to cause injury.[11] Seventy per cent of the clients at WHCLS are in receipt of social security payments or have no income (Curran 2005 para. 27).

ii. Referrals to West Heidelberg Community Legal Service

As recent research in England and Wales has illustrated, appropriate and timely referrals are critical to individuals receiving useful and proper advice (Pleasence 2006 p. 119). The available data on referrals to WHCLS confirms that existing clients (45.9 per cent) and referrals from friends and family (14.3 per cent) are the major source of legal service work. The community health centre is the next major source of referral at 10.2 per cent. This is significantly different from the experience in other community legal centres where the referral rate from community health centres is 1.6 per cent.[12]

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

Most referrals from the Health Centre to the Legal Service come from the financial counsellor, the doctors, social workers and drug and alcohol counsellors. Two recent examples illustrate the integrated approach.[13]

Case Study One:

> The patient was seen by a doctor shortly after a sexual assault. The patient was ashamed and unwilling to seek help. The doctor told the patient that the legal service had a female lawyer whom he trusted. He asked if the patient would like to have a brief chat with the lawyer then and there (the lawyer's room was along the corridor). He explained that if the patient felt comfortable with the lawyer she could see her about a claim for Crimes Compensation, advice on how the criminal trial process would work and

[11] Statistics obtained from Schedule 6 - West Heidelberg Community Legal Service Annual Report 2004-5. The categories are those specified in the CLSIS database maintained by the funding agencies.

[12] NIS data provided by Victoria Legal Aid 7 March 2006.

[13] Thanks to Liz Curran, Lecturer and Clinical Supervisor at West Heidelberg Community Legal Service, for providing these examples.

her involvement as a victim in the trial. The patient accepted the doctor's offer and became a client of the lawyer. The lawyer then, noting the client needed professional counselling was able to link her into the State support services available through the Crimes Compensation system but also was able to assist the other family members who were not eligible for state help by linking them with the Community Health Centre's staff team.

Case Study Two:

The drug and alcohol counsellors in the Community Health Centre approached the legal service staff to chat about a large number of the young clients who in recent times had been mistreated by the police. The workers wanted to know what they could do for the young people. The legal service staff suggested that each time the mistreatment occurred, the drug and alcohol counsellors make a Legal Service appointment for their clients, in order to discuss the client's rights, their legal options and how the client might deal with police in future exchanges. In addition, the Legal Service decided to hold a workshop for drug and alcohol counsellors and any other service providers experiencing similar problems. The workshop discussed how the counsellors and service providers could address these issues in the future, encouraging them to link into the services of the legal service and explained the formal complaints processes.[14]

A further example of how the referral system operates is in relation to the Legal Service's work in fines. The Legal Service has a particular expertise in the complex system of PERIN (Penalty Enforcement by Registration of Infringement Notice) fines.[15] This is a system that removes discretion from the magistrate in relation to non-payment of monetary penalties for a wide range of infringements (traffic, public transport, parking etc.). Default on fines results in imprisonment. The Legal Service receives referrals from the Sheriff's Office of people facing imprisonment for a large number of usually minor matters. They do not have the finances to enter agreeable instalment arrangements. In these cases, the client's problem is usually complex and multifaceted. The people are often suffering a mental illness and/or have ongoing drug use issues. The Legal Service staff can refer clients to the various Community Health Centre services and work with the Health Centre staff, drawing on their skills and advice in the preparation of the clients' cases. This is also an area in which the Legal Service has been actively involved in policy and legal reform work.

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[14] For further examples, see Curran 2004.

[15] FPERIN system established pursuant to Schedule 7 of the *Magistrates Court Act* 1989 (Vic). For more detail see Victoria Legal Aid(2002) *On the Spot: a guide to fines and the PERIN system*. http://www.legalaid.vic.gov.au/upload/cl.fines.pdf

5. KEY ELEMENTS OF AN INTEGRATED APPROACH

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

However, there is little empirical or qualitative material in Australia to support these observations. One exception is a study of an integrated approach to services adopted by a financial counsellor and a problem gambling counsellor. This study focused on how financial counsellors and problem gambling counsellors could work effectively together to provide the best service outcomes for their gambling clients. Through a detailed examination of six cases, the practices of a financial counsellor and a problem gambling counsellor (both based at the West Heidelberg Health Centre) working together to assist their problem gambling clients is explored (Pentland and Drosten 1996, p. 54 and 55).

The study identifies several key elements of this integrated service that facilitated an effective working relationship and positive outcomes for the clients. They were: location at the same site; willingness of staff to work together; professional experience of staff; understanding by the staff of the respective roles of different disciplines; clear and defined boundaries in casework; clear and prompt attention to referrals; and clear and frequent communication on cases.

Significantly, in relation to referrals, the counsellors considered that:

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

In the project under review the counsellors shared an interest in working with problem gamblers and a willingness to work together as a starting point. The success of the relationship was related to the counsellors consciously putting "a priority on building their professional relationship and engagement in joint casework" (Pentland and Drosten 1996 p. 58). This preparedness of the staff involved to recognise and utilise the professional expertise of other disciplines was seen as critical.

In a study on legal aid and social agencies undertaken in 1984, which included the WHCLS, the critical importance of the attitudes of the lawyers to the process of providing integrated services was also identified:

> "...by contrast, when it came to perception of role, the full-time community service lawyers added a further dimension. They saw themselves as beginning with the legal problem (in the case of West Heidelberg, somewhat reluctantly) and then exploring questions of client education and self help and seeking solutions to the client's 'package' of problems. Their location in a community setting and familiarity with local agencies encouraged them to espouse a more integrated [my emphasis] approach." (Hanks 1983 p.34)

Related to the willingness to work together is the need for an understanding of the different roles of each discipline. The gambling study noted that this includes an appreciation of:

> "...the philosophy and principles of the work area and of the individual worker; what each profession can and cannot do with and for clients; and styles of working with clients and within the team. As part of building their professional relationship, it has been important for the counsellors to learn about each other's work and to develop an understanding of each others practice." (Pentland and Drosten 1996 p. 59)

It is generally accepted that the nature of relationships and good communication are critical to successful integrated services. Bringing together professionals who are predisposed to work with others to address complex and multifaceted issues is the first step. Then the task is to build processes and trust, enable ongoing communication and have continued cooperation and coordination (Norwood and Paterson 2002 p. 357; Trubek and Farnham 2000 p. 258; Curran 2005 para. 17 and 18). However, it must be recognised that the skills set required to facilitate good communication with a range of other workers may not be those characteristic of clinically trained health, welfare or legal workers (Walker *et al.* 1997 p. 20). There needs to be management support for an integrated approach, which ensures workers are given appropriate induction, training and support. Both formal and informal mechanisms need to be established to enhance the communication.

Additionally, in Trubek and Farnham's survey of multidisciplinary practices that included legal services, one common element identified for the success of integrated services was a shared expertise and commitment to long-term problem solving. Here the "the legal aspect comes after trust has been established in the collaborative, and the lawyers learn to rely on the other members of the collaborative" and adapt their expert knowledge (Trubek and Farnham 2000 p. 258).

Drawing on the limited material available about West Heidelberg, the beneficial aspects for the client of providing legal services as part of integrated services are related to the recognition that access to other services and support

can assist the client in respect of the legal process as well as other facets of the problem. There must be a recognition that the legal and social aspects of a client's presenting problem are closely interlinked (Hanks 1983 pp. 27-28; Balmer *et al.* 2005; Pleasence 2006).

Specifically the benefits for the legal aspects of a client's problem can be identified as access to other professionals who can aid the legal process and facilitate the lawyer's role through, for example, the obtaining of relevant reports to present to the court; increased options available for sentencing can draw on related services and support available, for example, enable the granting of a non-custodial sentence; and the availability of alternative responses to legal action that can be expeditiously dealt with by workers in other agency/ies.

6. WHAT IS THE TRANSFORMATIVE IMPACT OF INTEGRATED SERVICES?

Despite integrated services being seen as a desirable approach in the provision of a range of welfare and community services, the challenge remains of how to measure the impact of these services. It is often assumed that the impact will be a beneficial one, but there is a paucity of data available to measure or substantiate these claims. Work is beginning in the UK but little work has been done in Australia.[16]

In the 1975 report calling for the establishment of the West Heidelberg Community Health and Welfare centre, the positive benefits were predicted to be:

> "...such a service would probably pay for itself on a cost benefit basis by saving the cost to the community of children who have to be minded by the Social Welfare Department at a cost of approximately $80[17] per child per week; by reducing the costs of running the courts; by enabling the hospital casualty department to be conducted more efficiently; by relieving many social workers for other tasks. The raising of the dignity and spirit of the community would be of inestimable value but it could not be costed." (Morgan 1976 p. 22)

It was assumed that such a service would be beneficial. Unfortunately, the data is not readily available to substantiate these claims. Certainly on a local and individual basis, workers at West Heidelberg can provide numerous examples of how the provision of a range of services, including legal, have apparently helped prevent an individual from going to jail, or a mother losing her child to the state,

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[16] See Legal Services Research Centre website for current projects: www.lsrc.org.uk . In Australia some recent research has looked at quantifying the economic benefits of Community Legal Centres although not specifically integrated services. See Edgerton and Partridge 2006.

[17] Approx. £32.

a young person from re-offending, or assisted newly arrived immigrants from the Horn of Africa to settle and address discrimination issues[18] (Curran 2005). Additionally, the manner and immediate uptake of referrals is a positive departure from the normal impact of referrals and mitigates the nature of the findings of work in the UK.[19]

However, on the broader scale of poverty and a range of indicators of disadvantage and social exclusion, it is hard to discern significant transformation. The health of the West Heidelberg community is still poor and it is still an area of significant disadvantage.

In 1992/93, research was conducted to compile a comprehensive community health profile of the West Heidelberg area, the first since 1974. The report highlighted that social disadvantage in West Heidelberg is considerable and West Heidelberg residents earn less and more usually derive their income from social security pensions and benefits. The number of sole parents in the area was three times the Melbourne metropolitan average. One of the most disturbing findings of the research was that 90 per cent of pre-school children in West Heidelberg had only fair or chronically poor general health, were easily fatigued, unable to concentrate and were often hungry (Walker 1994 pp. iv-vi).

In research into social disadvantage in Victoria conducted in 2004, West Heidelberg was included in the 30 highest ranking postcodes (total 647) for general disadvantage. This had not altered from 1999. This research looked at thirteen indicators including: unemployment; low income; early school leaving; non-completion of year 12 schooling; unskilled workers; low birth weight; child abuse; psychiatric hospital admissions; criminal offence convictions; child injuries; imprisonment; threatened severance of electricity supply; and disability support pension/sickness allowance (Vinson 2004 pp. 25-30). West Heidelberg in particular had high levels of imprisonment and crime, which is related to the prevailing drug culture.

This 2004 research also began the task of developing a measure of social cohesion that captures "something of the resilience displayed by some communities". The report stresses that the work is still at an exploratory stage and there is limited data available to make these assessments. Information was combined on three aspects of neighbourhood life: volunteering, group recreation and expectations of informal help. The report suggests the findings are a reminder that "a community's internal relations can also play a significant part in shaping its well-being" and that communities that score highly on this 'social cohesion' measure cope "better in the face of unemployment, low family income, low occupations skills and limited education, than those that do not"(Vinson 2004 p. 11). The exploratory nature of the research and the small samples used must be borne in mind when drawing conclusions from this research (Mowbray 2004 p. 45).

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[18] The Annual Reports of the West Heidelberg Community Legal Service detail a range of cases over the years.

[19] Unfortunately, there is no specific data on this aspect of the relationship.

In this study, West Heidelberg was shown to have a medium level social cohesion in contrast to a number of other areas of disadvantage where there was low social cohesion. A significant related finding was that rural areas of disadvantage often had high levels of social cohesion. The low cohesion category accounted for a negligible proportion of the rural postcodes. The research suggests that areas with significant forms of disadvantage can have "compensatory inner strengths". However, the report stresses that social cohesion itself cannot counteract aspects of disadvantage shaped by macroeconomic factors (Vinson 2004 p. 80).

This finding of medium level social cohesion in West Heidelberg reinforces anecdotal evidence that it is a 'close knit' community. Similarly, in the 1992/93 research strong community spirit was identified by 78 per cent of interviewees as a main strength of the West Heidelberg community. This result centred on the 'established people' and not so much the younger residents. A significant number (44 per cent) also thought West Heidelberg was an area where you can depend on others to help in tough times. This had a particular resonance with young homeless people in the area (Walker 1994 p. 50).

However, can we link this better than expected social cohesion in the West Heidelberg area to the existence of a Community Health and Welfare Centre and the legal services provided there? The answer at this stage can only be speculative.

A different aspect of the potential transformative impact of integrated services is in the area of policy and law reform work (Trubek and Farnham 2000). From it earliest days, the Legal Service has been active in a range of law reform activities and campaigns. Although law reform is a common feature amongst Australian Community Legal Centres, the work of West Heidelberg has had an added dimension because of the connection with and contribution of workers from the Health Centre and through them local community members (Giddings 1992; Giddings and Noone 2004). In this way, the voice of the West Heidelberg community has been heard on a range of legal matters.[20]

This capacity has been enhanced in recent years with law students participating in law reform projects arising from their casework. Topics researched by the students have included: Mentally Ill Offenders and the Criminal Justice System; Self Represented Litigants; Breach of Confidentiality in Children's Matters; and Youth Debt (Curran 2004). These reports reflect an approach to service delivery that sees the client's legal problem within a broader context. One aspect of this law reform work is that it is not just based on experiences of the legal service but also draws on the experience of the staff of the Health Centre (Curran 2005 para. 31). Despite numerous supportive and appreciative letters from relevant government ministers and media coverage for different projects, the task of evaluating the 'transformative' impact of this work has not been done methodically. When there is change in legislation or policy, it is often difficult to precisely locate the trigger for the change.

[20] The Annual Reports of the West Heidelberg Legal Service detail a range of examples.

7. FUTURE OF INTEGRATED SERVICES AT WEST HEIDELBERG

Recent research in New South Wales and the UK indicates that people often seek advice from non-legal sources, including a range of health and welfare professionals (Coumarelos et el. 2006; Pleasence 2006). This research also shows that appropriate and timely referrals are essential if people are to receive the legal and other assistance required. Additionally, this research highlights the interconnectedness of legal, health, welfare and social problems. For instance, in the area of debt and ill health, the potential for a coordinated approach between health, welfare and legal workers to help in preventing "the degeneration of circumstances which is often characteristic of those experiencing social and civil justice problems" has been discussed (Balmer *et al.* 2005 p. 47).[21]

Given this range of recent research, the experience of the WHCLS warrants critical support. Even if no transformative effect on broad indicators of social disadvantage can yet be documented, the limited research available and strong anecdotal material on the West Heidelberg experience illustrates that an integrated approach to provision of legal services provides a better service for the client that addresses their multiple needs in an efficient and effective manner.

However, despite an ongoing willingness of the staff and management of the WHCLS and the Banyule Community Health Centre to continue to provide an integrated service to their local community, a range of external factors are impacting on that capacity. For example, in the last decade there has been a significant shift in the form and focus of government funding for a range of health and welfare services. The service agreements between government and the service providers stress outputs and number of clients served. Ironically, integrated services can mean that one individual may consume more of the limited services available and thus deprive other individuals from getting any service. When resources are limited, serving one client 'holistically' may deny several other clients partial service. Integrated services may not generate enough individual outputs to satisfy the funding bodies.

There is often no provision in the funding agreements to focus on the broader impact of services, the quality of the services or provision for advocacy or policy work. As a consequence there is reduced scope for staff in the Legal Service and Health Centre to 'collaborate' on community development, building 'social capital' or broader policy issues. Additionally as each funding source requires specific accountability measures, the challenge is to develop "valid and reliable measures of success that hold across multiple partners [that can] identify optimal partnership working and evaluate outcomes" (Balmer *et al.* 2005 p. 49). For instance, in the 'social justice collaboratives' approach to integrated services, "new quality systems that use client satisfaction surveys, review of lawyer files

[21] A range of developments in health services in Ontario and the UK are discussed in Pleasence (2006) pp. 170- 176.

and integrated evaluation for continuous feedback" have been developed. A further challenge is to document the efficiency of integrated services, particularly in relation to administration and other infrastructure costs.

A recent example highlights the impact that the external funding arrangements can have. In the past it has been a common practice (when required) for the legal practitioner to request, on behalf of the client, a written report from the Health Centre doctor or other relevant support worker to present to a court or tribunal. This has been produced at no cost to the Legal Service or the client (a private medical practitioner will charge). In recent months, the Health Centre has begun to request payment for these reports. The rationale being that the doctors are not on a salary and funding is only received for specific services. The report writing is time consuming. Clearly this approach is not conducive to a collaborative approach. It is not in the client's best interests as they are unable to pay the fee requested. It is in part a product of the funding arrangements. If governments are seeking to encourage integrated services then some attention is required to the issues of infrastructure, including funding accountabilities.[22]

8. CONCLUSION

In October 2006, the WHCLS moved into new premises with the Banyule Community Health Centre. As expected the new building is larger, brighter, and more clinical than the former one. However, the design has retained the single entrance for clients and staff (although staff may have other egress options). The Legal Service is collocated on the same floor as the problem gambling counsellors and financial counsellors, but many other services are further away. There is a common staff kitchen and lunch area, which already has shown its importance as a site for informal staff exchanges.

On the occasion of the opening of the new building, the Chief Executive Officer of the Banyule Health Centre reiterated the commitment to integrated health and welfare services as well as high quality and low cost services; accessibility; encouragement of community participation and working closely with other agencies.[23] The inclusion of the Legal Service in the new building (with minimal cost to the Legal Service) is a strong endorsement of the desire to continue the provision of integrated services to the local community. Additional services, including adult education, a neighbourhood renewal project and a chronic disease prevention team are now also collocated in the building.

Collocation of services contributes significantly to the success of the integrated service approach. At this stage it is uncertain how the new physical surrounds of the WHCLS and the Banyule Community Health Centre will

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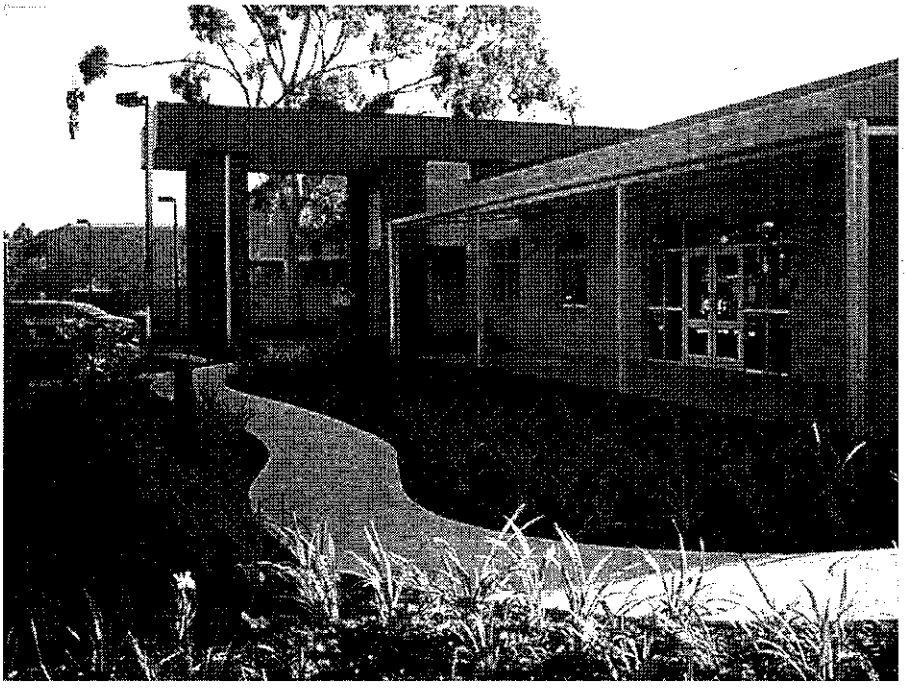
[22] See Russell et al. as quoted in Curran 2004 para. 18-19.

[23] See press release http://www.bchs.org.au/2006%20---%20191006%20New%20Banyule%20CHC%20opens%20--%20media%20release.pdf

impact on the integrated nature of services that has sustained both organisations for nearly 30 years. However, what is certain is that successful integrated services also rely on regular communication, respect and trust between workers, cooperation and collaboration of staff and management, and support and appropriate accountability measures from funding bodies. The challenge in the current environment for both these organisations is whether coming 'in the one door' will be enough?

Figure 2: *New Banyule Community Health Centre 2006 © Mick Geary. Reproduced with permission*



REFERENCES

Balmer, Nigel, Pascoe Pleasence, Alexy Buck and Heather Walker. 2005. Worried Sick: The Experience of Debt Problems and their Relationship with Health, Illness and Disability. *Social Policy and Society* 39 (5)1.

Byson, Lois and Martin Mowbray. 2005. More spray on solution: Community, social capital and evidence based policy. *Australian Journal of Social Issues* 91 40(1).

Brustin, S. 2002. Legal Services provision through multidisciplinary practice - Encouraging holistic advocacy while protecting ethical interests. *University of Colorado Law Review* 787 73.

Coumarelos, Christin, Zhigang Wei and Albert Zhou. 2006. *Justice Made to Measure: NSW Legal Needs Survey in Disadvantaged Areas*. Law and Justice Foundation of New South Wales.

Curran, Liz. 2004. Responsive Law Reform Initiatives by Students on Clinical Placement at La Trobe Law. *Flinders Journal of Law Reform* 287 7(2).

Curran, Liz. 2005. Making Connections: the Benefits of Working Holistically to Resolve People's Legal Problems. *E Law – Murdoch University Journal of Law* 12 http://www/murdoch.edu.au/elaw/issues/v12n1_2/Curran12_1html

Dal Pont, Gino. 2006. *Lawyers' Professional Responsibility* (3rd edition) Sydney: Australia Thomson Lawbook Co.

Dickson, Judith. 2004. 25 Years of Clinical Legal Education at La Trobe Uni – Keeping the community in legal education. *Alternative Law Journal* 37 29(1).

Edgerton, Nicholas and Emma Partridge. 2006. *The Economic Value of Community Legal Centres*. Institute for Sustainable Futures, University of Technology, Sydney.

Fincher, Ruth and John Nieuwenhuysen (eds). 1998. *Australian Poverty: Then and Now*. Melbourne: Melbourne University Press.

Garth, B. 1980. *Neighbourhood Law Firms for the Poor*. Maryland: Sijthoff and Noordhoff.

Giddings, J. 1992. Casework bloody casework. *Alternative Law Journal*. 17(6):261.

Giddings, J. and M.A. Noone. 2004. Australian community legal centres move into the twenty-first century. *International Journal of the Legal Profession* (11)3:215

Hanks, Peter, Kate Lavendar and Guy Powles. 1983. *Relationship Between Legal Aid Agencies and Social Agencies*. Commonwealth Legal Aid Council. Canberra: Australian Government Publishing Service.

Martin, Dianne. 2001. *A Seamless Approach to Service Delivery in Legal Aid: Fulfilling a Promise or Maintaining a Myth.* Department of Justice, Canada.

Morgan, Mary. 1976. *A Study of the Heidelberg (Victoria) Community.* Report for the Commission of Inquiry into Poverty. Canberra: Australian Government Publishing Service.

Mowbray, Martin. 2004. Postcodes and destiny: The selective application of research on social capital. *Just Policy* 43 34.

Neal, David. 1978. The New Lawyer Bloke. *Legal Service Bulletin* 148 3(4).

Neal, David (ed.) 1984. *On Tap Not On Top. Legal Centres in Australia 1972-1982.* Melbourne: Legal Service Bulletin Cooperative.

Noone, Mary Anne. 1997. Australian Community Legal Centres - The University Connection in *Educating for Justice: Social Values and Legal Education,* edited by Cooper, J. and Trubek, L. Dartmouth.

Noone, Mary Anne and Stephen Tomsen. 2006. *Lawyers in Conflict: Australian Lawyers and Legal Aid.* Sydney: Federation Press.

Norwood, M. and A. Paterson. 2002. Problem-Solving in a Multidisciplinary Environment? Must ethics get in the way of holistic services. *Clinical Law Review* 337 9.

Pentland, Jan and Pauline Drosten. 1996. Financial Counselling and Problem Gambling Counselling: Exploration of a Service Model. *Australian Journal of Primary Health – Interchange* 54 (2) 2.

Pleasence, Pascoe. 2006. *Causes of Action: Civil Law and Social Justice.* Legal Services Research Centre. London: The Stationery Office.

Trubek, Louise and Jennifer Farnham. 2000. Social Justice Collaboratives: Multidisciplinary Practices for People. *Clinical Law Review* 227 7.

Vincent, Ida. 1999. Collaboration and Integrated Services in NSW Public Sector. *Australian Journal of Public Administration* 50 (58)3.

Vinson, Tony. 2004. *Community adversity and resilience: the distribution of social disadvantage in Victoria and New South Wales and the mediation role of social cohesion.* Jesuit Social Services, Richmond.

Walker, Rae, Sally Mitchell and Maria Wright. 1997. Inter-Organisational Relationships of Community Health Centres. *Australian Journal of Primary Health-Interchange* 18 3(4).

Walker, Robyn. 1994. *Working Towards A Healthy Heidelberg.* West Heidelberg Community Health Centre Inc.

West Heidelberg Community Legal Service. *Annual Reports* 1984-2005.