

Dr Warren Mundy &  
Ms Angela MacRae,  
Productivity Commission  
Locked Bag 2 Collins Street East  
Melbourne 8003

19 May 2014

Dear Commissioners,

### **Access to Justice Arrangements :Productivity Commission Draft Report**

We are members of the Advocacy Health Alliance Network. The Network comprises individuals who are currently engaged in projects where legal services are delivered in health care settings to the poor and disadvantaged. We address Information Request 5.1:

*The Commission seeks feedback on the likely effectiveness and efficiency of extending the use of legal health checks to those groups identified as least likely to recognise problems that have a legal dimension. More vulnerable groups include people with a disability, sole parents, homeless people, public housing tenants, migrants and people dependent on income support.*

*Where greater use of legal health checks is deemed appropriate, information is sought on who should have responsibility for administering the checks. What role should non-legal agencies that have regular contact with disadvantaged clients play? Do these organisations need to be funded separately to undertake legal health checks?*

Advocacy-Health Alliances are an innovative model to deliver legal services within a healthcare setting to improve access to justice for poor and disadvantaged individuals in our community. Research shows that legal professionals are only consulted for 16 per cent of all legal problems whereas people often turn to their trusted health and welfare professionals for advice and assistance with issues that have legal aspects

The Advocacy-Health Alliance model of service delivery is based on the United States' Medical-Legal Partnership (MLP). This healthcare delivery model integrates legal assistance as an important element of the healthcare team. The model is built on an understanding that the social, economic, and political context of an individual's circumstances impacts upon their health, and that these social determinants of health often manifest in the form of legal needs or requirements. Research in the USA increasingly indicates positive benefits from this approach.

The model has three core components and activities:

- Provision of legal assistance within the healthcare setting. These services focus on early identification of potential legal problems by healthcare professionals. Often through the use of a *legal health check list*. This leads to early intervention, which can often alleviate or prevent medical and legal crises.
- Transforming Health and Legal Institutions and Practices. Through the model health professionals refocus their time with patients to assist in identifying issues that may impact on health, such as accommodation standards and personal safety issues in addition to treating medical symptoms and illness. Legal practitioners work in partnership with health care professionals to help identify and address the legal needs of patients through the delivery of advocacy training and the development of resources and toolkits for this setting.
- Policy Change. One of the key benefits of the model is the potential to influence policy reform, to improve the health and well being of vulnerable populations through the advocacy of both the health and legal professionals of the AHA

Although there are a number of longstanding examples of the provision of legal services in a health setting in Australia ( eg West Heidelberg Community Legal Service and Banyule Community Health referred to in the Draft Report p 172), there have been some more recent innovative developments. For example the work of Inner Melbourne Community Legal Service ( formerly North Melbourne CLC) with the Royal Women’s Hospital (Gyorki 2014); Loddon Campaspe Community Legal Centre with Bendigo Community Health (Noble 2012) (<http://lcclc.org.au/programs/advocacy-health-alliance/>); and Maurice Blackburn and Alfred Hospital(<http://www.heraldsun.com.au/news/victoria/bedside-legal-aid-for-family-violence-victims-at-the-alfred/story-fni0fit3-1226923390451>). A list of related articles/reports, that detail these developments, is included at the end of this submission.

We commend this model of legal service provision to the Commission as an efficient and appropriate approach for *people with a disability, sole parents, homeless people, public housing tenants, migrants and people dependent on income support*. We submit this model of service provision should be examined as one alternative to the current organisation of legal assistance and may enable access to alternative funding sources.

We also submit that the use of a *Legal Health Check List* can be a valuable tool in the provision of service delivery in both health and welfare settings. It has been successfully used in the USA.

We look forward to the opportunity to discuss this further with the Commission in a public hearing.

Yours sincerely,

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Mr Peter Noble  
Executive Officer  
Advocacy & Rights Centre Ltd

Advocacy & Rights Centre Ltd incorporates the Tenant  
Advocacy and Support Program, Loddon Campaspe  
Community Legal Centre and Goulburn Valley Community  
Legal Centre

For further information on Advocacy Health Alliances see:

<http://advocacyhealth.net.au/>

<http://www.justiceconnect.org.au/what-we-do/what-we-are-working/advocacy-health-alliance>

- Christine Coumarelos, Pascoe Pleasence, & Zhigang Wei (2013), *Law and disorders: illness/disability and the experience of everyday problems involving the law*. Justice Issues Paper 17, Law and Justice Foundation of NSW, Sydney
- Linda Gyorki, (2014) ‘A Healthy Partnership: Legal and health issues often go hand in hand – community legal centres are responding in healthcare settings 88 (1)*Law Institute Journal* 81
- Peter Noble, (2012) *Advocacy Health Alliances: Better Health through Medical Legal Partnership – final Report of the Clayton-Utz Foundation Fellowship*
- Mary Anne Noone, (2012) ‘Key Features of Integrated Legal Services: lessons from West Heidelberg Community Legal Service’ 37 (1) *Alternative Law Journal* 26-30
- Mary Anne Noone, (2009) ‘Towards an integrated service response to the link between legal and health issues’ 15 *Australian Journal of Primary Health* 203-211
- Mary Anne Noone with K.Digney, (2010) “*It’s Hard to Open up to Strangers*” *Improving Access to Justice: The Key Features of an Integrated Legal Services Delivery Model* La Trobe University Melbourne Australia