Central Highlands Health Justice Partnership: Evaluation Report

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Important disclaimer

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Executive summary

Background

The Central Highlands Health Justice Partnership for Youth (from this point referred to as the Central Highlands Health Justice Partnership; CHHJP) is a program delivering an integrated health justice service for young people in the Central Highlands region of Victoria.

Commencing in February 2015, the program is a collaboration between the lead organisation, Federation University Australia (FedUni) and partner organisations, Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC). The program was funded by a major grant, awarded in 2014 by the Victorian Legal Services Board (LSB), and was officially launched at BCH, Lucas, in July 2015.

The program was established to deliver an integrated health and legal service for young people through access to a CHCLC lawyer located at BCH. The program provided early intervention for legal issues with the aim of improving the outcomes for disadvantaged young people experiencing multiple health and legal issues.

Facilitating early intervention and raising awareness of the health and legal issues for the region's youth was a key objective of the program. Regional data indicates that many young people in the Central Highlands experience a range of legal problems across civil, criminal and family law areas. These are frequently related to physical and mental health issues. The CHHJP has been designed to increase the awareness amongst young people, and those who work directly with young people, about legal issues and resources, and provide legal assistance to young people available through the local community health centre.

Health Justice Partnerships (HJPs) offer an innovative service model to assist individuals who typically have limited access to services, and who are experiencing complex health, wellbeing and legal issues. Krishnamurthy, Hagins, Lawton and Sandel (2016) describe the relationship between health and legal needs as 'health-harming legal needs' (p. 377), meaning that legal issues have a negative impact on health and are often amenable to civil justice remedies.

Research from the USA has found that providing legal partnerships with health care providers can have a positive impact on the health of disadvantaged people and potentially reduce public health costs (Noble 2012, p.3). Beeson, McCallister and Regenstein (2013) found multiple, positive outcomes from Advocacy Health Alliance (in Australia known as HJPs) projects at the individual (reduction in stress levels), agency (training and knowledge of providers) and economic levels (providing financial return on investment and health care recovery dollars).

For the CHHJP, it was anticipated that co-locating services at a convenient, trusted and safe environment at Ballarat Community Health sites would facilitate the early identification and management of legal issues for young clients. It was also anticipated that the program would enhance agency staff knowledge and skills development in understanding and responding to the legal issues of young people.

HJPs have been widely adopted in the USA (e.g. Speldewinde and Parsons 2015; Atkins Heller, DeBartolo and Sandel, 2014) but are only now becoming established in Australia (Noble 2012; Gyorki 2014). To build an understanding of HJPs in Australia and to support young people and increase their awareness and access to support for legal issues, research was conducted alongside the CHHJP to gauge the impacts and outcomes of the program. The research will provide further understanding about HJPs in Australia and offer new insights to support the delivery of ongoing services for at-risk youth in the region.

Partner agencies

Ballarat Community Health (BCH) is a public company that promotes health and wellbeing in the community and provides quality, affordable health and wellbeing services. BCH delivers a broad range of integrated primary care programs including: general practitioner (GP) clinics, sexual health, community health nursing, diabetes management, dietary counselling, smoking cessation, exercise and fitness, counselling services, alcohol and other drugs services, youth services, podiatry and health promotion. BCH operates under the values of responsibility, integrity, resilience, courage, optimism and respect.

Central Highlands Community Legal Centre Inc. (CHCLC) is a not for profit, community based legal advice and referral centre. Funded by the State and Federal governments it provides free, professional legal services to people in the Central Highlands. CHCLC works collegially with organisations and groups in providing community legal education. CHCLC participates in collective and individual social justice issues and concerns that have an impact on the community.

Federation University Australia (FedUni) is a new generation Australian university that is regional in focus, national in scope and international in reach. FedUni offers excellence and quality in vocational education and training, higher education and research. FedUni is also committed to building collaborative relationships of mutual benefit at the local, national and international level.

Purpose

This report has been prepared for the Victorian Legal Services Board Grants Program, and the partners of the Central Highlands Health Justice Partnership program, including Ballarat Community Health (BCH), Central Highlands Community Legal Centre (CHCLC) and Federation University Australia (FedUni). The report offers a comprehensive overview of the program together with analysis of the research data collected during the course of the research project.

Aims and objectives of project

The three key objectives of the research project are to:

1. improve, through early intervention, the health and legal outcomes for young people aged 16–25 through the implementation of an early intervention health justice partnership in the region;
2. build capacity of agency partners to understand the impact of environmental issues, such as legal problems, on the health and well-being of young people in the region aged 16–25; and
3. increase the awareness amongst young people (patient/clients) about the legal resources available in the region and state-wide.

Methods

This evaluation was conducted alongside the CHHJP program to examine (a) the contribution of the program on outcomes for young people, (b) how the CHHJP influences the resolution of legal issues – and their impact on health – for young people, and (c) the referral and practice outcomes for partner (and other) organisations.

Data pertaining to young people using the program were collected by CHCLC using a spreadsheet developed by the research team and the CHCLC. Additional data including secondary consults, legal education and information sessions were collected by the CHHJP youth lawyer.

The program evaluation started in parallel with the commencement of the program. In total, eight evaluation instruments were developed in consultation with partner agencies and the governance

group, Youth Team Leader and the youth lawyer, to ensure the instruments were relevant and appropriate to each cohort.

Data collected during the evaluation provided insights into the legal needs of young people and their pathways to gaining assistance. It also provides information to inform ongoing and future program development, and for funding bodies to ensure that services are delivered flexibly to meet the needs of the young people who are already marginalised.

Findings

Overall, five themes emerged from the analysis of the multiple data sets collected during the research evaluation of the CHHJP program. These included:

1. Establishing the need: The legal-health nexus of young people

One hundred and thrity-three young people accessed the CHHJP program, of these 53 identified the health and wellbeing impact of their legal issue which was manifest through a lack of sleep, increased stress levels, a lack of concentration and confidence. Further evidence of the association between the legal issue on the health and wellbeing of young people was observed by agency staff. Overall, 41 types of legal problems were identified resulting in 182 instances where 'one-off' advice or case work was provided.

The number of completed exit surveys was low; however, the responses provided valuable insights about the experiences of young people accessing the CHHJP and how the resolution of their legal problem had had an impact on their health and wellbeing.

2. The importance of early identification and intervention

Young people accessed the program through a variety of pathways, including the partner agencies, external agencies, schools, legal aid and police. Some of these agencies – particularly those whose primary role is to work directly with young people – indicated that the 'Legal Health Check' was an integral part of their consultations with young people. The Legal Health Check was also one of the most frequently accessed tools on STUCK, the dedicated website for the CHHJP program. Those who used the tool indicated that it built capacity by enhancing their understanding of certain legal issues and increased their confidence in working with young people. Although not conclusive, the data appears to indicate an increase in early identification of legal issues.

3. Awareness raising: Program promotion targeted at young people

The importance of promoting the CHHJP program emerged as another key theme. Several successful strategies were adopted throughout the program's operation to facilitate and increase the awareness of young people of the CHHJP program and how it could support them. Promotion took various forms including 'post cards' and posters that were distributed to agencies across the region including schools, welfare agencies and the courts. In addition, legal education sessions were delivered to young people on specific topics such as 'sexting'. Four sessions were conducted on different legal topics. These sessions were facilitated by the youth lawyer and attended by approximately 420 young people at schools and educational institutions in Ballarat. Similarly, information sessions about the program was delivered to workers at various agencies and at school network meetings. The STUCK website provided another opportunity to inform young people, not only about the program, but also about legal issues. This website was developed in conjunction with program partners in consultation with two young people.

4. An integrated, timely and flexible service delivery model

The model of service delivery is another important consideration for this program, especially the provision of an integrated, timely and flexible model of service delivery. Aspects of this integrated model enhanced the accessibility to the service. For example, the importance of an integrated model where young people are referred by a worker with whom the young person has developed a trusting

relationship, cannot be underestimated. Similarly, the flexible nature of the legal service, where young people would have an appointment quickly, sometimes on the same day, was also of prime importance. The youth lawyer also provided outreach to some clients through this service. Anecdotal evidence suggests that this may have been beneficial, particularly for clients with mental health and or substance abuse issues.

5. Addressing a service need: court and tribunal representation

Overall, 27 young people received legal advice for court and tribunal representation. The majority of matters for which representation was provided were fines (*n* = 5), followed by drink driving offences (*n* = 4). Matters involving family violence, Protective Service Officers (PSOs) and assault each accounted for three court representations.

Access to free or low-cost court representation has become more elusive as services including court representation by Victoria Legal Aid and Community Legal Centres has diminished or is no longer available. For example, eligibility for court representation by Victoria Legal Aid is now restricted to serious legal matters, where defendants are facing a period of immediate incarceration if found guilty, and for those needing intensive support or that are already in custody (VLA, 2015-2016).

As most of the representations provided within this program were for summary matters heard in the Magistrates' court, it is highly probable that these young people would ordinarily not have been eligible for court representation from any other service.

Recommendations

In response to these research findings, key recommendations are presented to support the ongoing work of the CHHJP, and enhance the implementation of other HJPs, especially in regional and rural areas.

Recommendation 1: That ongoing, program funding is identified and secured for the CHHJP to ensure its continuation as an integral, local service assisting young people in the future.

Recommendation 2: That ongoing promotion of the CHHJP continues in tandem with the continuation with the program across the region. Promotion should be extended to all staff at agencies and organisations that support young people and to the young people themselves. Ongoing dissemination and promotion of the STUCK website will ensure easy access for young people to source relevant information about the program.

Recommendation 3: That the researchers disseminate the outcomes of the CHHJP research to a national and international audience to showcase the uptake and value of the program to both industry and academia. This may include the preparation of journal papers, industry discussion papers, and/or conference papers.

Recommendation 4: That integrated, health-legal service models (similar to the HJP) are implemented and delivered in other regions across Australia to meet the diverse and complex needs of disadvantaged groups that cannot be serviced by a sole sector or agency.

Recommendation 5: That community-based agencies with a focus on service delivery for young people consider options for an integrated health-legal service model, in conjunction with their Community Legal Centre or Legal Aid Office.

Recommendation 6: That funding bodies acknowledge the need for flexible service responses that meet the needs of young people with complex needs requiring resource intensive service response.

Recommendation 7: That further research is conducted over an extended timeframe to assess the impact of the CHHJP as an effective intervention strategy.

Recommendation 8: To conduct further evaluation on the impact of the CHHJP on capacity building of staff from the host agency.

Literature review

This review presents a summary of the current, published national and international research about Health Justice Partnerships (HJPs). It provides an overview of the origins and objectives of HJPs, the methods that have been adopted to measure their impact, and summarises the published research outcomes of these programs.

The literature review includes an overview of the methods used to identify and collate the literature and addresses the following questions.

1. What are HJPs?
2. What does the international literature say about them: their history and the program attributes?
3. How have HJPs been implemented internationally, and in Australia?
4. What are the learnings to emerge from the published research conducted into HJPs?

Search strategies for the literature review

The literature for this review was sourced from electronic searches of the following national and international databases: Academic Search Complete; EBSCO Host Online Citations; Google Scholar; Informit; JSTOR; Sage Reference Online; Social Science Research Resources Network; Springer Link; Taylor and Francis Online and Trove. Priority was given to literature published since 2010; however, research published prior to 2010 has been included where appropriate and relevant.

Social determinants of health

Despite significant advancements in medicine and quality of care, disparities in health within and among populations continue to exist (Braveman, Egerter and Mockenhaupt. 2011; Garg, Jack and Zuckerman 2013; Zuckerman 2012). Evidence suggests that although medical care is important, it may be a small contributor to the overall health of a population (Williams, Costa, Odunlami and Mohammed 2008). The social circumstances of a person's life have been found to directly influence their health, including poverty, food insecurity, domestic violence, homelessness and chronic disease (Colvin, Nelson and Cronin 2012; Sandel, Suther, Brown, Wise and Hansen, 2014). The social determinants of health are "*the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness*" (Commission on Social Determinants of Heath 2008, p.1).

It has been proposed that if the major determinants of overall health have a social foundation, the solution must also be social (Marmot, 2005). Some of the fundamental drivers of these social and environmental conditions are laws and regulations that help form the environment in which people live (Lawton and Tyler, 2013). Governments implement legislation to address the social determinates of health including food insecurity, insufficient income, housing and disability. However, if people are not receiving the benefits or protections from these laws, their health may be undermined (Zuckerman 2012; Zuckerman, Sandel M, Smith L and Lawton, 2004, 2007). Although poor health outcomes can be treated medically, there is often a delay between the occurrence of a health problem and the time after which the person seeks assistance from their health care provider (Williams et al. 2008).

Unmet legal needs

It is estimated that in the USA, low-income households experience approximately one unmet legal need per household (Teufel and Dausey 2014). This is further exacerbated by the disparity between different income earners and their access to legal advice. For those earning 200% above the poverty level there is one attorney per 217 individuals, whereas for those at or below 200% there is one attorney per 14,229 individuals (Teufel *et al*. 2014). Legal needs are defined as any adverse social or

environmental condition that has a remedy residing in the legal system (law, regulations or policies). Examples of the range of legal needs that impact on the health status for citizens in the USA are outlined in the following Table (Sandel, Hansen, Kahn, Lawton, Paul, Parker and Zuckerman, 2010).

Table 1: Legal needs that affect health

Legal need	Examples of legal needs that affect health
Income/insurance	Insurance access and benefits; Food stamps; Disability benefits; Social Security benefits
Housing	Shelter access; Access to housing subsidies; Sanitary housing conditions (such as mould or lead); Foreclosure or prevention; Utility access
Education/employment	Americans with Disabilities Act compliance; Discrimination; Individuals with disabilities in Education Act compliance
Legal status	Immigration (asylum. Violence Against Women Act); Criminal record issues
Personal/family stability	Guardianship, custody and divorce; Domestic violence; Child and elder abuse and neglect; Capacity/competency; Advance directives; Powers of attorney; Estate planning

Source: Adapted from Kenyon, Sandel, Silverstein, Shakir and Zuckerman B. Revisiting the social history for child health. Pediatrics. 2007;120:e734–e738. These authors adapted the I-HELP assessment tool, as cited in Sandel et al., 2010.

It is estimated that 50–85% of health care services for those on low incomes have users whose health is impacted by unmet legal needs (Zuckerman 2012). Although health care providers are aware of the issues of their patients, they often do not have the knowledge, tools or resources to address the cause (Sandel *et al*. 2014).

To gain an understanding of the legal needs of the community, the Legal Australia-Wide (LAW) Survey interviewed 20,716 residents aged 15 years and over across Australia. The findings indicate that legal problems were widespread, with half of respondents having a legal problem in the last 12 months. However, 65% of all reported legal problems were carried by just 9% of respondents. Legal issues had adverse impacts on life circumstances, including financial strain, stress and physical illness, and were most prevalent amongst disadvantaged individuals (Coumarelos *et al*. 2012).

Furthermore, approximately half of the legal problems, captured in this same study, resulted in respondents seeking advice of some kind, more than 40% were handled without advice, with the remainder taking no action. The results suggest that legal professionals are only consulted in 16% of all legal issues, with people often consulting friends, health or welfare professionals – and not legal professionals – despite better outcomes being achieved through professional legal advice. One in five individuals who reported legal issues chose to seek help from a doctor before contacting a lawyer (Coumarelos *et al*. 2012).

The Productivity Commission Report on Access to Justice found that 14% of Australians live under the Organisation for Economic Co-operation and Development (OECD) poverty line. Furthermore, only 8% of households would meet income and assets testing that qualify for court representation by legal aid, with this help also being contingent on the cases being 'serious' in nature. This leaves the majority of low- and middle-income earners with very limited capacity to manage legal costs (Productivity Commission 2014).

Given the prevalence of legal issues – particularly among the disadvantaged – there is huge potential for legal issues to have adverse impacts on health. Legal strategies have been introduced to address

upstream social causes of health disparities with the aim of improving both legal and health outcomes (Zuckerman, 2012).

Health Justice Partnerships

Health Justice Partnerships – also referred to as Advocacy Health Alliances (AHAs) and Medical Legal Partnerships (MLPs) – offer an innovative model for integrated health and legal services. Typically, health/medical practitioners work collaboratively with legal practitioners, in the same location, to support clients with dual health and legal issues (Speldewinde and Parsons 2015).

This integrated service model offers new opportunities to assist disadvantaged individuals with limited access to services, and who may be experiencing complex health, wellbeing and legal issues. According to Krishnamurthy et al. (2016), "*MLPs can bridge the demonstrated gaps in the provision of health and legal services-providing a dynamic, multi-stakeholder team that serves the poor and disadvantaged, and that supports justice and better health*" (p. 386). Community health centres are identified as appropriate settings for integrated services because clients typically access a range of services over an extended timeframe, thus facilitating greater opportunities for early intervention (Krishnamworthy *et al*. 2016). Similarly, positive outcomes have also occurred in other health settings, such as hospitals (Gyorki, 2014b).

Health care providers support all members of the community, including those from vulnerable and disadvantaged backgrounds. As such, health care professionals can potentially identify legal problems in their clients at an early stage, before deprivation of basic needs leads to a legal crisis which may have health consequences (Hum and Faulkner 2009; Sandel *et al*. 2014). Lawyers can then work with a patient/client to seek a resolution within the legal system. Reducing or eliminating legal issues decreases patient stress and supports improvement of immediate and long term health (Colvin *et al*. 2012). Decreasing the social inequalities by resolving legal issues leads to improvements in population health (Teufel *et al*. 2014). The collaboration between lawyers and practitioners produces an outcome that could not otherwise be achieved independently by the lawyer or health practitioner. This expands the way practitioners view their patients' needs, promoting further advocacy to improve population health and change policy (Zuckerman 2012; Zuckerman *et al*. 2008).

Over 20 years, more than 500 health and legal institutions have collaborated to assist patients by addressing health and legal issues (Lawton and Tyler 2013). In Australia, the term Advocacy Health Alliance has been coined as an alternative to MLP, to better represent the multidisciplinary nature of health advocates within Australia. Over recent years, a number of multi-disciplinary practices have been developed in Australia based on the MLP model (Advocacy Health Alliance 2013). These include:

- First Step Program, Acting on the Warning Signs (Inner Melbourne Community Legal and The Royal Women's Hospital);
- NSW Cancer Council Legal Referral Service;
- Victorian Legal Aid Disability and Advocacy Team;
- West Heidelberg Community Legal Service at Banyule Community Health Centre;
- Baker & McKenzie Cancer Patients' Legal Clinic at Melbourne's Peter MacCallum Cancer Institute;
- Legal Aid NSW's Regional Outreach Clinic Program;
- Seniors Rights Legal Clinic;
- HeLP Patient Legal Clinic at Alfred Hospital (Maurice Blackburn Lawyers, the Michael Kirby Centre for Public Health and Human Rights at Monash University and Alfred Health); and
- Health Justice Partnership (Loddon Campaspe CLC and Bendigo Community Health Services, Kangaroo Flat).

Capacity building of health and allied health professionals

Integral to the development of a HJP is training health professionals to understand how legal matters impact on health, identifying and providing referral and advocacy to improve the clients legal and health outcomes. A framework to achieve these objectives is given in Figure 1. The framework begins (from the left) with training health professionals about the program and about the types of legal needs experienced by their clients. Another strategy to build capacity is for the legal professional to provide case and secondary consultation for health and welfare professionals. The opportunity for case and secondary consultations, ensures health and welfare professionals gain confidence in, and understanding of the HJP, as evidenced by their knowledge of the referral process and the ability to assist their clients to identify legal issues. This knowledge is then used to inform the legal needs screening process. If legal needs are identified, referral to the HJP will follow, finalising in the resolution of the client's legal problem.

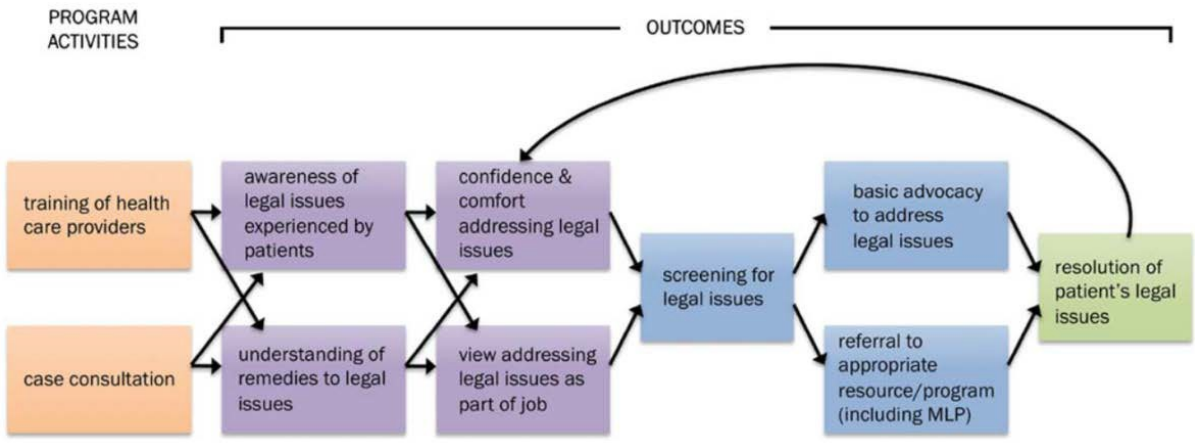


Figure 1: Framework for an effective MLP education and training program
Source: Cohen, Fullerton, Retkin, Weintraub, Tames, Brandfield and Sandel (2010) p. S137.

The physical location of the legal professional is pivotal to ensure ease of access by young people and health and welfare professionals alike. According to Curran (2016), a shared physical location facilitates ''seamless', 'easy' and 'opportunistic' and 'reach clients earlier' who are 'in crisis'… [and builds] staff capacity to respond and make 'informed choices', and 'increases confidence'' (p.150). Curran (2016) further notes that the trust built through secondary consultations leads to an increase in referrals to the legal professional (p.111). The value of a shared physical location and the opportunity for health and welfare professionals for secondary consultation was further confirmed through the learnings from other Health Justice Partnerships funded by the Victorian Legal Services Board in 2014. Secondary consultations built trusted relationships between health and welfare professionals and the legal professional; built 'capacity', 'confidence' and 'responsiveness' of health and welfare professionals (Curran and Victorian Legal Services Board, 2016, p.3).

In 2011, Peter Noble, Co-ordinator of the Loddon Campaspe Community Legal Centre, visited the USA with the aim to better understand how MLPs work. He met with representatives from the National Centre for Medical-Legal Partnership in Boston, attended the National Conference for Medical-Legal Partnership and visited various MLPs across the States. Noble interviewed MLP experts about the crucial aspects of MLP development (Noble 2012). Important insights about the training and development of relationships between medical and legal professions were identified.

One key finding was for partners to believe in the value of MLPs and the benefits of integrating legal services within healthcare settings. This may involve addressing how legislation targets the social determinates of health. It also addresses how wellbeing is undermined when people are not receiving the benefits or protections of laws, and demonstrates how such systems benefit health. Building insights may involve giving health care professionals baseline education in legal practice and the

background behind Health Justice Partnerships, whilst also giving the legal partner an introduction to the healthcare context and objectives. Social workers can enrich these partnerships by bridging the gaps between health and legal services, and facilitating the pathways across a range of services. By providing a thorough introduction, and exploring examples of cases that may be encountered, assists in reducing service misunderstandings (Noble 2012).

Health Justice Partnerships combine professions with long-established practices, cultures and ethical obligations. This may lead to conflict where there is disagreement with practices. Such issues may include client/patient confidentiality, practical and ethical implications of common record keeping systems, managing conflicts of interest between patients/clients, variances in expectations and experiences of legal/health training and practice, and absence of a common language between professions (Noble 2012). Anticipating and addressing differing interpretations may facilitate the success of partnerships between legal and health professionals. Jacobson and Bloche (2005), for example, explored the mistrust between physicians and attorneys, and concluded that distrust prevents the exploration of important healthcare delivery and policy issues, which can be harmful to patient health. Forming relationships that emphasise shared values and concerns for patient safety have the opposite effect, thus enabling effective partnerships between legal and medical professions (Jacobson and Bloche 2005).

These differences highlight the importance of tailoring legal education to the health setting, and of having an awareness of the different cultural interpretations of professionals. Ensuring that law and health students are exposed to the MLP models during their tertiary education and continuing development contexts has been shown to be beneficial (Noble 2012). Studies examining the benefits of incorporating training in social determinants of health and advocacy in the paediatric residency curriculum have been found to improve residents' understanding of family circumstances. It also leads to improved knowledge around advocacy issues and community partnerships solutions (Klein et al. 2011; Klein and Vaughn 2010). The benefits of multi-disciplinary interactions can be used in education by bringing the disciplines together to problem solve, to share different viewpoints and to learn collaboratively. Learning from, and building relationships between partner institutions can be an engaging and rewarding experience, which can be strengthened by having the legal partner physically located at the healthcare site (Noble 2012).

Rural and regional

Health outcomes are poorer for people living in regional and remote Australia than in metropolitan areas (Vines 2011). Barriers to service access for mental health patients in rural and remote communities include distance and cost (Perkins *et al*. 2013). In addition, the availability of services, the timeliness of accessing services, and acceptability of the service in meeting the needs of patients, may further affect the health of people in rural and regional areas of Australia (Russell *et al*. 2013).

There is growing evidence of the benefits of an HJP model to support the health and legal issues for disadvantaged people (Lien *et al*. 2013; Beck *et al*. 2012; Beeson *et al*. 2013), including for young people and people in rural areas where legal services are provided in partnership with health care providers.

Health Justice Partnerships have been widely adopted in the USA (Speldewinde and Parsons 2015; Atkins *et al*. 2014) and in other developed countries; however, they are only just becoming established in Australia (Noble 2012; Gyorki 2013). A recent review of research into HJPs and their application for clients with mental health issues concluded that HJPs within the Australian context may offer greater opportunities to address the challenges experienced for those living in rural and remote locations than for city-dwellers (Speldewinde and Parsons 2015).

Legal issues experienced by young people

Young people, and in particular those with mental health, drug and alcohol issues, have a high incidence rate within the criminal justice system. Research indicates that in Victoria young people with multiple legal problems and are "*more likely to handle problems without seeking advice*" (Coumarelos *et al*. 2012, p. 226). This may compound the existing legal problem and trigger additional and increasingly serious legal issues. A recent analysis of the impact of legal problems on young people found evidence of the adverse effects of legal problems on the lives of young people contributing to stress-related illness, physical ill health, relationship breakdown, moving home and loss of income or financial strain (Macourt 2014). In some instances, legal problems also led to the arrest and incarceration of young people.

Data from the LAW survey (Marcourt 2014) comprising over 20,000 Australians identified a high prevalence of legal problems among young people. For those aged 15–17 years, 42% of females and 43% of males experienced legal problems, for those aged 18–24 years, 54% of females and 56% of males experienced legal problems, and for those aged 25 years and over, 48% of females and 51% of males experienced legal problems. Many respondents reported that their legal problems were 'substantial'.

Despite the observation that young people experience a range of legal issues, few HJP programs that specifically addressed the legal needs of young people were found in the published literature. HJPs may be particularly beneficial to young people not only because legal problems have significant prevalence but also, younger respondents (15–24 years) of the LAW survey (Marcourt 2014) reported lower rates of seeking advice or taking action for their issues than any other age group. Research shows that inaction is associated with poorer legal outcomes (Coumarelos *et al*. 2012).

Domestic and intimate partner violence is another significant health issue for young Australians. A VicHealth (2010) study highlighted that it is "*the leading preventable contributor to death, disability and illness in Victorian women aged 15–44, being responsible for more of the disease burden than many well-known risk factors such as high blood pressure, smoking and obesity*" (p.10). Further, a report tabled in parliament by the Royal Commission into Family Violence (2016) identified that "*young people experience Family Violence differently to children and adults*" (p.109). Age and development makes young people particularly vulnerable to the effects of family violence, particularly during their transition from primary into secondary school, when mental health issues may emerge and intimate relationships may also be forming (State of Victoria 2016).

In 2012, an HJP was formed through a partnership between the Royal Women's Hospital and Inner Melbourne Community Legal. The program, 'Acting on the Warning Signs' focussed on addressing family violence. Based at the Royal Women's Hospital (maternity wards) the program provides women with onsite legal services and information in a safe and supportive environment (Gyorki, 2014). Informed by the premise that victims of abuse are more likely to disclose violence to health professionals than other groups, 130 hospital staff were trained to identify signs of family violence, respond in a sensitive manner and provide appropriate referrals (Gyorki, 2014). Evaluations identified that this program helped improve health professionals' ability to identify and respond to women experiencing family violence. In addition, women receiving legal advice reported positive impacts on their health (Hegarty *et al*. 2014).

In the past, connections have been made between people's experience of legal problems and illness, including mental illness (Balmer *et al*. 2010). The LAW Survey reaffirmed this, identifying that illness and disability increases the likelihood of experiencing a legal issue. Consequently, people with illness or disability have both higher health and legal needs, and face greater obstacles in accessing services. Provision of legal services within the health care system offers a holistic approach to addressing the determinants of health to improve patient outcomes (Coumarelos *et al*. 2013).

Continuing the focus on young people, the Australian Institute of Health and Welfare (AIHW) reported that mental health problems have the largest burden of disease for young people, accounting for

almost 50% of the total burden of disease in this age group. The prevalence of mental health disorders in young Australians aged 16–24 years is 26%, with 9% having high or very high levels of psychological distress (AIHW 2011). People with mental illness tend to become overwhelmed by their legal issue/s, which may contribute to inaction, and as a result they "*experience both individual and systemic barriers to accessing legal services*" (Pleasence *et al*. 2013, p.2).

Along with intimate partner violence, illness and mental health, other frequent legal problems experienced by younger Australians (15–24 years) may be associated with criminal activity, accidents, rented housing and personal injury (Coumarelos *et al*. 2012). Data from 2007 indicates that 19% of young people aged 12–24 years had used an illicit drug within the last 12 months, which could potentially contribute to legal and health issues (AIHW 2011). Rates of legal problems related to credit and debt were elevated in the survey results for 18–24 years although they peak between 25 and 34 years (Coumarelos *et al*. 2012).

Overview of Central Highlands

The Central Highlands region of Victoria covers a geographic area of 13,900 square kilometres across central western Victoria (State Government of Victoria 2014). The region, depicted in Figure 2, includes the cities of Ballarat and Ararat, and comprises the local government areas of Ballarat, Pyrenees, Hepburn, Moorabool and Golden Plains. Situated 110 km from Melbourne, Ballarat is the largest inland city in Victoria (Regional Development Victoria 2016).

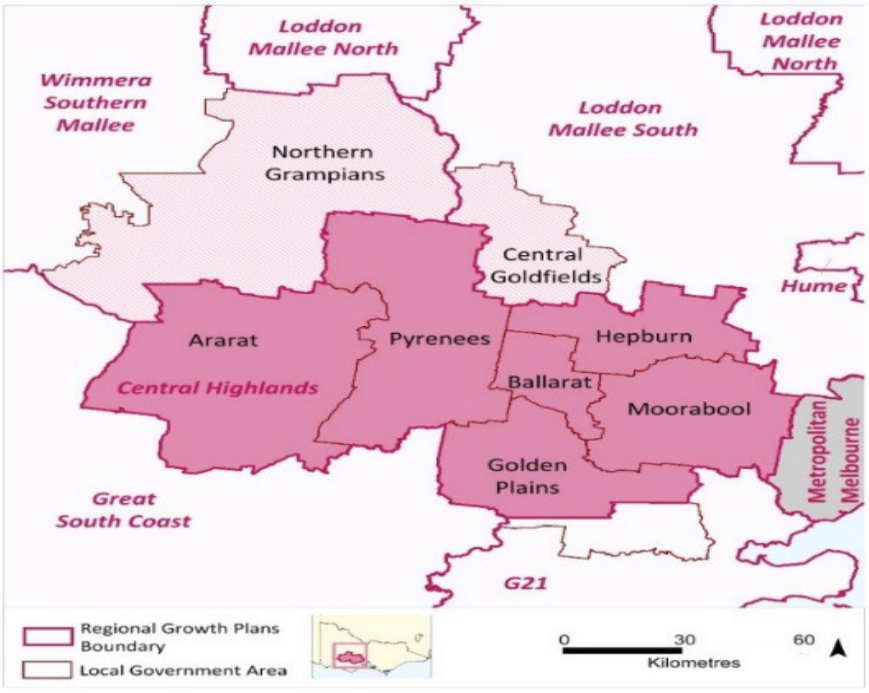


Figure 2: Central Highlands region of Victoria
Source: https://www.planning.vic.gov.au/policy-and-strategy/regional-growth-plans/central-highlands - Group-2B_Map-2-CH-Central-Highlands-region_20Feb2014.pdf

Population profile of the region

At the time of writing this report, not all data emanating from the 2016 Census was available. As such, the authors have drawn on a number of reports which collectively provide insight about the population of the region. The population of Greater Ballarat was 157,485 at the 2016 census (Australian Bureau of Statistics 2016a) with approximately 58,179 aged between 10 and 24 years of age (ABS, 2016). The population in the City of Ballarat at the census date 2016 is 103,407, an increase of 8,222 (8.8%) since the 2011 census. Of the total population, 20,315 are aged between 10 and 24 years (ABS, 2016).

The implications of population growth for the region's youth are discussed in the Youth Profile framework document prepared by the City of Ballarat (2016). The Youth Profile (City of Ballarat, 2016, pp. 7- 8) highlights that young people in outlying rural and regional communities (such as Creswick and Clunes) are likely to access services and supports that are available within the City of Ballarat (including medical, welfare, education, social support and mental health services). This occurs for various reasons including that there is limited availability in their own locality. It is important to acknowledge the impact that this increased burden may have on the provision youth service in the Ballarat area.

Level of disadvantage

The ABS (2013) developed the Socio-Economic Indexes for Areas (SEIFA) providing a measure of socio-economic conditions across locations. The geographic areas are ranked according to their relative level of socio-economic advantage or disadvantage across four indexes. The City of Ballarat has a SEIFA index of 980.8, ranking it 29 out of 79 Victorian Local Government Areas (LGAs). This index score is comparable with that of Greater Geelong (993) and Bendigo (984). Using the Index of Relative Socio-economic Disadvantage (IRSED), all three cities are subsequently rated as being 'more disadvantaged'.

Research shows a strong correlation between disadvantage/low socio-economic status and legal problems (Courmarelos *et al*. 2012; McDonald and Wei 2013). In their analyses of the Australia-wide survey of legal needs and access to justice, McDonald *et al*. (2013) identified that "*each additional indicator of disadvantage was found to have an additive effect*", hence, increasing the average number of legal problems and substantial legal problems reported (p. 1).

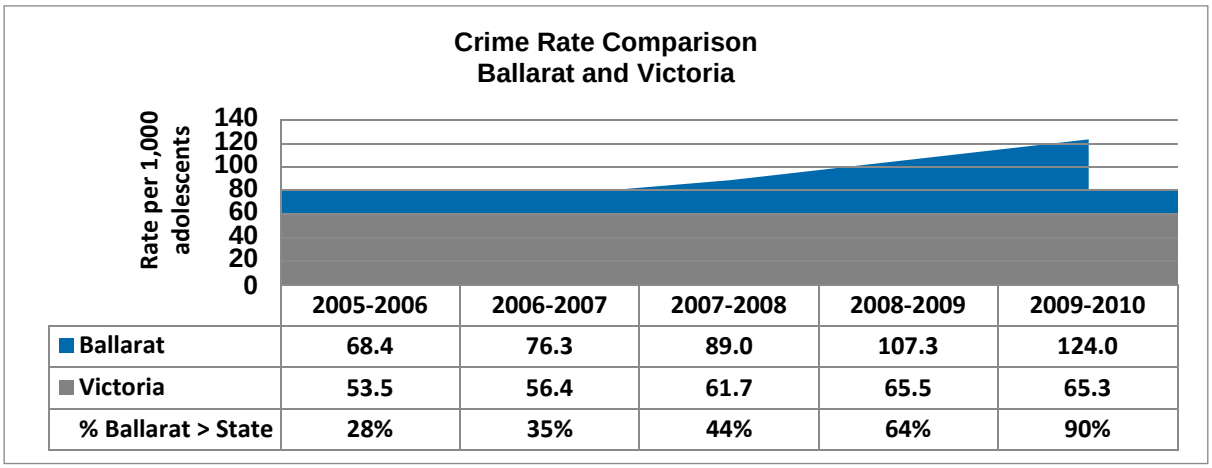
The City of Ballarat (2013) community profile reports significant pockets of disadvantage across some suburbs, resulting in poorer health and wellbeing levels in these areas. Within Ballarat the suburbs of Sebastopol, Wendouree and Redan have higher levels of socio-economic disadvantage. Disadvantage indicators include low income; high levels of unemployment; low education levels; drug and alcohol use. These and further issues are highlighted below.

- The overall unemployment rate in Ballarat was 7.1% in 2016 (City of Ballarat, 2016). This is higher than the state regional average of 6% (City of Ballarat 2013, p. 47).
- The national youth unemployment rate continues to be twice that of the overall unemployment rate. According to The Brotherhood of St Lawrence (2016), the national youth (aged between15 and 24 years) unemployment rate has improved, and there are clusters where significantly higher rates of youth unemployment are evident. In particular Ballarat's youth unemployment rate is 15.5% compared with 14.2% for the State of Victoria.
- In a report on youth unemployment for the Victorian Council of Social Service disadvantaged Victorians face "*multiple and complex barriers to employment*" (np). Particular groups within society are more likely to experience unemployment, underemployment and long-term unemployment. Vulnerable groups include young people and those living in rural and regional areas. These combined factors indicate that young people in Central Highlands – the target group for the Central Highlands HJP – are particularly vulnerable to the impacts of unemployment.
- The percentage of Ballarat residents aged 15 years and over with a diploma or higher degree qualification, according to the 2011 census, was 16.7%, which is lower than the state average of 20.8% (City of Ballarat 2013). However, those young people with vocational qualifications were 19.1%, which is higher than the state average (16.4%).
- The data from the 2011 census reports the median gross weekly income in Ballarat was $652, which is higher than the income for the Grampians Region ($630); however, lower than the Victorian state average of $749. Ballarat's level of income is comparable to that of other regional cities including Bendigo ($651) and Geelong ($685) (City of Ballarat 2013, p. 35).
- The number of registered mental health clients (per 1,000 population) in Ballarat is 17.1, which is significantly higher than the Victorian rate of 11.6 (City of Ballarat 2013).
- The number of drug and alcohol clients in Ballarat (per 1,000 population) is 7.4 compared with the state average of 5.5 (City of Ballarat 2013).
- A survey of young people in Ballarat in 2009 indicated higher rates of 'ever drinking alcohol' compared with Victorian rates (65% for Ballarat compared with 51% for the rest of the State). The rates for Ballarat were also higher for 'drinking alcohol in the last 30 days' (35% compared with 27% in Victoria) (City of Ballarat 2013).
- Incidence of crime in Ballarat is approximately 40% higher than the Victorian rate (per 100,000 population) at 1,609 compared with 977.

Legal problems

Analysis of the Law and Justice Australia-wide survey (Courmarelos, Macourt, People, McDonald, Wei, Iriana and Ramsey, 2012) revealed that young people aged between 15 and 17 years' experience various substantial civil, criminal and family law problems. Civil legal problems include bullying and harassment, exclusion from education and fees associated with education, neighbour disputes, credit debt and issues with service providers for utilities such as telephone and internet. The legal issues within the criminal jurisdiction include crime victimisation within a family violence context and family law issues related to custody care arrangements and the support of children.

Data for the City of Ballarat highlights that young people in Ballarat are both victims and perpetrators of crime. As depicted in Figure 3, the Adolescent Community Profiles prepared by the Department of Education and Early Childhood Development (DEECD 2011) demonstrate higher rates of adolescent crime in Ballarat compared with the rest of the State.



	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010
Ballarat	68.4	76.3	89.0	107.3	124.0
Victoria	53.5	56.4	61.7	65.5	65.3
% Ballarat > State	28%	35%	44%	64%	90%

Figure 3: Crime rate comparison – Ballarat and Victoria
Source: Department of Early Education and Childhood Development, (2011).

Implementation of the Central Highlands HJP

The Central Highlands Health Justice Partnership is a program offering legal advice to young people in the region. The program commenced on 1 July 2015, with operations and planning for the program having started in February that same year. During this time a governance group was formed consisting of the partners (FedUni, CHCLC and BCH). Victoria Legal Aid (VLA), although not a partner, provided valuable input at governance group meetings, and a letter of support which accompanied the funding application to the Victorian Legal Services Board.

The CHHJP is an integrated service response to legal problems. The service model goes beyond that of a co-location or outreach model, with the primary purpose being to embed, in this case the youth lawyer, into the Youth Team at BCH. To assist the process of embedding the youth lawyer within the Youth Team, the program plan incorporated a period (one month) in which the youth lawyer 'shadowed' the Youth Team, including attending team and agency meetings.

In preparation for the delivery of legal services to young people (February–July), the infrastructure for the program was developed. The first draft of the Deed of Agreement (DOA) was prepared by the CHCLC, and following further development, was signed by the partner agencies. Decisions about the physical location of the youth lawyer, internet access and electronic access to files were also negotiated. The referral process, incorporating conflict check requirements, was also an important issue that required resolution and processes to be established.

The underlying assumption of a HJP is that a young person could speak about a legal issue to a health or youth worker before or instead of a lawyer. This assumes that the young person knows that the issue(s) they are experiencing has a legal remedy. Thus, early identification of legal issues is of primary importance, particularly in relation to young people who typically ignore such issues which may lead to a compounding of the issue and an escalation of seriousness. To aid early identification of legal problems, while simultaneously building the capacity of BCH and later workers from other referral agencies, the CHCLC developed a Legal Health Check (LHC). The LHC is an identification tool used by a number of Community Legal Centres. The LHC comprise of a series of statements about the types of issues, in this case, most commonly experienced by young people.

The aim of the LHC is to offer a relatively quick identification tool consisting of a series of statements in which the workers from BCH could canvas with the young person. If a legal issue is identified, an appointment is made for the young person to see the youth lawyer. In most instances the appointments were made the same or next day.

Another important aspect of the program's infrastructure was the development of the STUCK website. This site was developed in conjunction with the youth lawyer, the Youth Team Leader and two young people. The aims of the website were to promote the CHHJP program, bring information about legal issues commonly experienced by young people into one site and outline referral processes and provide access to the LHC. The CHCLC also developed material in the form of 'FACT sheets' about issues such as family violence, sexting and a range of other issues that were made available on the website.

Once the initial infrastructure for the program was developed, the program commenced formal operations, offering legal services for young people in the Central Highlands region. A substantive promotional strategy was implemented to disseminate information about the program throughout the region.

Program promotion

Program promotion began with the launch of the CHHJP on 3 July 2015. A list of agencies that provided services to young people, as well as local government councillors and state government

representatives were invited to attend the launch. Invitations comprised a one-page information sheet about the CHHJP program and participants were asked to RSVP via the interim project website.

Throughout the program the youth lawyer conducted a series of information sessions for agencies across Ballarat to promote the CHHJP program. These sessions not only promoted the service but also promoted networking between professionals who provide services to young people across the region. A total of 18 sessions were conducted. The services visited included multicultural youth and indigenous agencies, welfare based services, homelessness services, government departments, justice services and mental health services.

Residential service delivery and outreach

In July 2016, a representative from a youth residential service contacted the CHHJP youth lawyer to discuss the potential point of referral to the program. This connection forged a relationship that led to a situation where the Youth Lawyer conducted fortnightly outreach visits to this youth housing service.

This service is a youth residential drug withdrawal unit managed by Uniting Care. The property is located in a rural, residential setting near Ballarat. The drug withdrawal program provided services that supported young people aged between 12 and 21 years. Young people attending the residential withdrawal unit stay for a maximum of 14 days. The short-term nature of the program meant that fortnightly visits captured new residents, upon entry. The workers at the facility utilised the LHC with the young people to identify legal needs. The youth lawyer for the program was then able to conduct the initial appointment at the facility.

STUCK website

The STUCK website was established as the CHHJP program website for the region, providing key information about the program and promotional tool for the program. A working group comprised members of the Youth Team Leader, the youth lawyer, a web developer and a research support officer from the Centre for eResearch and Digital Innovation (CeRDI) at FedUni, and two young people. The young people were recruited via one of the referral agencies who had an established committee consisting of young people. The agency was sent details of the program seeking expressions of interest. The working group met regularly until the website was operational.

The STUCK website was used as a clearinghouse for information as well as a promotional tool. As the program progressed, additional information was included on the website. This included short audio visual clips about the program featuring the youth lawyer, and videos of other workers talking about referrals to the program.

Promotion of the STUCK website and project was highlighted using postcards and posters. Approximately 300 postcards were distributed to a wide range of services that work directly with young people, in the region, including Headspace, schools in the region, courts, police, Centre for Multicultural Youth and other welfare agencies. The postcards were designed so that workers could distribute these to their clients.

Website analytics

The launch of the STUCK website in April 2016 enhanced the promotion of the CHHJP program. Links to the STUCK website were embedded within the partner agencies main websites. Google analytics were captured for site usage across various functions. This included the number of times the webpage was viewed; the website from which users came to the STUCK website; how many users visited the website; and how many of those users were new to the website. Analysis of the data between April and October 2016 demonstrates frequent viewing of the STUCK website.

During the first month, activity on the website peaked with 370 page view,s recorded in April. Usage in the following 3 months gradually reduced from 102 in May, to 50 in July. There was another peak in the number of page views in August (*n* = 179), which is likely to be attributed to increased promotion of the CHHJP across Ballarat networks and agencies. The views then tapered over September and October to 64 and 23 visits respectively.

Users were referred to the STUCK webpage from a range of other sites and organisations. These included social welfare organisations and the three partner agencies, with users directed to STUCK via weblinks and searches from this multitude of sources.

The most frequently visited page within the website was the Legal Health Check function, in comparison to all others (for example ‘Rent Assistance’, ‘Bullying’, ‘Fair Work Ombudsman’, ‘What is family violence’ and ‘Young parents’). The comparison with other event headings indicates that the LHC was used more (22–67%) than the other pages (10%).

Methods

The data collection methods were influenced by the complexity of the research project, including the different participant cohorts and the breadth of perspectives from which data was being sought. The data collection methods identified as being most appropriate for this project were developed in consultation with the partners. The evolving nature of the program necessitated that data collection methods were reviewed as the program progressed. Data collection tools were consistently monitored during the research project to ensure accessibility and relevance.

The integrated model of service delivery was largely an unfamiliar model of practice to both agencies at the coal face of service delivery, the nature of how the service was delivered and the transient nature of the main participant cohort. This posed additional challenges for the evaluation design.

Primary data were collected using a combination of surveys (electronic, self-administered and researcher-administered) and interviews. Data were collected from key stakeholders including young people, staff from partner and referral agencies, and the governance group.

Ballarat Community Health generated the list of staff to which the reflections survey was sent. Staff on the list were chosen because of their roles within BCH and their potential to have clients within the demographic supported through the program.

Cohorts and instruments

Data about the uptake of the CHHJP were also collected by the CHCLC, and consisted of all young people who accessed the program. Data were analysed to provide a broad picture of the range of young people accessing the service, the type and complexity of their legal matters and the referral source.

All evaluation mechanisms were developed in consultation with the governance group, and in close consultation with the youth lawyer and the Youth Services Team Leader. Ethics approval to undertake this research was granted by the Human Research Ethics Committee at FedUni (details outlined below). The researchers also attended quarterly meetings organised by the Victorian Legal Services Board. The meetings were conducted with other agencies that had been funded to conduct other HJP-focused projects. The focus of these meetings was to discuss evaluation methods for the HJP projects. The evaluation methods were dynamic, in that instrument design, timing and data collection processes were adjusted to increase participation and or introduce another perspective.

Although the CHHJP provided advice to young people under the age of 16, for ethical reasons, only young people aged 16–25 years were invited to participate in the evaluation research. The development of the surveys was informed by the work of Burns et al. (2006), Coumarelos *et al*. (2012) and Curran (2016).

The aim of the intake survey was to gain an understanding of the help seeking pathways young people utilised for previous legal issues, before seeking assistance for the current legal issue, and the perceived health and wellbeing impact of the legal issue as assessed by young people themselves. The intake survey was administered immediately after the first appointment with the youth lawyer. Young people were offered the option of completing the survey using an iPad or on a hard copy. Overwhelmingly, young people who participated in the evaluation chose to complete the survey using the iPad. Both surveys were developed using ‘easy English’. Although a level of literacy was required to complete the surveys, an assessment of the language used in the survey was assessed as a reading level of a Year 8 secondary student.

The exit survey sought input from young people about accessing the CHHJP program, the resolution of the legal problem; and whether they would recommend the program to others. The exit survey was sent to young people at the conclusion of the legal matter, when their case was closed. Participants

had the option of completing the survey and returning it by reply paid mail. Alternatively, participants were given the option of completing the survey via an interview with one of the researchers.

Following a low response rate (seven out of 53) to the 'exit' survey in the first six months of the program, it was decided that a text message would be sent to young people, one to two weeks after the final letter was sent, inviting them to participate in the 'exit' survey. After four months, a further recruitment strategy was required to combat the poor response rate. At this point, it was decided that an incentive, in the form of two movie tickets, would be offered to young people in recognition of their time to complete the survey. This increased the response rate; however, the response rates still remained extremely low overall.

To supplement the data from the exit surveys, a decision was made to also include interviews with service agency workers and BCH staff who has referred young people to the youth lawyer. The rationale for this decision was that workers referring young people to the program would typically have an established relationship with the young person, hence, referral agency workers are in a strong positon to notice change.

Online surveys were also used to collect data from staff who either worked in the partner agencies or who referred to the program. The staff surveys captured insights about their reflections of the CHHJP program, how or if it was informing staff practice and their observations about the impact of the program on young people. Staff from within the partner agencies and those who referred from other agencies were invited to participate by email.

In addition, the CHCLC also collected secondary data about the young people who accessed the program. This data was analysed separately and offers a broader understanding of the range of young people who accessed the service, the type and complexity of legal matters and the referral source.

Governance group members were invited to complete an electronic survey. The survey was informed by the work of Curran (2016) including presentations at the quarterly meetings o HJP Victorian Legal Services Board grant recipients. The primary focus of the governance survey was to seek input about the partnership.

An overview of the data collection instruments in summarised in the following table.

Table 2: Primary data collection instruments

Instrument	Data type	How administered	Respondents	Frequency
Survey	Qualitative and quantitative	Self-administered electronic	Partner agency staff	Three times for duration of the program
Survey	Qualitative and quantitative	Self-administered electronic	Referral external agency staff	Twice over 18 months
Survey	Qualitative and quantitative	Self-administered paper/electronic	Young people	Intake – after first appointment
Survey	Qualitative and quantitative	Paper/telephone	Young people	Exit – file closure
Interview	Qualitative and quantitative	Telephone	Young people	As agreed by respondent

Instrument	Data type	How administered	Respondents	Frequency
Interview	Qualitative	Face-to-face	Referral agency staff	As requested by respondent
Interview	Qualitative	Face-to-face	Partner agency staff	As requested by respondent
Survey	Qualitative and quantitative	Electronic	Governance group	Three times over 18 months

Ethics

An application for approval to the Human Research Ethics Committee at Federation University Australia was submitted. Full approval was granted on 7 May 2015 (approval number A15-061). During the course of the research project, amendments were submitted and approval sought from the ethics committee to endorse changes in the method to thus increase research participation and obtain other perspectives about the program, for the research evaluation.

Table 3: Ethics approval timeline

Activity	Date
Approval	7 May 2015
Amendment 1	18 January 2016
Amendment 2	21 April 2016
Amendment 3	18 August 2016

CHHJP program data

Client demographics

The CHCLC data reveals that 133 young people (female: *n* = 57; males: *n* = 76) received services from the CHHJP program since July 2015.

The age of young people entering the service ranged from 15 to 25 years of age, with the majority of young people accessing the program aged 21 years or over (*n* = 80). Specific detail about the age of young people accessing the service is presented in Table 4.

Table 4: Age of young people accessing the CHHJP program

Age	*N*
15	2
16	6
17	6
18	11
19	15
20	13
21	12
22	20
23	16
24	15
25	17
Total	133

The majority young people attending the service resided in Ballarat and the surrounding regions (79%; *n* = 105). The remaining young people (*n* = 28) were from rural and regional districts extending to Horsham and Mildura, and including Bendigo, Ballan and Ararat. Two respondents resided in western metropolitan Melbourne.

Additional background data about respondents reveals that seven were Aboriginal and Torres Strait Islanders. Ten were born outside Australia; four indicated that the main language spoken was not English. Twenty-five young people attending the service had a disability, with 13 types of disabilities identified including mental health (*n* = 9), ADHD and/or ADD (*n* = 6), and intellectual disability (*n* = 3).

One hundred and twenty-four young people (93%) attending the service were on low incomes (≤ $25,000).

Agency referrals and outreach

Fifty-six young people were referred to the service from the CHCLC; 14 were referred from BCH. Other agencies and organisations from the region also referred young people to the CHHJP program.

Forty-one client referrals were received from 18 external agencies and organisations, including education institutions (secondary; tertiary), police, family services, youth mental health services, community services, private legal firms and justice agencies. In addition, a further 16 young people self-referred to the program and another client was referred to the program by a family member. Referral pathways data was unavailable for five respondents.

Fifteen outreach visits were made to young people, with four clients receiving outreach services twice. The duration of outreach visits were between 1.5 hours and a maximum of 20 hours for one young person.

Client legal problems

Young people accessing the program presented with a range of legal problems, as shown in Figure 4. Legal problems were categorized according to the Community Legal Service Information System (CLSIS). According to the data collected, 41 legal problems were identified overall. Of the 41 legal problems identified, 26 represented those legal problems for which more than one young person sought assistance.

Legal problems are presented in Figure 4 by primary category and subcategories. Primary categories are Family Law (*n* = 46): 12 subcategories, Civil (*n* = 53): 20 subcategories, Criminal (*n* = 56): 7 subcategories, and Wills and Powers (*n*= 19): 2 subcategories. The last category shown on the Figure 4 relates to instances where case work or one off advice was provided where codes for primary and subcategories were not supplied.

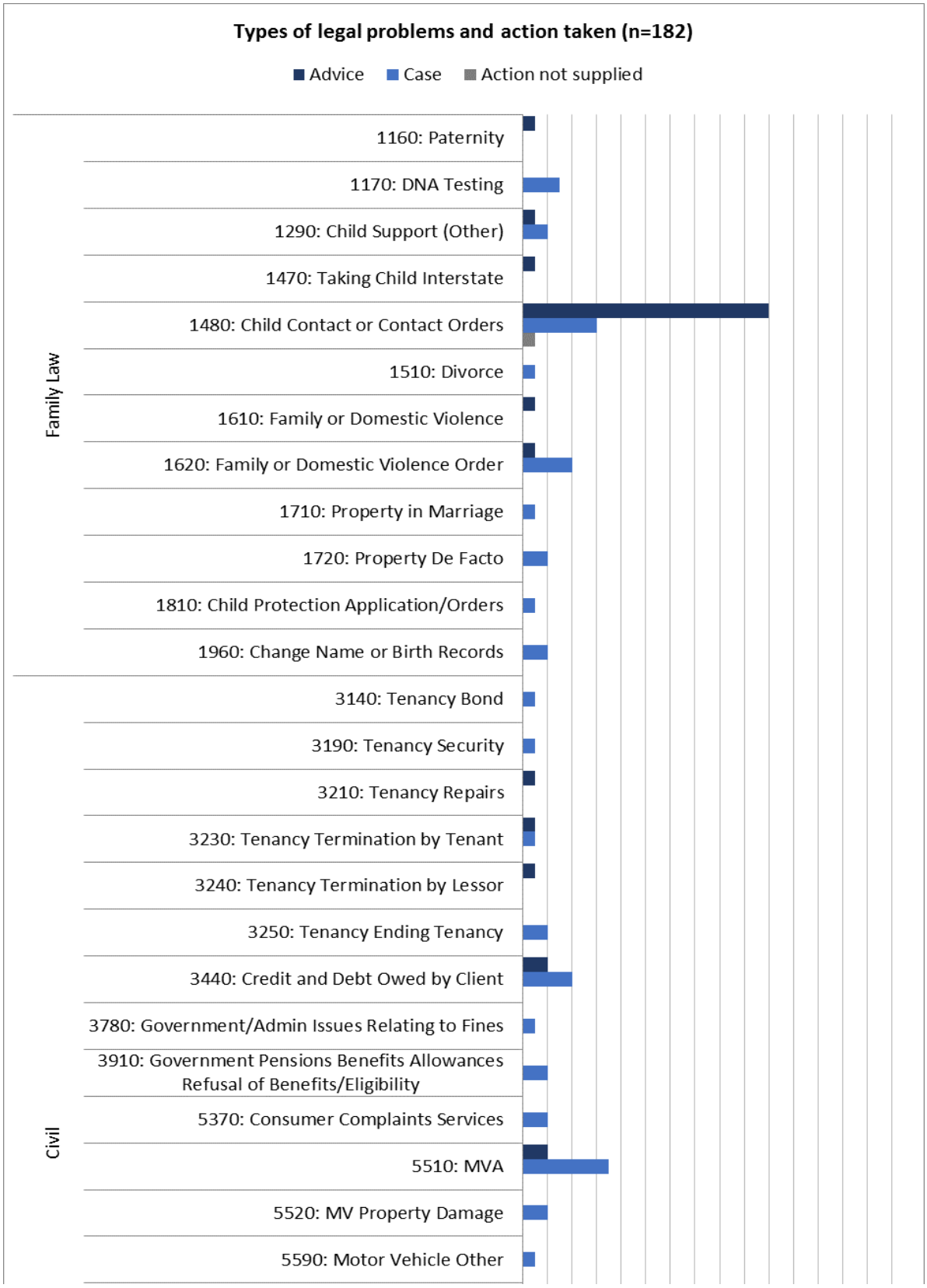
As shown in Figure 4, Road Traffic and Motor Vehicle Regulatory Offences (Cases: *n* = 18; Advice: *n* = 9) and Child Contact or Child Orders *n* = 24 (Case: *n* = 6 and Advice: *n* = 18) represented the largest number of problems for which assistance was sought.

Multiple problems

The majority of young people were referred to the CHHJP with a single legal issue; however, 35 (26%) young people required legal assistance with multiple issues. Of these, 27 required assistance with two issues and the remaining eight presented with three legal issues.

Advice and case work

Depending on the legal problem, young people were either provided with one off advice (*n* = 46) and longer term case work was provided for 67 young people who accessed the service. Of these, 53 cases were closed as at 31 December 2016 and 13 remained open. Overall however, action (either case work or one off advice) was provided in 182 (*n* = 182) instances, taking into account the multiple legal issues with which some young people presented.


Types of legal problems and action taken (n=182)
Advice
Case
Action not supplied
Family Law
1160: Paternity
1170: DNA Testing
1290: Child Support (Other)
1470: Taking Child Interstate
1480: Child Contact or Contact Orders
1510: Divorce
1610: Family or Domestic Violence
1620: Family or Domestic Violence Order
1710: Property in Marriage
1720: Property De Facto
1810: Child Protection Application/Orders
1960: Change Name or Birth Records
Civil
3140: Tenancy Bond
3190: Tenancy Security
3210: Tenancy Repairs
3230: Tenancy Termination by Tenant
3240: Tenancy Termination by Lessor
3250: Tenancy Ending Tenancy
3440: Credit and Debt Owed by Client
3780: Government/Admin Issues Relating to Fines
3910: Government Pensions Benefits Allowances Refusal of Benefits/Eligibility
5370: Consumer Complaints Services
5510: MVA
5520: MV Property Damage
5590: Motor Vehicle Other

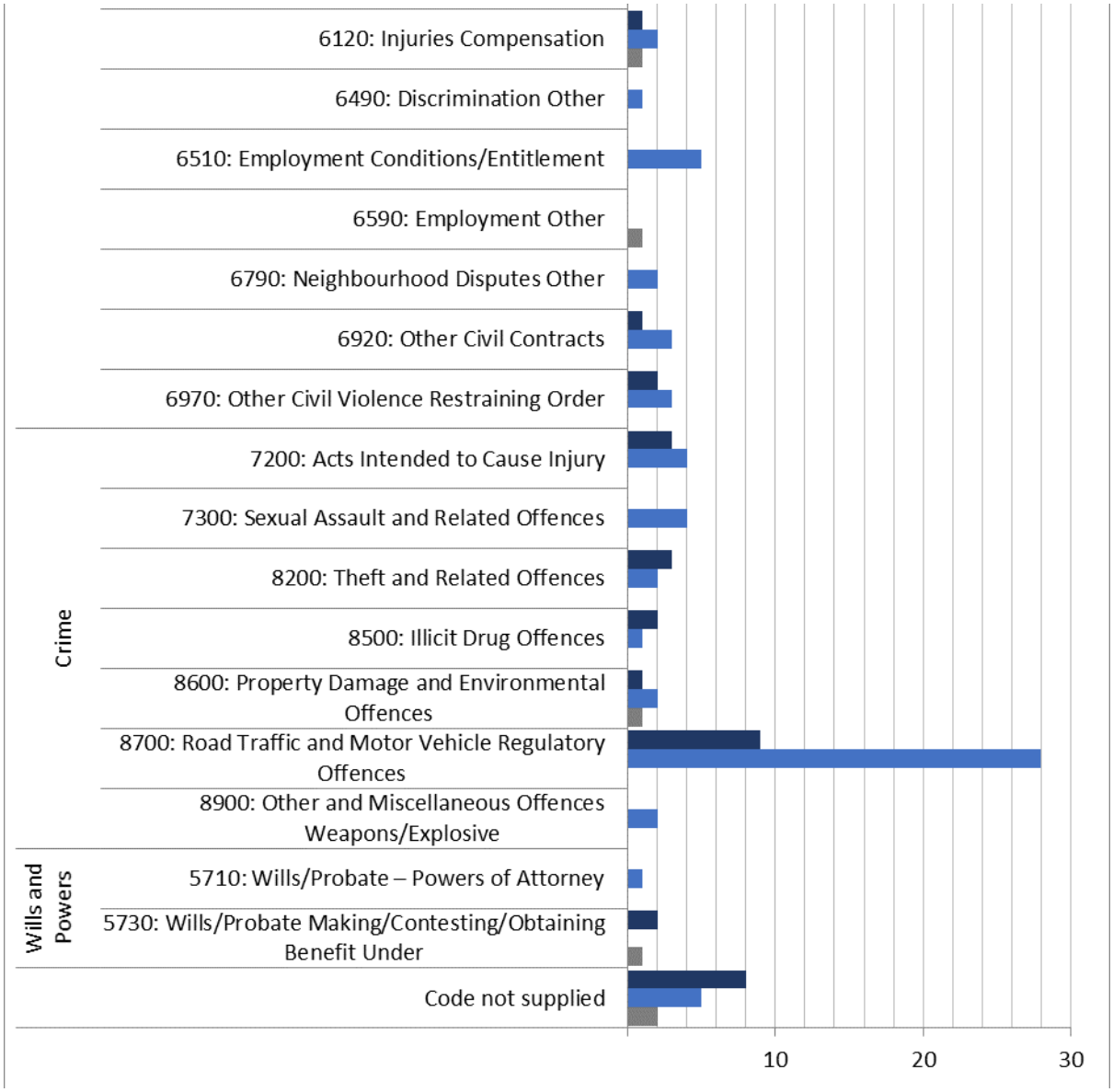


Figure 4: Types of legal problems of young people attending the CHHJP, and action taken

Duration (number of hour's legal service; duration of time file remaining open)

The duration of support provided by the lawyer indicates that 49 young people received assistance that lasted 30 minutes or less. A further 16 clients received assistance that ranged between 1 and 2 hours duration; 21 young people received between 2.5 and 4 hours of legal assistance; 11 received assistance that ranged from between 4.5 and 6 hours and 10 young people received between 6.5 and 8 hours assistance. The remaining young people received assistance of: 9 hours (*n* = 1); 10.5 hours (*n* = 2); 15 hours (*n* = 1); 16 hours (*n* = 1); 20 hours (*n* = 1) and 25.5 hours (*n* = 1).

The duration of time that files remained open was recorded for 61 matters. For the majority of these matters (*n* = 42) the files remained open for between one and three months. A summary of the length of time client files remained open is presented in the following figure.

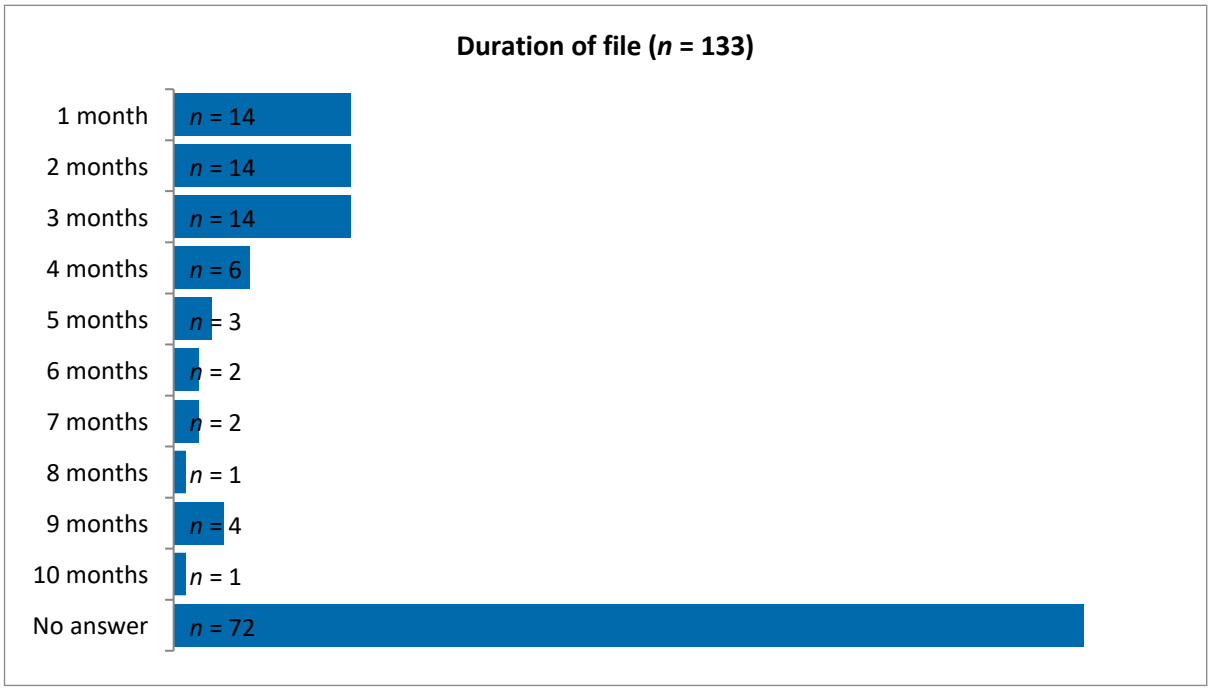


Figure 5: Duration of time client files remain open

Secondary consultations

Within the context of this program, secondary consultation refers to the 'informal' discussions between the youth lawyer and staff at the partner agency and staff from referral agencies across the region. The process of embedding the youth lawyer into an organisation facilitates the frequency of informal discussions. The contribution of secondary consultations is that it helps to build the capacity of partner agency and referring agency staff. The implication is that staff who have sought information from the youth lawyer can continue to use this information with other young people, not only the young person with whom they were working at the time. Across the duration of the program, there were at least 30 secondary consults. The focus of these informal discussions varied considerably, and included but was not limited to, intervention orders, assistance animals, police, family law and child protection.

Community legal education

Conducting legal education sessions was important in promoting the program while simultaneously informing secondary students and agency workers about important legal issues. Seven legal education sessions were organised and delivered across the region with the support of the CHCLC. The focus of content for these sessions included 'Cyberbullying', 'Sexting', 'You and the law', 'Family violence', 'Understanding the legal system' and a 'Workers guide to fines'. Over 446 people attended these sessions.

Court and tribunal representations

Data capturing the number of instances in which the youth lawyer represented young people at court or tribunal are presented in Figure 6. Of the total Summary matters (*n* = 27) where representation at court was provided, the age of the young people ranged from between 16 to 24 years. Of these, 14 were males and five were females. The matters in which females were represented included two representations for fines-related offences and one each for assault, drink driving offences and indecent exposure.

Of the 27 summary matters, there were two instances where the young person had a disability and another where the young person identified as being from an indigenous background. One matter

heard at the Magistrates court related to an indictable sexual offence. The young person represented in this matter had a disability, which impacted on his mental health.

In all, there were eight instances where representation was provided in Civil matters, of these seven were heard in the Magistrates Court and one in the Family Court. Of the matters heard at the Magistrates' Court, six (*n* = 6) related to either a Personal Safety Intervention Order (PSIO) (*n* = 3) or a Family Violence Intervention Order (FVIO) (*n* = 3). The majority (*n* = 5) were female and four of the six cases were over 16 years. One mater was in relation to a vehicle impoundment and the other matter heard in the Family court, related to child contact. The parent in this instance identified as having a disability.

The youth lawyer represented one young person at the Residential Tenancies Tribunal, this person was female aged 19 years.

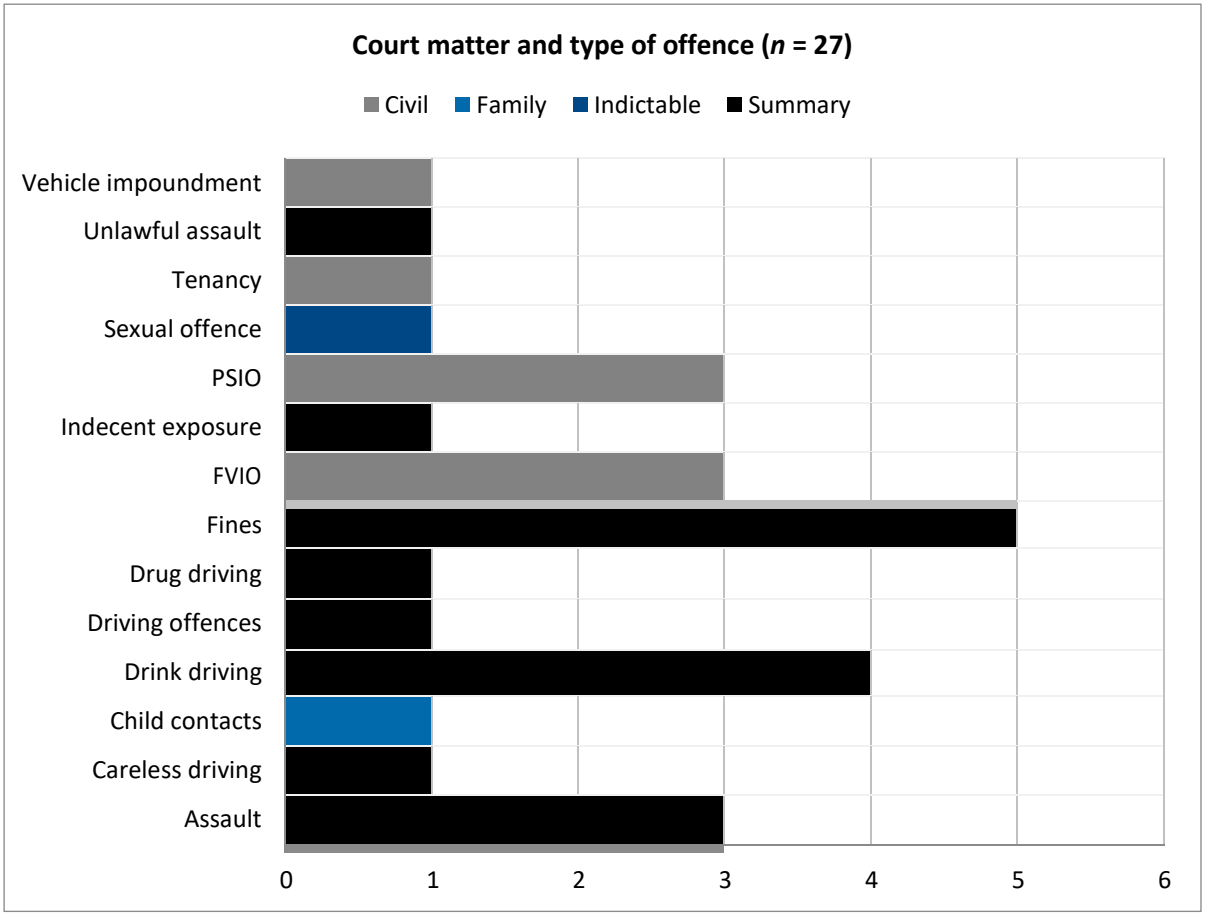


Figure 6: Court matter and type of offence

Young people

Young people's reflections (intake and exit survey)

Overall, 55 young people who sought assistance from the youth lawyer (*n* = 133) completed the 'intake survey'. In response to the demographic questions, the majority (*n* = 53) of young people completed the question 'which of the following best describes where you live and who you live with'? Of these, 18 lived with their parents, 13 lived in private rental accommodation, seven resided in public housing and two respondents indicated they have no permanent address. Other young people described their accommodation as 'boarding', 'boarding school', 'couch surfing', 'homelessness service', 'renting with friends', 'crisis accommodation', 'supported housing' and 'private rental by myself'.

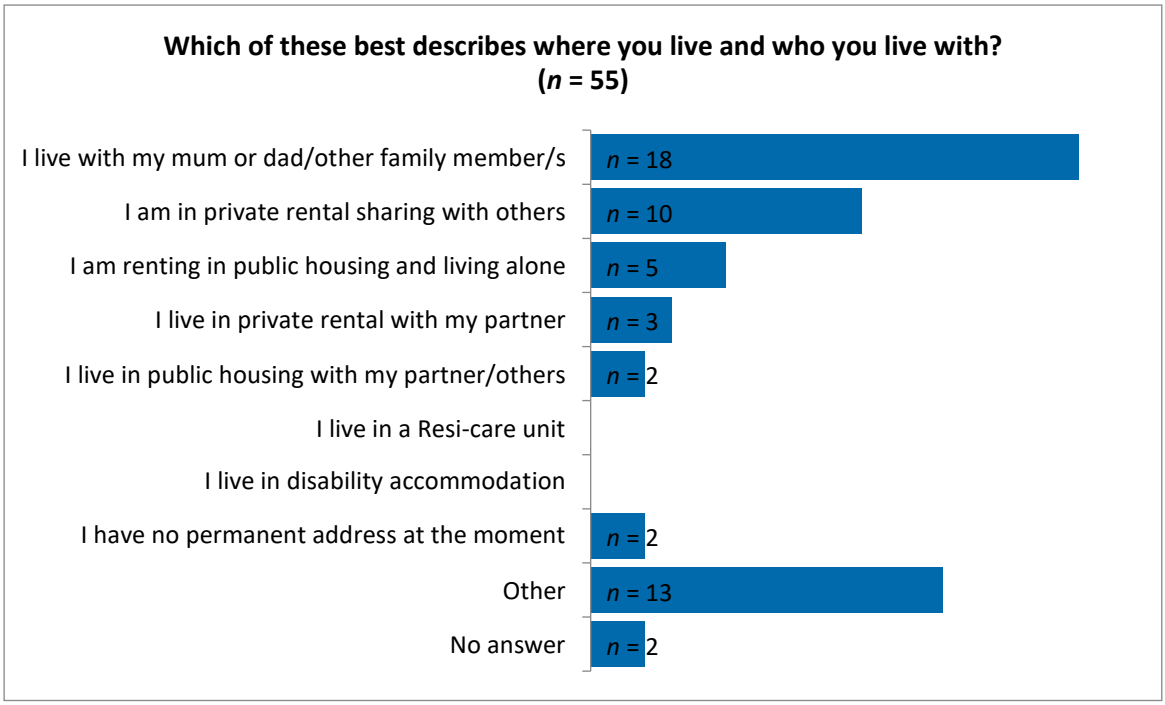


Figure 7: Participants' living arrangements

When asked about their highest level of education, the majority (*n* = 40) nominated secondary education was the highest level attained with six indicating that they were currently attending secondary college and a further 11 were studying at university (degree or diploma). A further 16 people were employed, nine were in part-time employment, five were in full time employment and four were in casual employment.

> "Having someone to help me, it was amazing, he came to my apartment
>
> CHHJP client; female, 19 yrs

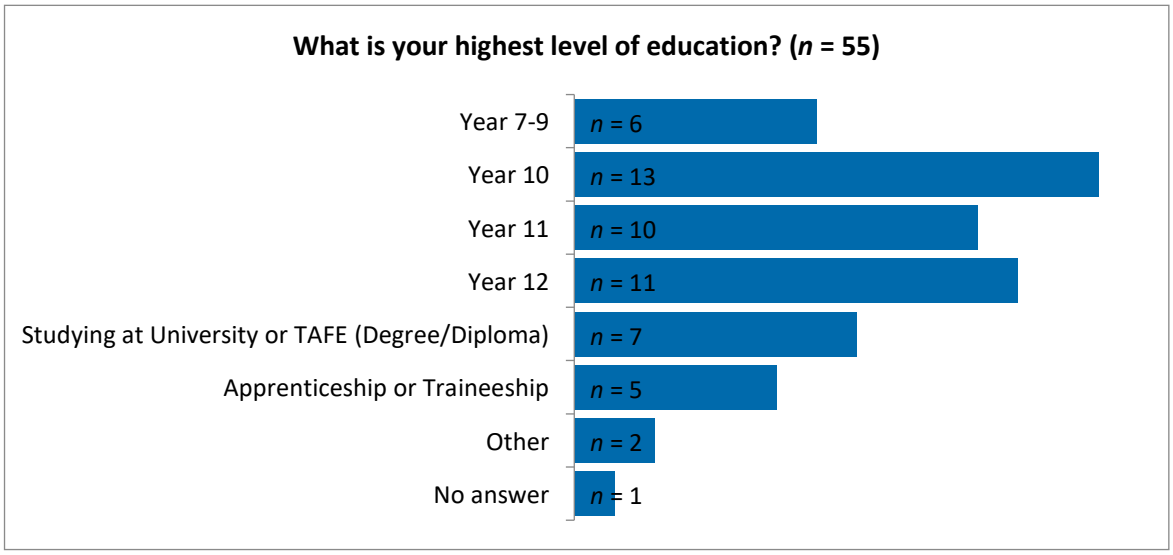


Figure 8: Participants' highest level of education

About their previous legal problem

In order to gain insight about young peoples' help-seeking pathways prior to accessing the CHHJP, they were also asked about their previous legal problems, whether they sought advice, who assisted them and if their problem had been resolved.

As depicted in Figure 9, the young people who responded to this question (*n* = 55) identified a range of prior legal problems with a significant proportion having attended court (*n* = 16, 29.1%). Other legal problems were associated with family violence (*n* = 10, 18.2%), driving offences (*n* = 9, 16.4%) and being a victim of crime (*n* = 9; 16.4%).

> It was better at the health centre, I felt comfortable
>
> CHHJP client; female, 24 yrs

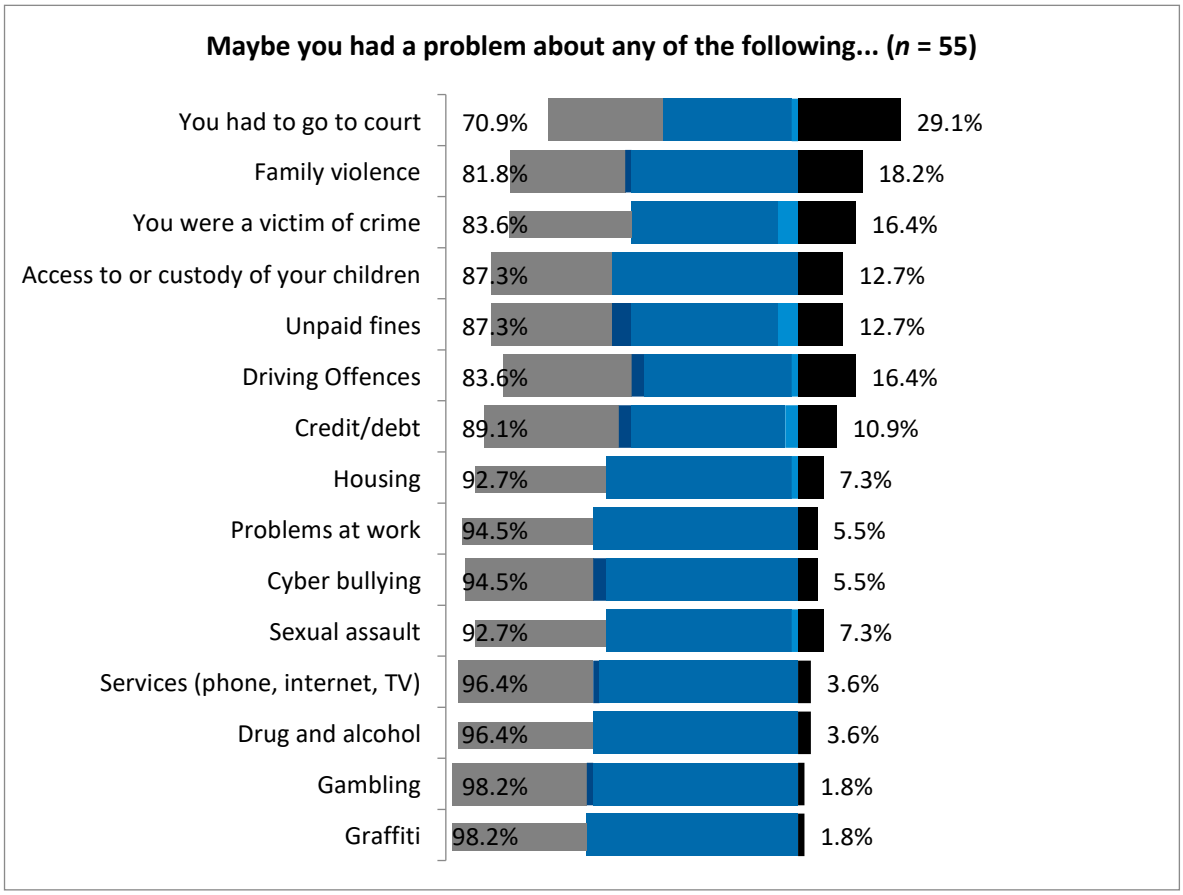


Figure 9: What was your previous legal problem?
Left percentage: No answer, I don't know if I received any legal advice, I didn't have this problem, I didn't want legal advice
Right percentage: I received legal advice

Overall, 32 young people sought legal advice for their previous legal problem. Of these, 15 sought assistance from the CHCLC, 10 sought assistance from Legal Aid Victoria, and a further seven were assisted by Youth Law. The remaining three young people sought assistance from welfare agencies.

When asked if their previous legal problem had been resolved, the majority of young people (*n* = 19) indicated that their legal problem had resolved with four indicating that the problem had not yet been resolved.

> I was glad to have someone by my side, I'm so grateful
>
> CHHJP client; female, 19yrs

Current legal problem

The legal problems experienced by the young people completing the intake survey (*n* = 42) identified that 12 young people sought assistance for a Family Law matter, 17 sought assistance for a Criminal matter, and 13 sought assistance for a civil matter.

Young people were asked to identify how long they have had the legal problem, the importance of the legal problem to them and the impact of the legal problem on their life. Figure 10 suggests that about 50% (*n* = 24) of young people had their legal problem for three months or less prior to seeking help for their legal issue.

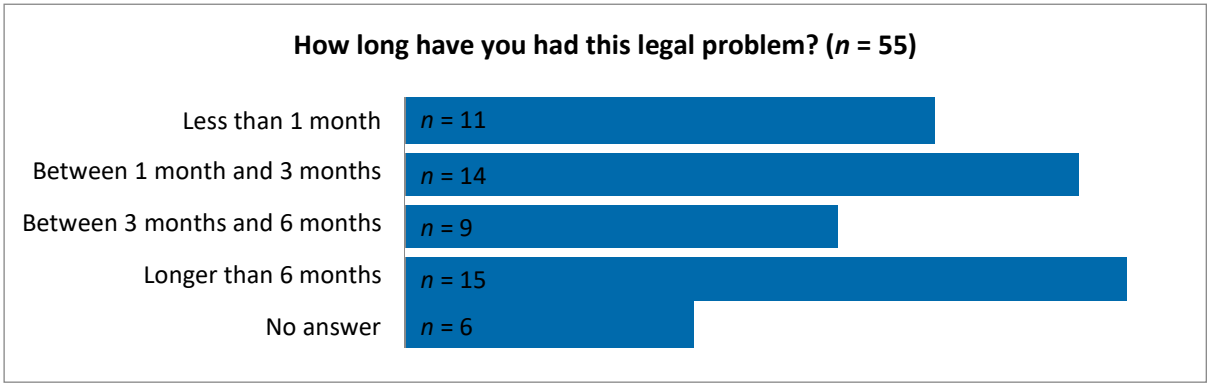


Figure 10: How long have you had this legal problem?

As depicted in Figure 11, the majority (*n* = 43) of young people completing the intake survey identified that the legal problem was 'very important'. Five young people indicated that it was of 'little importance', and three said it was 'not important at all'.

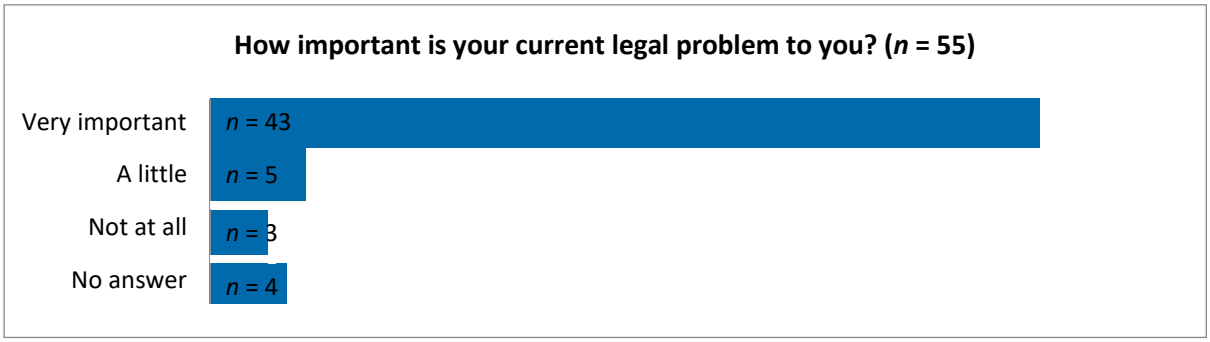


Figure 11: How important is your current legal problem?

> He made me feel better, I didn't have to stress anymore
>
> CHHJP client; female, 24yrs

The survey asked young people to identify the extent the legal problem was affecting their life. Figure 12 shows that the majority of young people (*n* = 35: 63.63%) felt that the current legal problem was affecting their life 'a lot'. A further 11 young people indicated the legal problem was affecting their life 'a little' and four said their life was not affected by the legal problem.

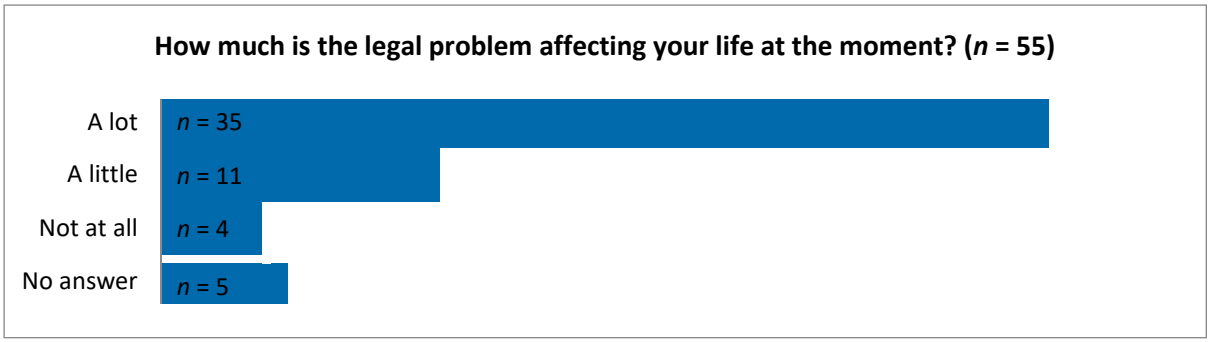


Figure 12: How much is the legal problem is affecting your life?

Young people were then asked to identify in which ways their legal problems was affecting them. The cohort (*n* = 55) completing the intake survey responded to this question by indicating that the legal problem was manifesting itself in various ways. Figure 13 suggests that legal problems were affecting young people's sleeping and stress levels (78.2%); how they were feeling generally (72%); how supported they felt (70%), how they concentrated (69.1%) and their level of confidence (67.3%).

> I got the help I needed and I didn't have to worry about paying
>
> CHHJP client; female, 24yrs

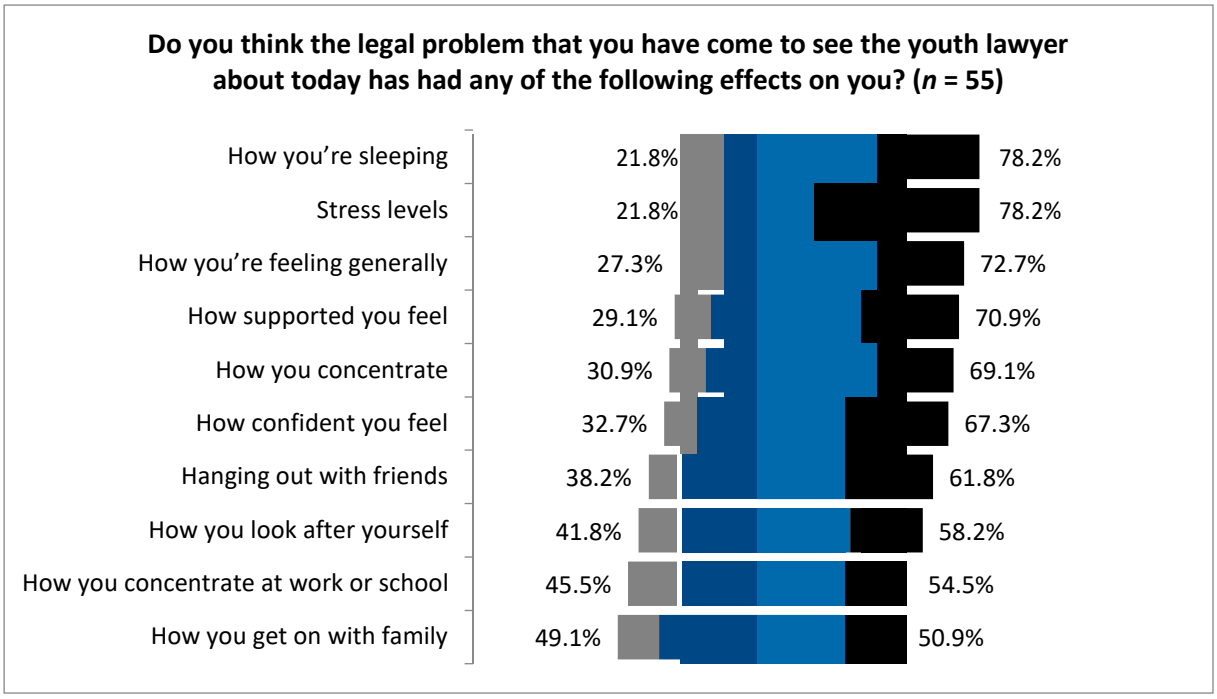


Figure 13: How has the current legal problem affected you?
Left percentage: No answer, Not at all
Right percentage: A little, A lot

An additional 14 young people were able to identify other ways in which the legal problem was affecting their lives. For some, the impacts related to practical outcomes associated with their legal issue such as losing their license and their ability to retain their job. For others the legal problem had a direct correlation with feelings of safety. Two young people said that the legal problem was affecting them 'in every way' and that it was 'always on their mind'.

> (He) went through everything so that I could understand… it was a very good experience
>
> CHHJP client; female, 19yrs

Exit survey and interviews

The response rate to the exit survey was low (*n* = 7 (8%) of 53). The reasons for this are numerous but a key reason was the infrequency of visits by young people to the youth lawyer. The exit survey however reveals that all respondents recorded improved concentration levels, as shown in Figure 14. Positive outcomes were also reported for sleeping, stress and how supported they felt. One respondent indicated that their stress levels were worse and one other indicating that their stress levels had not improved. Similarly, two young people indicated that their sleeping had not improved and another two reported that there were no changes in how supported they felt. These were followed by improvements (57% respectively) in how respondents 'were feeling generally', and 'how they got on with family'.

In relation to other indicators, 42.9% suggested that their confidence had improved, and 57.1% indicated that their confidence level had not changed (*n* = 2). In relation to 'how they look after themselves', three (42.9%) respondents reported that they took greater care of themselves, while three indicated that there was no change. The majority of respondents' 71.4% (*n* = 5) reported that there was no change to 'hanging out with friends' while two (28.6%) respondents reported a positive change.

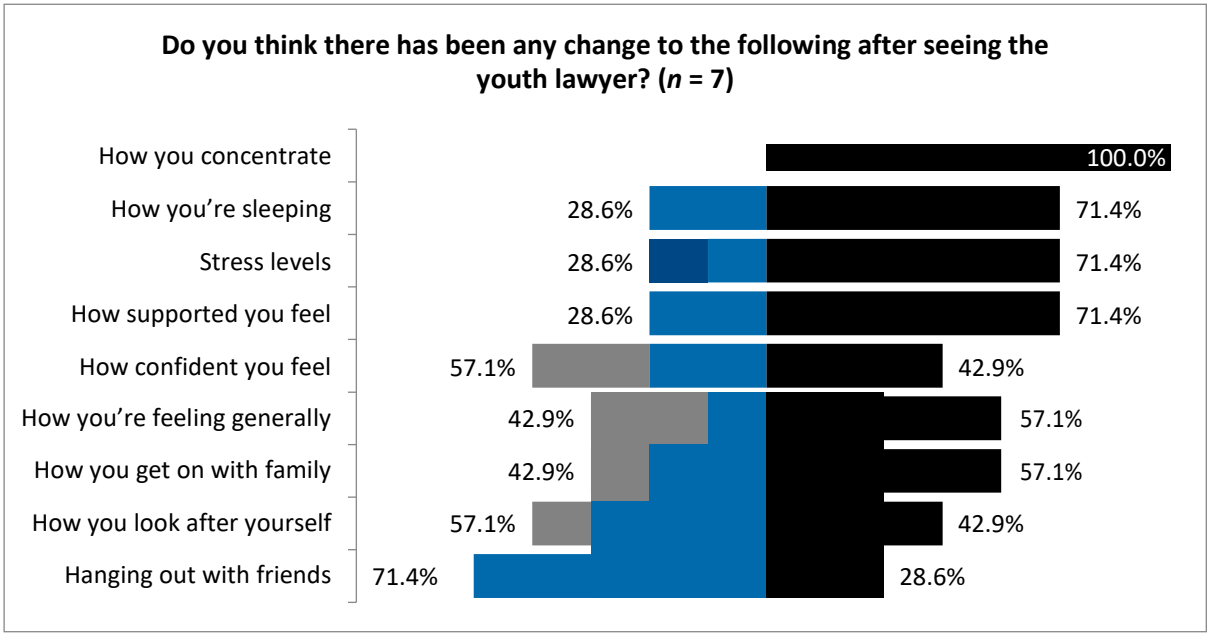


Figure 14: Has there been any change after seeing the youth lawyer?
Left percentage: No answer, Worse, No
Right percentage: Better

Young people were also asked to provide a response to comments about the CHHJP. Figure 15 shows that all respondents would 'refer the service to a friend', 'return to the service if they needed legal assistance', felt that 'they were listened to' and that 'seeing a youth lawyer at BCH made it easier for them to receive advice'. Six (85.7%) respondents also reported that 'they understood what could or would happen' and they 'understood what would happen next'. When asked whether legal problem was resolved, four (57.1%) confirmed that it had and three (42.9%) reported that their legal problem had not been resolved. Finally, young people were asked 'if the youth lawyer wasn't available at BCH would they had gone somewhere else for assistance', three (42.9%) indicated that they would, while another three respondents indicated that they were unsure and one said they would not have sought assistance elsewhere.

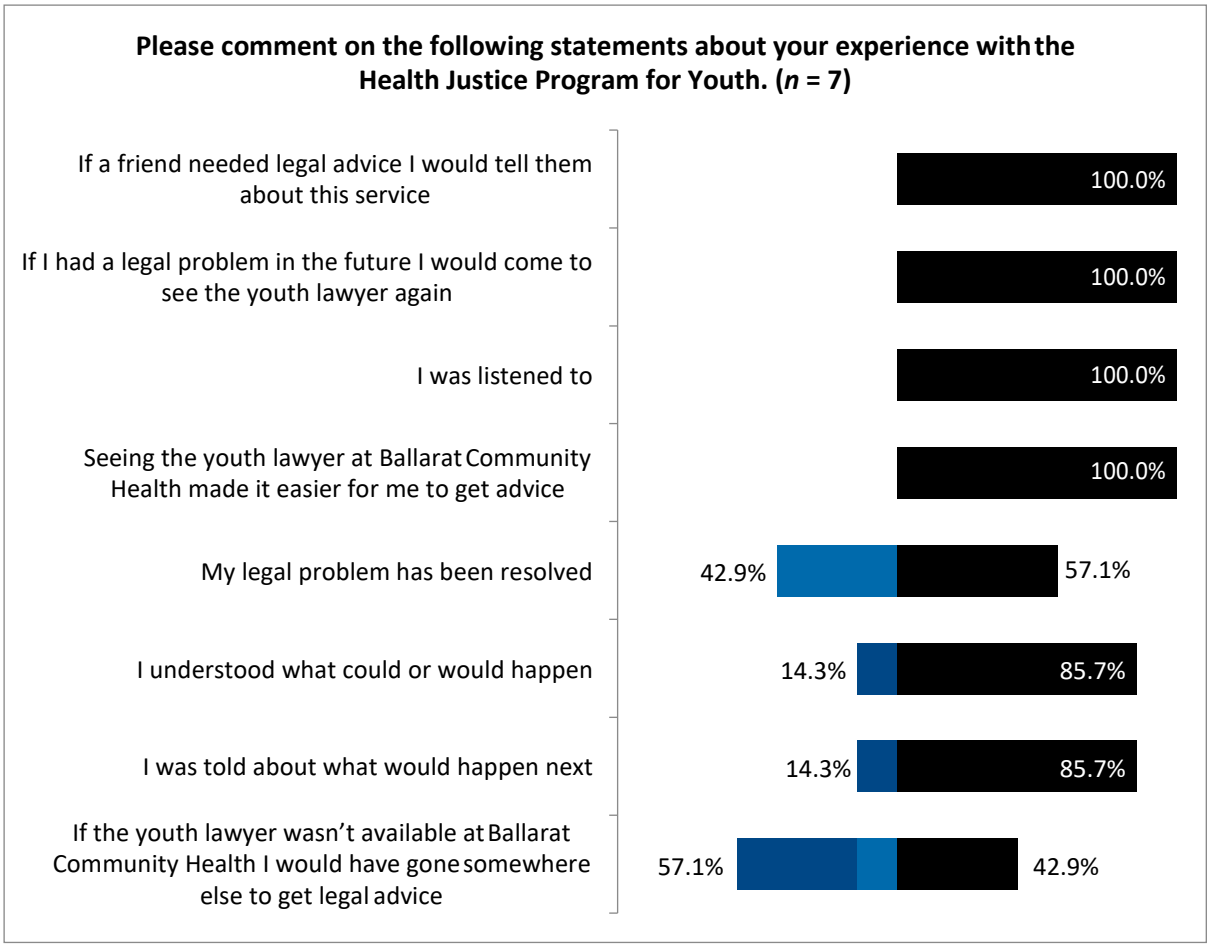


Figure 15: Statements describing your experience with the Central Highlands Health Justice Partnership
Left percentage: ■ No answer, ■ Not sure, ■ No
Right percentage: ■ Yes

Young people were asked 'where else would they go get help about a legal problem'. Their responses included family, Legal Aid, youth worker and friends.

Young people were also asked if there for any other comments they wish to share about their experience with the Youth Lawyer. Five participants responded to this question. These comments are summarised below:

> "*the [youth lawyer] was very understanding and made me feel very comfortable and confident in handling my case. I stressed a lot less knowing I had help.*"
>
> "*Don't have to worry about having my car taken on me and my three kids.*"

"*He was very helpful with what he could do. It was difficult with what CPU did at court.*"

"*It was lovely to be able to relax during the process because I knew [youth lawyer] would take care of me.*"

"*Not really – it was just good for me even though I ended up moving.*"

Comparative Cost Pathway

Figure 16 was developed as a mechanism to compare the costs associated with providing a legal service to one of the young people assisted in the CHHJP. The young women, whom we have called Anna, was assisted over a period of twelve months. Anna is a 23 year old women who had accumulated $3,500 in unpaid fines. Anna was assisted to access the CHHJP service through the one of the youth housing services in Ballarat. Anna had previously sort assistance from Victoria Legal Aid, however she found the requirement for her to participate in the resolution of her legal problem by, for example, collecting information, too onerous, given that she was experiencing multiple issues, including mental health. At the time of seeking assistance from the CHHJP, Anna was experiencing debilitating anxiety which at times prevented her from leaving home. In addition, Anna had substance abuse issues resulting from self-medication to 'treat' the effects of previous traumatic experiences.

The costs used in Figure 16 are based on a detailed collation of hours spent on the case by the youth lawyer and the various activities associated with resolving the matter at court. The costs for the Legal Aid pathway was based on costs obtained from the Law Institute of Victoria 'Practitioner Remuneration Order January 2017' and the 'Costs and Fees Ready Reckoner January 2017'. The former document was available from the Law Institute of Victoria and the latter from the Magistrates' Court of Victoria web sites. The costs are a conservative estimate only.

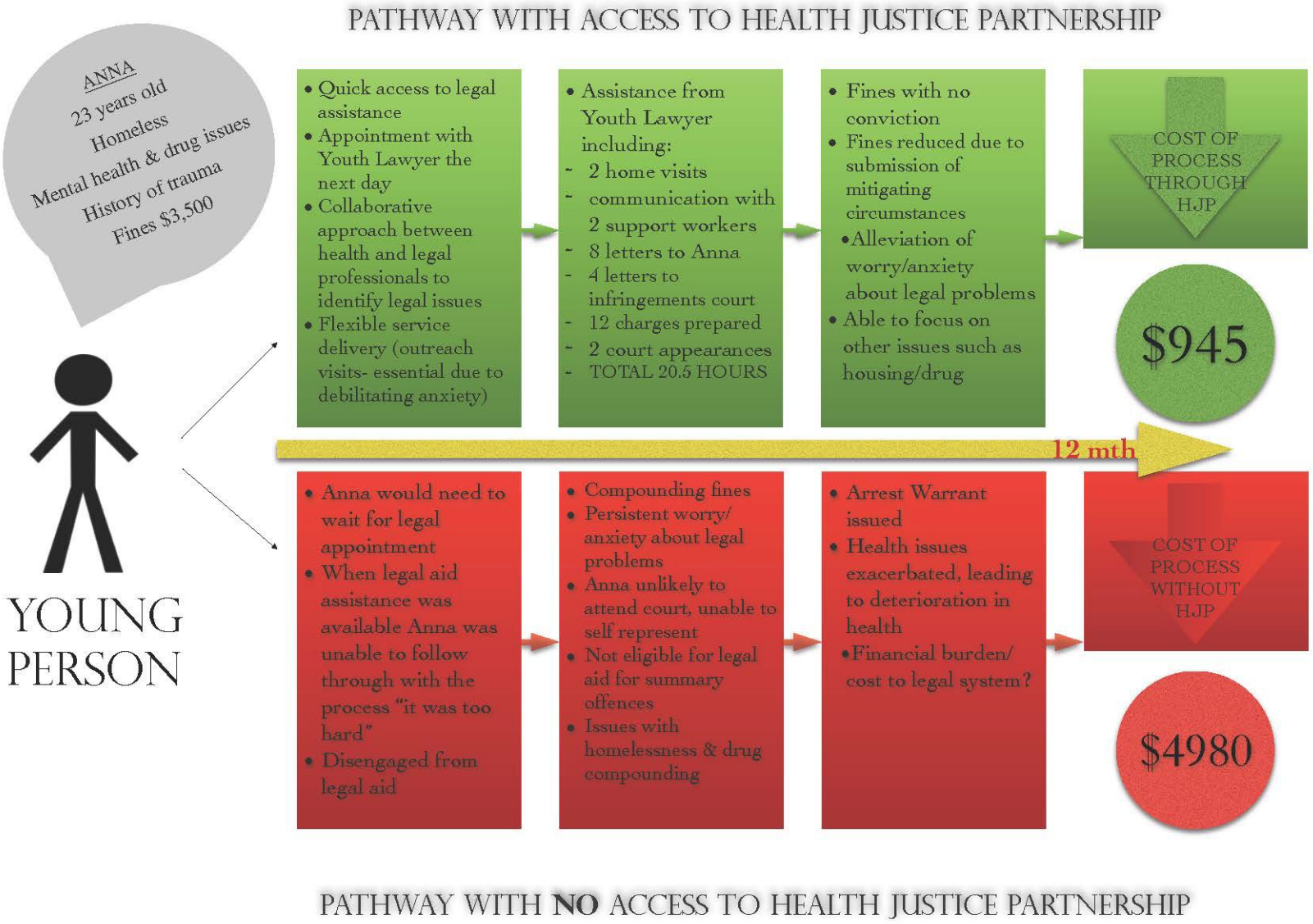


Figure 16: Young person's pathway through the HJP compared to access to private legal advice

Staff reflections

Ballarat Community Health staff completed 20 surveys across the three data collection time points. This comprised six completed surveys at Time 1 (July–December 2015), and seven surveys each, completed at Time 2 (January–June 2016) and Time 3 (July–December 2016). Referral agency staff completed survey across two periods: Time 2 (January–June 2016) and Time 3 (July–December 2016).

Program influence: Changes to knowledge

Ballarat Community Health staff reflections

Eighty percent of staff (*n* = 16) confirmed that the CHHJP had increased their knowledge about legal-health issues for clients. Seventeen responses were provided by staff across the three time points explaining if and in what ways the program had increased their knowledge about legal-health issues for clients in various ways. Assessment of the qualitative data indicated two response themes. These are summarised below.

Knowledge and awareness (*n* = 9): Over half of the comments received indicated that the CHHJP had increased staff knowledge and awareness in relation to the program in-general, the legal support available through the program, and the assistance that the program provided to clients. A selection of quotes from staff reflecting this theme included:

> "*Have a greater knowledge of what they can assist young people with*",
>
> "*It has increased my knowledge of youth health-law issues*",
>
> "*The program has highlighted the issues surrounding housing, rent and homelessness for young people. The difficulties young people experience with obtaining rental accommodation and how easily they can be exploited by the system particularly when sharing with others*", and
>
> "*Sets a framework within the context of where health and legal issues are placed and the links between health and wellbeing and the legal issues relate especially to young people with risk issues around their sexual health and identity*".

> [The service is] Convenient, accessible, easier…
>
> BCH staff member

Liaison and consultation with the lawyer (*n* = 5): Liaison and consultation between BCH staff and the CHHJP lawyer was another important theme emerging from staff. The importance of secondary consultations was raised on numerous occasions and highlighted the importance that staff placed on talking directly with the CHHJP lawyer. This is reflected in the following quotes.

> "*I have been able to liaise with the lawyer about issues that face my clients and therefore provide options and achieve better outcomes.*"
>
> "*I have consulted with the lawyer regarding the situation regarding access to information held by police regarding victim of significant violence.*"
>
> "*Secondary consult for clients, assisting to make appropriate referrals and understanding limitations of different legal roles.*"

The remaining responses indicated that the knowledge staff have gained through the program had directly supported clients (… *it assisted and supported clients that would not ordinarily have access to legal information and advocacy*). Two staff members indicated that did not know much about the program as they had returned from leave (*n* = 1) and that their experience was 'unsatisfactory' (*n* = 1).

Program influence: Changes to knowledge and working with clients

Staff were asked to identify whether the CHHJP program had changed the way they work with clients. The responses to this question are outlined in the following figure. It indicates that almost half the staff who completed the survey confirmed that the CHHJP program had changed the way they work with clients.

Figure 17: Whether the CHHJP program has changed how staff work with clients

Staff were asked to describe whether, and in what ways, the program had changed the ways they work with clients. The data revealed three response themes. These are discussed below.

> There was a void in the system, this program was great
>
> BCH staff member

Greater provision of client assistance and support (*n* = 4): Some staff identified that their knowledge of the program had increased the support they provided to their clients. In some instances this knowledge empowered them to address and/or seek support for their clients with legal issues. This is highlighted in the following quotes.

> "*I have felt better able to assist with legal-health issues.*"
>
> "*Perhaps changing my response to clients from "I don't know" to "I can find out for you" – a much more empowered position and one that encapsulates the "no wrong door" approach to health care (particularly relevant for family violence victims).*"
>
> "*Using the legal health checklist on assessment with clients.*"

Awareness and knowledge development (*n* = 4): Staff indicated that the changes they had experienced in their work with clients occurred through their knowledge and awareness of the program. This had given them greater insights about their own practice and had provided an understanding of legal issues and their relationship to health. This is highlighted below in the following quotes.

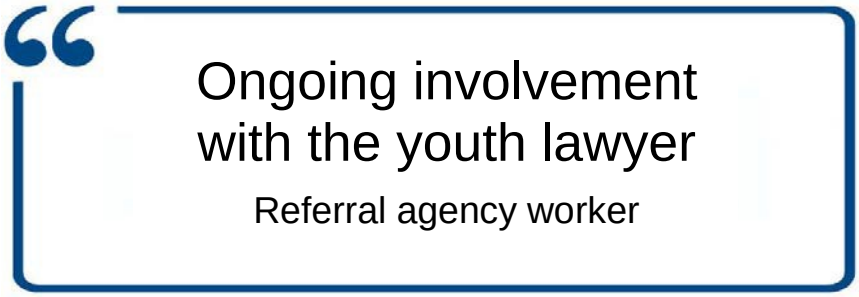
> "*It has made me aware of another area of assistance.*"
>
> "*Makes you think about the legal issues and social and health related aspects.*"
>
> "*Been able to address areas previously pick up by other services or possibly overlooked.*"

Confidence (*n* = 2): A small number of staff indicated that their knowledge of the program had developed their confidence with legal issues and in referring clients to the service, as highlighted in the quotes below.

> "*More confidence to assist clients with legal issues and referral pathways.*"
>
> "*It has been great to have access to a broad range of legal knowledge. The lawyer has been more than generous with providing advice and with helping clients to fill in legal forms and providing moral support. The knowledge that this position is available gives me greater confidence in my work.*"

Of the remaining responses, some staff indicated that they were unsure of any changes in how they worked with clients (*n* = 2) whereas others were unable to comment as they either did not work with clients, or did not have young clients (*n* = 3). One staff member indicated that "*It didn't work*".

Staff were also asked whether their knowledge about referring young people to the CHHJP program had increased. Sixteen (80%) staff confirmed that their knowledge about referrals had increased. Eleven participants described their increase in knowledge describing it as occurring through one of the following 'processes'.



Direct access to the youth lawyer (*n* = 5): Having the opportunity to make direct contact with the CHHJP lawyer had assisted the referral process for many staff, as highlighted by the following quotes:

> "*I talk to the lawyer on site*" and
>
> "*Having access to the lawyer at BCH.*"

Understanding the process for referral (*n* = 3): Increased knowledge of the process for referral was identified by some staff (however, the source from which this increase in understanding had occurred was not specified):

> "*I wasn't aware of how to refer prior, now I do*", and
>
> "*I am now aware of the process*".

Information sessions (*n* = 2): Forums and information sessions were identified as assisting with awareness raising about the referral process to the program, for some staff, as highlighted by the following quote:

> "*Knowledge increased by the lawyer presenting at forum in Ballarat*".

One staff member indicated that their knowledge about referrals had not increased.

Staff confidence in CHHJP referral process

Staff indicated confidence in the process for referring clients to the solicitor through the CHHJP. Responses are presented in the following figure and indicate that the majority of staff were confident in referring to the program.

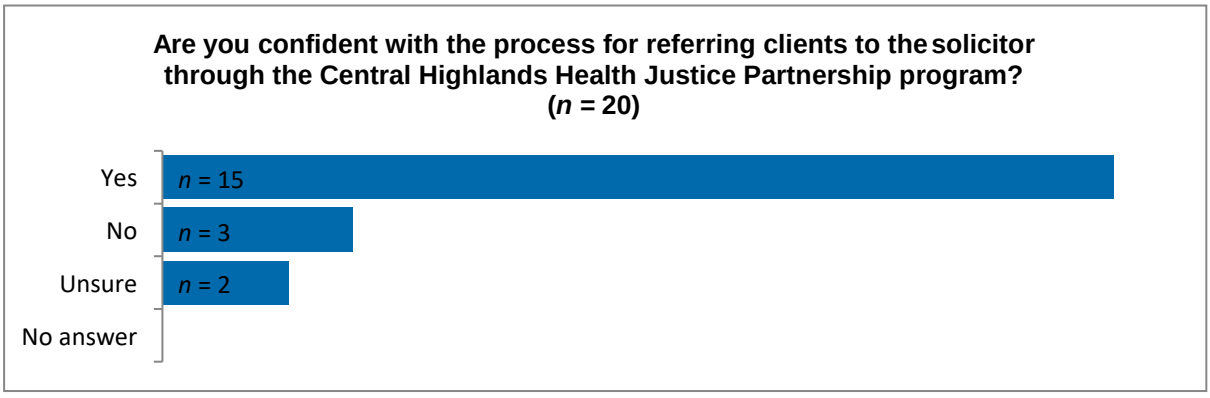


Figure 18: Staff confidence in referring clients to the CHHJP

> Definite need for a service like this
>
> Referral agency worker

When asked to describe the process for referring clients thirteen staff responded. Of these responses, most were categorised into one of three main response themes as outlined below:

Easy (*n* = 5): Some staff described the process for referrals as easy and straightforward:

> "*Pretty straightforward*",
>
> "*The referral process is very straight forward*" and
>
> "*Very easy and helpful*".

Clear (*n* = 3): Some staff identified that the referral process was very clear:

> "I am clear and confident about the process".

Lawyer facilitated process (*n* = 3): other staff commented that the CHHJP lawyer assisted in facilitating the referral process, as highlighted below:

> "*Positive, the lawyer is very approachable and keen to assist*",
>
> "*The lawyer is very approachable*", and
>
> "*I think the legal setting is right for most people with then community health context it enhancing opens up access for young people that is important*".

In addition, some staff indicated that they did not work with clients (*n* = 1) or would not refer to the program (*n* = 2). Another staff member suggested that confirming the referral via telephone was important: "*I would probably make a phone call to our youth team and confirm referral process before going ahead*".

Staff reflections about the CHHJP website and Legal Health Check

Staff were asked whether information on the STUCK website was of assistance when working with clients. Varied responses were received, as shown in Figure 19. Only five staff indicated that the website was helpful, a further five were unsure, and two staff members found it provided no assistance.

Two staff members provided further comment about the website. One indicated that the recorded message by the lawyer was useful and another indicated that clients had provided feedback that the website was "*useful and easy to navigate*". When asked whether there were any gaps in information on the website, no comments were provided.

> The outreach and how quick they can get the appointment
>
> Referral agency worker

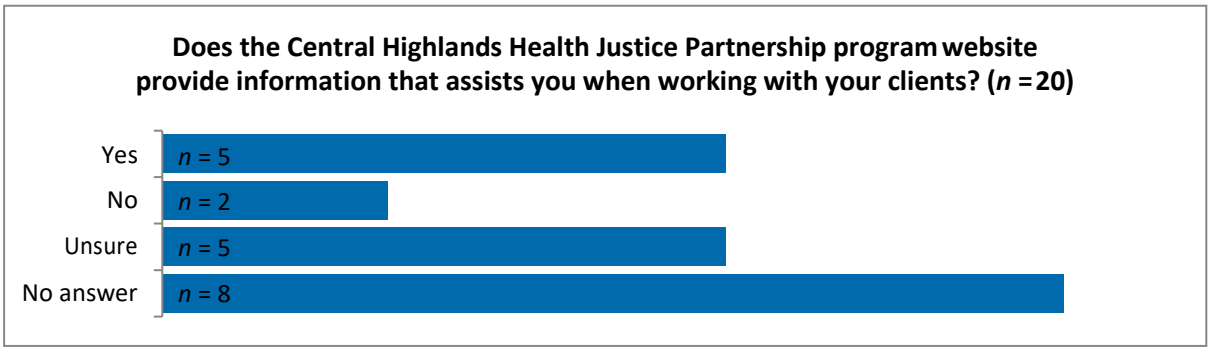


Figure 19: Staff assessment of the website

Staff were also asked about the legal health checklist and whether they have used it, and found it useful. Twelve staff responded of which five staff had used the checklist and a further seven staff had not. Of the five that had used the checklist all confirmed that it was a useful tool. Three staff provided further comment about the usefulness of the checklist, as captured in the following quotes:

"*Identifying legal issues clients may have*",

"*It is just a helpful prompt to cover off all the different avenues that may need assistance*", and

"*It reminds the worker about the areas that the lawyer can be of assistance with*".

Staff reflections about client health and wellbeing

Staff were asked whether they had observed any differences in their client's health and wellbeing that, in their professional opinion, could be attributed directly or indirectly to the resolution of their legal problem. Nine staff indicated that they had observed a difference in their client's health and wellbeing following the resolution of their legal problem, as highlighted in the following figure.

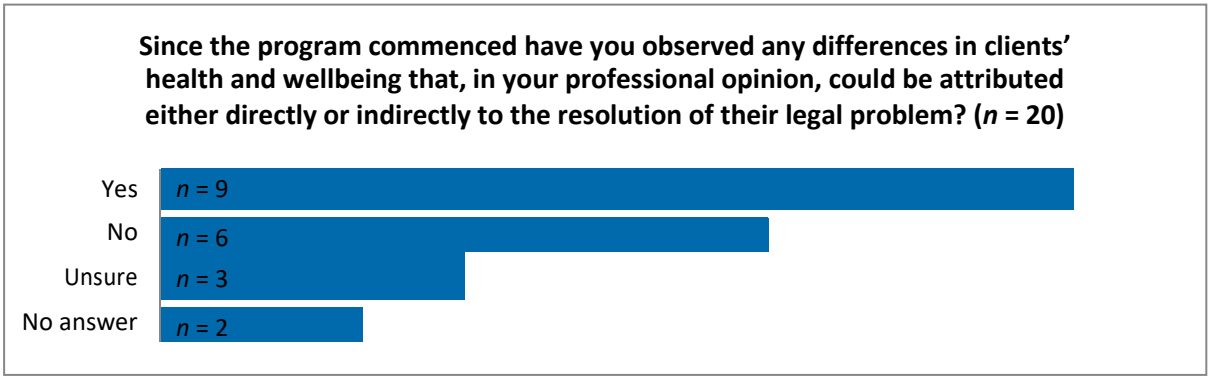


Figure 20: Staff observations about the health and wellbeing of clients

> By the end of the day, we had an appointment for the next day
>
> Referral agency worker

Staff were asked to describe some of the outcomes they had observed in their clients; seven staff provided detailed responses having observed changes in their client that (a) led to a reduction of a mental health problem (such as anxiety), and/or (b) had increased positive health and wellbeing benefits, and/or (c) empowered and supported them. Staff comments are as follows.

> "*A young man who had become extremely distressed by what he perceived as a hopeless situation and being trapped in an unbearable living situation was supported to resolve the situation by working with HJP and VCAT.*"
>
> "*Giving young people the option re: access to legal information assists their mental health status that their anxiety and worries are reduced.*"
>
> "*Having someone to talk to in a safe and non-judgemental environment is important to our clients.*"
>
> "*Issues dealt with that may have been inadvertently neglected in the past.*"
>
> "*Less financial stress and anxiety.*"
>
> "*Positive health and wellbeing outcomes for clients.*"
>
> "*They feel more empowered, and supported.*"

Staff were also asked whether they had observed positive outcomes in the health/wellbeing of clients that had been referred to the CHHJP. Twenty staff responded and over half indicated that they had observed positive outcomes in clients referred to the CHHJP, as presented in the following figure.

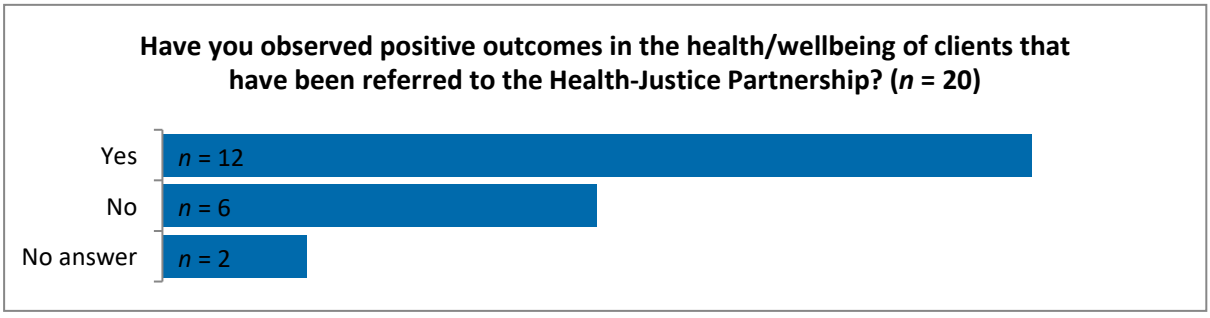


Figure 21: Staff observations about the positive outcomes of clients referred to the CHHJP

When asked to describe the changes and outcomes in their clients, eight staff responded. Many responses suggest that staff had observed changes in client's general and mental health, particularly reductions in levels of anxiety. Others commented that clients had become more positive. These are reflected in the following comments below.

> "Clients' mental health and general wellbeing has improved knowing their issues are being addressed."
>
> "*Greater mental health of clients due to issues hanging over their heads being relieved.*"
>
> "*Hope.*"
>
> "*Reduced stress and anxiety.*"
>
> "*Reduction in anxiety and increase in empowerment and assertiveness.*"
>
> "*The legal issues they were faced with have been eased or alleviated.*"
>
> "*There has been clear positive outcomes of healthier relationships, stable accommodation, decreased offending etc.*"
>
> "*Young man has become more optimistic and feels empowered to negotiate accommodation options. He has secured better accommodation now and is getting on with his life.*"

Other comments

At the conclusion of the survey, staff were asked whether they had any further comments to make about the CHHJP. Eight responses were received with most staff comments reflecting positive observations about the program, in general and more specifically, relating to supports and services received. Some staff commented that the program was worthwhile and provided an integral service that supports young people, as highlighted in the quotes below.

> "*Fantastic and worthwhile program.*"
>
> "*I am very positive about the program and would not hesitate to refer and recommend other clients and programs to CHHHJP.*"
>
> "*I believe this is an important component of youth client focused care, having a specific role to assist young people through a difficult system to navigate is imperative to their health and wellbeing.*"

Other staff commented that the advice received and the resources made available through the program were highly valued.

> "*I have consulted with the lawyer for issues outside the specific mandate of working with youth and this has been helpful for me.*"
>
> "*I have found it useful to share STUCK and the legal health check with schools and agencies.*"
>
> "*The limited contact I have had I would describe perhaps as 'sideways' in that it was access to information only. It was very helpful for the client though.*"

Some other comments provided by staff that suggested changes to the program may be needed (for example, "*If program is to be successful, need to select the solicitor with much more care*"; "*Need to make sure the workers in the program are youth friendly*").

Referral agency reflections

Referral agency staff completed surveys across two periods Time 2 (January–June 2016) and Time 3 (July–December 2016). Of the 16 workers who referred young people to the CHHJP program, five workers responded to the reflections survey. Of these, three identified they were from agencies whose primary focus is youth.

Of the five respondents, three workers indicated that they had heard about the program from a presentation given by the youth lawyer at their agency. Another had attended the launch of the program and the other had heard about the program from a colleague. All respondents indicated they referred between one and nine young people to the program. When asked their knowledge about the legal needs of young people, three (n = 3) said 'yes', one said 'no' and one was 'unsure'. When asked if they were confident in the process of referring clients to the youth lawyer, four (n = 4) respondents said 'yes' and one said 'no'.

Greater insights into the usefulness of the STUCK website and the Legal Health Check were also gauged through the survey. Three respondents confirmed that the STUCK website was useful; one was 'unsure'. In relation to the usefulness of the LHC, three respondents said they had used the tool, and one had not. Of those who used the tool, two said it was useful and one said it was not.

Obtaining a better understanding of the impact of the CHHJP on young people was of high importance. To this end, respondents were asked to indicate whether they had observed any differences in clients' health and well-being which, in their professional opinion, could be attributed, directly or indirectly, to the resolution of their legal problem. Four said 'yes' and one said 'no'. Respondents were also asked whether they had observed any positive outcomes in health and wellbeing of clients who had been referred to the CHHJP. Of the five respondents four said 'yes' and one was 'unsure'.

Discussion and conclusion

Overview

The Central Highlands HJP commenced in February 2015. The program delivers an integrated health justice partnership service for young people in the Central Highlands region of Victoria. The aim of this program is to establish early intervention and to raise awareness of the health and legal issues of young people in the region. The three key objectives of the program are to:

1. improve the health and legal outcomes for young people aged 16–25 through the implementation of an early intervention health justice partnership in the region;
2. build capacity of agency partners to understand the impact of environmental issues, such as legal problems on the health and well-being of young people in the region, aged 16 to 25; and
3. increase the awareness amongst young people (patient/clients) about the legal resources available in the region and state-wide.

Extensive research has been conducted to evaluate the CHHJP program and address core program objectives. Various research methods have been employed to source data for this research. Data collection methods were developed in consultation with the partners. Primary data was collected by the researchers at Federation University Australia using surveys (electronic, self-administered and researcher-administered) and interviews captured from key stakeholders, including young people that had used the program, staff from the partner and referral agencies and the governance group.

Program data about the CHHJP was collected by the CHCLC, and provides an additional source of data for this research evaluation. This data provides an overall understanding about the socio-demographic demographic of all young people accessing the service and information the legal advice and services they required.

A review of the data presented in the preceding chapter of this report reveals extensive insights about the CHHJP program from key program informants. Examination of all data sets reveals consistent ‘themes’ to emerge from this research. These themes provide evidence to support and assess the contribution of this program in addressing its foundational objectives.

A summary of the five key themes are captured in the table below and will be discussed in the text that follows. This also provides the evidence from which to assess the program objectives. In concluding this discussion chapter, the limitations of the research will be considered, followed by recommendations for program delivery and research to guide the future establishment and operations of Health Justice Partnership (HJP) projects in Australia.

Table 5: Consolidated research themes to emerge from the data about the program, the data supporting the evidence for the theme, and additional considerations

Themes	Data sources supporting themes	Associated considerations
1. Establishing the need: the legal-health nexus of young people	CHHJP program data Intake and exit survey (young people) Staff survey	Number of young people accessing the program. The legal problems of young people are important and affect them in different ways.

Themes	Data sources supporting themes	Associated considerations
2. The importance of early identification and intervention	CHHJP program data Intake survey Staff survey	Referral pathways Duration of legal problem Building agency staff capacity and capabilities Secondary consultations Legal Health Check Stuck website Education and promotion activities
3. Awareness raising: program promotion targeted at young people	Program activities Stuck Website: analytics Staff reflections Young people: Self referrals to program	Targeted and promotional events and activities (forums; posters; postcards) Stuck website Program promotion generated by staff
4. An integrated, timely and flexible service delivery model	Secondary consults Referrals Staff survey	Outreach Timeliness of service access Accessibility of the lawyer
5. Addressing a service need: Court and tribunal representation	CHHJP program data	

Discussion of the research themes

1. Establishing the need: the legal-health nexus of young people

There is substantial evidence from the data supporting this theme to indicate a need to establish a program that addresses the legal and health needs of young people in the Central Highlands. The number of young people accessing the program since its launch provides immediate evidence that young people are experiencing a range of legal issues. One hundred and thirty-three young people attended the service and received support from the lawyer on at least one occasion. This is in contrast to the report by the CHCLC (2014), which identified that 'certain groups … are significantly underrepresented in the current service provision (ATSI and Young People in particular)' (p. 13).

Preliminary evidence captured in the responses of young people through the intake survey, suggests that their legal problems have a wider impact on their lives and was manifest across a range of health and wellbeing indicators. Some young people reported their legal problems were affecting their sleep, influencing their stress levels and impacting on how they felt, their levels of concentration and their confidence. Some young people specified the ways in which their legal problem was affecting their lives; for a small number of young people their legal issues were all-pervading and impacting on all aspects of living.

Further evidence for the association between the legal problem and its impact on the health and wellbeing of young people was observed by agency staff, as reflected in the staff survey. A proportion of agency staff had observed changes in their clients' wellbeing following their referral to the CHHJP. This was attributed to the resolution of their client's legal problems, following access to the CHHJP program. Staff indicated that the resolution of these legal problems had improved their clients' health and wellbeing. For some clients, this had resulted in a reduction in mental health problems such as stress and anxiety. Self-identification of health and wellbeing is consistent with the findings of Macourt (2014), and included increased stress levels, sleep disturbance, general well-being, concentration, relationships and confidence. It is reasonable to suggest that prolonged pressure resulting from unresolved legal issues would also exacerbate the impact on health and well-being.

The exit survey, completed by young people offers additional evidence that the resolution of legal issues led to perceived improvements in their health and wellbeing. This is further supported by the positive feedback that young people provided about the CHHJP following the resolution of their legal issues. As expected, young people who completed the exit survey identified that stress levels and the impact of stress on their overall health and well-being had improved. The number of responses to the exit survey was low, so the ability to generalise the findings to the wider cohort of young people is limit; however, the evidence from the research data overall found that young people were able to identify how the legal problem was affecting them.

The underlying philosophy for the HJP/MLAs is that they have the potential to "*bridge the demonstrated gaps in the provision of health and legal services-providing a dynamic, multi-stakeholder team that serves the poor and disadvantaged, and that supports justice and better health*" (Krishnamurthy et al., 2016, p. 386). Collectively, the research data from multiple sources (surveys by clients and staff; CHHJP program data) provides evidence suggesting that the CHHJP is building the nexus between the legal and health needs of young people in the region.

2. The importance of early identification and intervention

Evidence from the data supports the second theme: the importance of early identification and intervention in the detection and resolution of young people's legal issues.

Data indicate that young people are being referred to the CHHJP from multiple referral 'points'. These include key agencies and organisations – including the partner agencies for this program – as well as eighteen external agencies across the region, including education institutions (secondary; tertiary education institutions), police, family services, youth mental health services, community services, private legal firms and justice agencies. The range of referral sources and the number of referrals from the partner agencies highlights both an awareness of the program and the importance of the program in supporting and addressing the health and legal issues of clients.

Furthermore, many of the young people that accessed the CHHJP service reported having their legal issues for three months of less, prior to seeking help for their legal problem. The literature suggests that young people typically ignore their legal issues resulting in a compounding and escalation of these problems. The data gathered for the evaluation suggests that the CHHJP may be increasing the early identification of legal issues. Although it is not possible to ascertain whether the time that young people had their legal problem would have been further protracted had the CHHJP not been in existence, further exploration of this is recommended for future research.

An important finding to emerge from the data is the building of agency staff capacity and capabilities. Staff indicated that the CHHJP program had enhanced their capacity in terms of understanding legal issues, which had led to increased confidence in working with young people. This had also given them greater insights about their own practice and had provided an understanding of legal issues and their relationship to health. Staff also reported an increased knowledge in referring young people to the CHHJP and in their own practice, of having a growing confidence of assisting young people with legal issues and the mechanism for referring them to the program.

Building staff capacity was supported through the opportunity for secondary consultation. Overall, there were 30 secondary consultations throughout the program. It is likely, however, that this data in relation to secondary consults was underestimated. The nature of secondary consults is opportunistic, hence, discussions often occur at random times and locations, and as such may impede opportunities for data collection. Although data in relation to years of service within the community sector or working with young people was not collected through this research evaluation it could be argued that the integrated nature of an HJP, where different professions are working side-by-side, has the potential to build and perhaps increase the capacity of staff with limited years of experience.

Feedback from staff suggests that various 'aids' and activities implemented in parallel with the CHHJP may have assisted in building staff awareness and knowledge about the program and of early identification and intervention. The use of the LHC, for example, was a key factor in the early identification of legal issues for referral staff. Although the data regarding the number of BCH or referral agencies using the health check was not high, those that had used this tool were using it regularly and were integrating the tool within their normal work practices. The website analytics also indicate the LHC was the most frequently visited/accessed page on the STUCK website.

The Youth Lawyer also conducted a number of legal education sessions and information sessions about the CHHJP. In particular, this contributed greatly to the understanding that staff had, not only about the program, but also in understanding how an unresolved legal problem can begin to have a negative impact on the health and wellbeing off young people.

Similarly, the promotion of the CHHJP more broadly heightened the level of understanding of the adverse effects of legal problems on a young persons' health and well-being. Promotion through flyers and posters were identified by some participants (BCH staff) as important to the program.

These research findings highlight the important role of health care providers in supporting the community, including those from vulnerable and disadvantaged backgrounds. Published research suggests that health care providers can potentially identify legal problems in their clients at an early stage, before deprivation of basic needs leads to a legal crisis which may have health consequences (Hum and Faulkner 2009; Sandel *et al*. 2014). Through the CHHJP program, staff at partner and other referral agencies have facilitated the pathways legal support for young people aided by an awareness in knowledge about the program, with early identification and intervention assisting in generating program referrals (as evidenced by the large number of young people referred to, and accessing the program).

3. Awareness raising: Program promotion targeted at young people

The importance of promoting the CHHJP program to young people in the region and to raise awareness of the CHHJP program has emerged as another key theme from data. Several successful strategies were adopted throughout the program's operation to facilitate awareness of the CHHJP program and how it could support young people.

A range of events and activities were introduced in association with the launch and operation of the program to promote the CHHJP to its target group. At the commencement of the program, posters (n = 150) and postcards (n = 450) were printed to promote the program and the STUCK website. This promotional material was widely distributed to agencies working directly with young people in the region, including schools, welfare agencies and the courts. In addition, legal education sessions were also delivered to young people. A total of four sessions were conducted. These were facilitated by the youth lawyer and were attended by approximately 420 young people at schools and educational institutions in Ballarat.

Additional promotion of the program was conducted through a series of information sessions delivered to agencies in the Ballarat. Eleven sessions were conducted by the youth lawyer to promote the importance of the program to agency staff, and reiterating the process for referring young people from agencies to the program.

Direct and indirect evidence of the success of the promotional activities associated with this program has been gathered. One set of data relates to the number of young people that self-referred to the program. Fifteen young people (11% of all young people attending the service) self-referred to the program. This suggests that young people were aware of the program perhaps via postcards from other workers, posters or the website. Likewise, the web analytics, although indicating variation in usage across time since its launch, suggest that access to the STUCK website may have complemented the information presented in the workshops, and via other the promotional activities. For example, peaks in usage of the website were evident immediately following activities that promoted the CHHJP, suggesting that awareness-raising was occurring at various levels across the program. Comments from staff at the partner-referral agencies about the website were varied, with some finding it a useful resource. The LHC was also useful for some staff members, suggesting that this provided additional assistance in identifying and exploring the legal issues that their clients may present with. Again, references to the LHC and the website offer further evidence that the broader promotional methods of notifying key agency workers about the program, which were facilitated by provision of a website with complementary resources, were successful.

Program promotion and awareness-raising may be especially important to programs that provide a different and unique model of service (such as HJPs) and given the target group, such as disadvantaged and/or specific cohorts of the population. Chosen methods have an opportunity to directly address and therefore assist young people with the aim of addressing potential adverse impacts on health and of facilitating the opportunities for early intervention which is past research has been found to be particularly beneficial (Gyorki, 2014; Krishnamworthy et al., 2016). An integrated, timely and flexible service delivery model

Examination of the data suggests that the model of service delivery is an important consideration for this program, especially with the provision of integrated, timely and flexible model of service delivery. The CHHJP was established within an integrated model of service delivery that was considered to be an essential feature for a program, specifically targeting young people with legal needs that may not otherwise be identified.

Published literature suggests that young people will attend health or allied health professionals before (or instead of) seeking advice from a lawyer. Evidence shows that health and allied health professionals have both a greater access to vulnerable populations, and can assist them to facilitate support from other services they would not otherwise access (Hum and Faulkner, 2009). Some of the young clients referred to the program came from cohorts within the population that places them at greater risk or disadvantage, including having a disability status (n = 25), being on a low income (n = 124) and residing in regional districts (n = 28). It could be argued that many of these – and the remaining young people referred to this program – may not have sought legal advice, nor realised that a legal remedy was possible, without the assistance of their trusted health or allied health professional.

The co-location of the legal service at BCH appears to have enhanced client referrals and secondary consultations, further attesting to the importance to an integrated service model. Over 10% of client referrals to the program came from the partner agency in which the program was located; BCH (n = 14). In addition, the data pertaining to secondary consults indicates that approximately thirty secondary consultations were recorded between the program lawyer and staff at referring agencies. Access to informal information sharing between legal and health professionals (including those at the partner agency in which the program is located) provides evidence that this model of integration is building capacity and connections that may have facilitated a timely and appropriate response for clients with various legal issues. Together the client referrals from BCH and the large number of secondary consults offers tentative evidence of the value of an integrated service model, which is further supported by staff feedback and reflections that show the program helped facilitate knowledge about legal-health issues for clients.

4. An integrated, timely and flexible service delivery model

Another related theme to an integrated service delivery is in offering a timely service. Often there is a small window of opportunity in which a young person will agree to a referral and or seek assistance. Consequently, the availability of timely service response is vital in assisting young people to resolve issues. To this end, the availability of the youth lawyer in providing advice or secondary consultation was particularly beneficial. Many young people who accessed the service were offered advice either on the same day or on the next day.

Provision of a flexible service delivery model was an important feature of this program, with evidence from the data supporting claim. The CHHJP combined both an outreach with an integrated model of service delivery. This meant that in addition to providing outreach services within agencies outside the partnership group, the youth lawyer also worked with BCH and referral agency staff to provide outreach services to individual young people identified by these workers. Importantly, 11% of young people (*n* = 15) received outreach through the program with some receiving outreach services on more than one occasion.

The case study outlined earlier in this report (Figure 16, page 35) illustrates that for some young people, access to legal services in a specified location is not possible. A combination of issues including drug and or alcohol use, mental health and legal problems can effectively isolate young people and thus prevent them from accessing the services they need. For some clients, the only means of accessing legal services is through referral and outreach. Community Legal Services or Legal Aid are not resourced sufficiently to provide outreach services, particularly to where young people live. The CHHJP model with outreach is enabling these service gaps to be met. The effectiveness of an integrated model is strengthened through the provision of outreach, as it utilises existing relationships between workers and their clients, and this relationship is utilised to facilitate access to legal services.

The CHHJP program was firmly established on an integrated service model, providing an innovative, timely and flexible service that meets the legal and health needs of young people. Not only is an integrated model effective for responding to the needs of young people, particularly those with complex needs, it also extends the evidence from previous studies which highlight the role such a model plays in building the capacity of staff within the host agency. Data from the evaluation demonstrates that this service model is assisting in meeting the needs of some of the most disadvantaged young people in the region. Flexible services comprising outreach, secondary consultations and timely response further complement an integrated service model.

5. Addressing a service need: Court and tribunal representation

Access to free or low-cost court representation has become more elusive since the criteria for accessing Legal Aid since court representation funding has been tightened. This coincides with an increase in the requests for Legal Aid funding and legal services generally (VLA, 2015-2016) and Legal Aid eligibility for court representation. Court representation is a priority for people with serious legal matters, where defendants may be facing a period of immediate incarceration and for those needing intensive support or are already in custody (VLA, 2015-2016).

The majority of young people represented at court through the CHHJP program would not have been eligible for Legal Aid funding, or if they were, a decision was made by the youth lawyer to continue support. Unfortunately, not all young people who were represented at court completed an evaluation survey; therefore, related information about the duration for which they had their legal problem prior to seeking help through the CHHJP – or whether they had sought assistance elsewhere – was unavailable. However, evidence suggests that the Youth Lawyer provided representation in instances other options were not available.

The importance and complexities of these court cases is evidenced through the data captured for this research. For one young person, the legal matter assisted with through the CHHJP was related to the

non-payment of fines. This case is outlined further on page 35. This legal matter took the youth lawyer nearly 12 months to resolve due to the young person's state of mind at the time. Clearly, for this young person, had the Youth Lawyer not acted on their behalf, or had not persisted in providing a service when no other legal service could, their debts would have accumulated, potentially resulting in more serious legal implications.

Representation for those facing the loss of their vehicle license due to alcohol related driving matters is another important legal matter. The gravity of the legal issues arising from such matters assume even greater importance for young people residing in regional areas and where public transportation is limited. The high number of alcohol related offences captured in this study is consistent with the higher than state average alcohol use for the region (City of Ballarat, 2009, 2013). The Civil matters related to Protective Services Offices, Family Violence Intervention Orders and Family Law child custody are also consistent with the analysis of the New South Wales, Law and Justice survey report by Courmarelos, Macourt, People, McDonald, Wei, Iriana and Ramsey(2012).

Summary

The research themes discussed above highlight the importance of the CHHJP and of its reach and contribution, not only in supporting young people to address their legal issues, but also in providing education and support to staff from the partner agencies and other referral agencies about the role that legal issues can have on young people and their health. The research data provide evidence supporting the contribution of this program to the region, and in meeting the program's overall; objectives. A brief examination of the evidence in support of the program's objectives is provided below.

Evidence to support the program objectives

The research provides evidence that the program objectives for the CHHJP have been met. The first objective stated that the program would improve the health and legal outcomes for young people aged 16–25 through the implementation of an early intervention HJP in the region. This objective has been achieved as reflected by the large number of young people referred to the program between July 2015 and December 2016. One hundred and thirty-three young people sought assistance through the service and presented with one or more legal issues, some of which were complex and required hours of legal assistance. Overall, 182 instances of advice and case work was provided across 41 legal problem types. The large number of service agencies in the region that referred their clients to CHHJP, further highlights both an awareness of the program and its importance in supporting and addressing the health and legal issues of their young clients.

Published literature suggests that young people typically ignore the legal issues that they may be experiencing, which can compound and escalate the problem and lead to impacts on their health. The data from this evaluation suggests that referrals to the CHHJP were consistent across the program's operation and were meeting the early identification of legal issues: many young people referred to this program had had their legal issue for three months or less.

Early intervention may have been supported through the extensive promotional activities and supporting material (such as the Legal Health Check) distributed and made available throughout the CHHJP, as well as the provision of outreach and secondary consultations offered by the program lawyer. Despite those clients with legal issues 'older than 6 months' remaining the same across the duration of the program, the number of legal issues identified at 'less than 1 month' and 'between 1 and 3 months' increased following the commencement of the program and from January 2016 onwards. These tentative findings are consistent with Curran (2016, p.111) who found that the trust built through secondary legal consultations lead to an increase in referrals to the HJP.

The LHC may have been a key factor in the early identification of legal issues. Although the data regarding the number of BCH or referral agencies using the health check was not high, those that had used the tool were using it on a regular basis and were integrating the tool into their normal work practices. The website analytics also indicated the Legal Health Check was the most frequently visited/accessed page on the STUCK website.

As expected, young people who completed the exit survey identified that stress levels and the impact of stress on their overall health and well-being had improved also improved following their access to this program. The number of responses to the exit survey was low so the ability to generalise these findings is limited; however, these insights suggest that young people were able to identify that the legal problem was having an effect on them. Similarly, staff from referring agencies made similar observations. The self-identification of the impact of legal issues is consistent with the findings of Macourt (2014). It is reasonable to propose that prolonged pressure resulting from unresolved legal issues would also exacerbate the impact on health and well-being.

The second objective of the CHHJP was to build capacity of agency partners to understand the impact of environmental issues, such as legal problems on the health and well-being of young aged from 16 to 25 people in the region. There is evidence suggesting the program has enhanced the capacity of partner agency staff, in terms of understanding certain legal issues, which lead to increased confidence in referring young people to the program.

In addition to the positive feedback from staff about their increased confidence and knowledge about legal issues and the CHHJP, building staff capacity was also supported by the opportunities for secondary consultation. Approximately 30 secondary consultations were recorded throughout the program, although data relating to secondary consults may have been underestimated. Anecdotal evidence suggests that many random, informal discussions occurred between workers and the youth lawyer. Many of these discussions were not captured through the formal data collection channels. Data about the number year's agency staff had been working in the community sector or working with young people was not captured through the research however it could be argued that the integrated nature of a CHHJP, where different professions work side-by-side, has the potential to build and increase the capacity of staff, especially those with early career experience.

Throughout the duration of the program, the youth lawyer conducted numerous legal education sessions and information sessions about the CHHJP. The latter contributed greatly to the understanding of staff, not only about the program but also to the understanding of how a legal problem, left unresolved, may have a negative impact on the health and wellbeing of young people.

Similarly, the promotion of the CHHJP more broadly heightened the level of understanding of the adverse effects of legal problems on a young person health and well-being. Promotion through flyers and posters, and the establishment of a dedicated program website, and legal heath checklist, were identified by some participants (BHS staff) being important to the program.

For BCH, and other referral agency staff, their reflections of the program highlight an increase in the knowledge and awareness of the program in assisting the health and legal needs of young people. This is facilitated throughout the operation of the program in which staff indicated an increase in confidence about the service, which was aided by:

- a clear referral pathway,
- the legal health checklist,
- a dedicated program website, and
- on-site access with the lawyer that enabled informal contact and discussions.

The final objective of this program was to increase the awareness amongst young people about the legal resources available in the region and state-wide. This too is supported through the research. Several strategies were implemented across the program that focused on increasing young people's awareness of the CHHJP program. Four legal education sessions were delivered to approximately 420 young people at schools and educational institutions in the Ballarat area. A dedicated, program

website was established which was developed for and informed by young people. Approximately 450 postcards and 150 posters promoting the STUCK website were printed and distributed to agencies.

Research evidence supports the contribution that awareness-raising can have with young people with 15 young people self-referring to the program. Of these, only one had used the service previously. This suggests that young people were aware of the program and were seeking assistance with their legal issues. No further insights about how or what had influenced these young people to self-refer however it is possible that the promotional material about the program or advice provided by agency staff, or indeed from other young people, may have influenced their decision to approach the service.

Program and research limitations

Some limitations with the program and the research evaluation were identified. Sharing these limitations provides an opportunity for other service providers who may be considering implementing similar programs to learn from and address these issues in the future.

One limitation was an under estimation of the time needed for promoting the program prior to its launch. Two months was initially allocated for promotional activities prior to the program's launch. However, the delivery of a program across a diverse group of staff both at BCH and external referral agencies across the region was more complex and required more time than was originally allocated. In addition, other strategies to promote the program were required: this had not originally been identified. The reliance on information sessions for promotion to all staff was not solely sufficient. Some staff teams at BCH required different approaches, with more information about the implications of unresolved legal problems. For some staff, further information was needed about the legal issues commonly experienced by young people. Nonetheless, staff reflections suggest that once they were aware of the program and how it could benefit their clients, they were very positive about it.

Another limitation pertains to the research and the low participant numbers. The lack of data collected from young people at the conclusion of the service prevents a comprehensive understanding of the overall value of the services from being attained. Although this issue was anticipated by the researchers from the outset, different methods for data collection from this cohort of participants is needed in future. One suggestion for future research is to adopt a qualitative measure for data collection through case studies. In-depth interviews with young people before and after their involvement with the CHHJP may enable deeper insights to be obtained. It may also be possible for partner agency staff (such as BHS staff) to have a more prominent role in assessing the impact of the program on their clients, again, using in-depth evaluation methods. However, this poses issues for staff in relation to their time and availability to conduct such assessments and also additional ethical issues that would need to be carefully addressed.

The 'effectiveness' of a program can be measured in many ways; however, it is clear that using the measure of 'resolution' is problematic. This is particularly evident in the legal setting where a client's expectations of what constitutions a 'resolution' and what the law would refer to as 'resolved' are not always congruent. This was highlighted in some of the responses to the exit survey when three young people indicated that their legal problem was not resolved (see Figure 16): in these cases the 'legal' problem was resolved, but the young people were still experiencing the implications of the resolution to their legal problem.

Recommendations

In response to these research findings, a number of key recommendations that may support the ongoing operations of the Central Highlands HJP, and enhance the implementation of other HJPs, especially those in regional and rural areas, in the future are presented.

Recommendation 1: That ongoing, program funding is identified and secured for the CHHJP to ensure its continuation as an integral, local service assisting young people in the future.

Recommendation 2: That ongoing promotion of the CHHJP service continues in tandem with the continuation of the program across the region. Promotion should be extended to all staff at agencies and organisations that support young people and to the young people themselves. Ongoing dissemination and promotion of the website will ensure easy access for young people to source relevant information about the program.

Recommendation 3: That the researchers disseminate the outcomes of this research to a national and international audience to showcase the uptake and value of the program across both industry and academia. This may include the preparation of journal papers, industry discussion papers, and/or conference papers.

Recommendation 4: That integrated, health-legal service models (similar to the HJP) are implemented and delivered in other regions across Australia to meet the diverse and complex needs of disadvantaged groups that cannot be serviced by a sole sector or agency.

Recommendation 5: That community-based agencies with a focus on service delivery to young people consider options for an integrated health-legal service model, in conjunction with their Community Legal Centre or Legal Aid Office.

Recommendation 6: That funding bodies acknowledge the need for flexible service responses that meet the needs of young people with complex needs requiring resource intensive service response.

Recommendation 7: That further research is conducted over an extended timeframe to assess the impact of the HJP as an effective intervention strategy.

Recommendation 8: To conduct further evaluation of the impact of the HJP on capacity building of staff from the host agency.

Conclusion

To conclude, the CHHJP combined outreach with an integrated model of service delivery. Embedding the youth lawyer within the BCH Youth Team enabled mutual understanding of professional roles, helped build rapport with BCH staff and developed a greater understanding of the range of health and legal issues experienced by young people. The additional benefit of an integrated program is that young people could be referred immediately to the youth lawyer. The youth lawyer could then accompany the Youth Worker or other referral agency staff when providing outreach services to individual young people identified by these workers. The effectiveness of an integrated model is strengthened through the provision of outreach by utilising existing relationships between workers and their clients, and this relationship is utilised to facilitate access to legal services.

The data from this research provides evidence that the needs of young people are diverse, and that not all young people are confident in seeking legal services. For some young people with complex needs, including those with drug use, mental health and legal problems, the need for flexible delivery of services is particularly important. Addressing the needs of young people with complex needs who require resource intensive services has become increasingly difficult because funding to community-based agencies, such as legal centres, has been reduced, and performance measures that focus on the volume of persons assisted are used as a measure of service success.

The implications associated wtih stretching resources to a greater number of people results in some cohorts – in this case young people with complex needs – being further marginalised. The need for intensive support to resolve legal issues where the capacity of the young person to participate is limited due to a combination of complex issues cannot be underestimated. The evidence following implementation of the CHHJP supports the importance of such a program. It assists with improving the health and legal outcomes for young people through the implementation of an early intervention HJP

and of building the capacity of agency partners to understand the impact of environmental issues on the legal and health of young people in the region. It also increases awareness amongst young people about the availability of legal resources.

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Appendices

Intake survey

Federation University Australia (FedUni), together with Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC) have been funded by the Victorian Legal Services Board for a new program for young people called the Central Highlands Health Justice Partnership. The program will mean that a young person can see a solicitor at the Health Centre. The project is about trying to get legal help for young people quickly. We think that if young people get help quickly for their legal problems, this might help with other things in their life, for example their health.

As this is a new program, we want to do some research to see if it works and invite you to be involved in this. Margaret Camilleri, Helen Thompson and Alison Ollerenshaw from FedUni are doing research to see how the program is working for you and other young people who use the program.

By collecting information from you we can see what difference it makes to young people when they get legal help through the program. We invite you to participate in this research by completing a survey, now, when you come into the program and one when you finish with the program. Each survey will take about 10 minutes to finish. At some point in the future you might also be asked to answer a few questions in an interview about what you thought about the program. Margaret or Alison will ask you these questions over the telephone.

You don't have to give us any information for this research if you don't want to. Even if you say yes or no now, you can always change your mind later. It is up to you. It's OK if you don't want to be involved in this research.

This project received approval from Federation University Australia's Human Research Ethics Committee (approval number: A15-061). Further details about this research are available here or from Margaret Camilleri on (03) 5327 6947.

Case number: _____

What is your highest level of education?

☐ Year 7-9
☐ Year 10
☐ Year 11
☐ Year 12
☐ Studying at University or TAFE (Degree/Diploma)
☐ Apprenticeship or Traineeship
☐ Other:_____

Are you working or studying? (You can tick more than one box)

☐ Full-time employment
☐ Unemployed
☐ Studying (Degree/diploma)
☐ Other:_____
☐ Part-time employment
☐ Studying at secondary college
☐ Apprentice

Which of these best describes where you live and who you live with?

☐ I am renting in public housing and living alone
☐ I live with my mum or dad/other family member/s
☐ I live in public housing with my partner/others
☐ I live in disability accommodation
☐ Other:_____
☐ I am in private rental sharing with others
☐ I live in private rental with my partner
☐ I live in a Resi-care unit
☐ I have no permanent address at the moment

Have you ever been a client of child protection?

☐ Yes ☐ No ☐ Don't know

These questions are about any legal problems you have had before.

Have you had legal problems with any of the following? (you can tick more than one box)

☐ Police
☐ School
☐ Public transport
☐ Other:_____
☐ Centrelink
☐ Home
☐ Immigration

Maybe you had a problem about any of the following…

	I didn't have this problem	I received legal advice	I didn't want legal advice	I don't know if I received any legal advice
You were a victim of crime	☐	☐	☐	☐
Unpaid fines	☐	☐	☐	☐
Family violence	☐	☐	☐	☐
Housing	☐	☐	☐	☐
Credit/debt	☐	☐	☐	☐
Services (phone, internet, TV)	☐	☐	☐	☐
Cyber bullying	☐	☐	☐	☐
Problems at work	☐	☐	☐	☐
You had to go to court	☐	☐	☐	☐
Access to or custody of your children	☐	☐	☐	☐
Sexual assault	☐	☐	☐	☐
Drug and alcohol	☐	☐	☐	☐
Gambling	☐	☐	☐	☐
Graffiti	☐	☐	☐	☐
Driving Offences	☐	☐	☐	☐

Maybe your legal problem was about something else. What was it?

_____

If you didn't get help, can you tell us why you didn't?

_____

_____

If you did get help, who helped you?

☐ Legal Aid
☐ Community Legal Centre

☐ Youth Law
☐ Maybe you got help from somewhere else, can you tell us where or who? _____

If you had a legal problem, was it resolved?

☐ Yes ☐ No ☐ Don't know

These questions are about the reason/s why you have come to see the Youth Lawyer and how the legal problem makes you feel.

How important is your current legal problem to you?

	Not at all	A little	Very important
	☐	☐	☐

How much is the legal problem affecting your life at the moment?

	Not at all	A little	A lot
	☐	☐	☐

Do you think the legal problem that you have come to see the youth lawyer about today has had any of the following effects on you?

	Not at all	A little	Very important
Stress levels	☐	☐	☐
How you're sleeping	☐	☐	☐
Hanging out with friends	☐	☐	☐
How you get on with family	☐	☐	☐
How you concentrate at work or school	☐	☐	☐
How you concentrate	☐	☐	☐
How you look after yourself	☐	☐	☐
How supported you feel	☐	☐	☐
How confident you feel	☐	☐	☐
How you're feeling generally	☐	☐	☐

Is the legal problem affecting your life in any other way? Can you tell us how?

_____

_____

How long have you had this legal problem?

☐ Less than 1 month
☐ Between 1 month and 3 months
☐ Between 3 months and 6 months
☐ Longer than 6 months

Thank you for completing this survey.

For further details about this program, or your involvement in this evaluation, please contact one of the following researchers:

Dr Margaret Camilleri
Phone: (03) 5327 6947
Email: m.camilleri@federation.edu.au

Alison Ollerenshaw
Email: a.ollerenshaw@federation.edu.au

Assoc Prof Helen Thompson
Email: h.thompson@federation.edu.au

Exit survey

Federation University Australia (FedUni), together with Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC) have been funded by the Victorian Legal Services Board for a new program for young people called the CHHJP. The program will mean that a young person can see a solicitor at the Health Centre. The project is about trying to get legal help for young people quickly. We think that if young people get help quickly for their legal problems, this might help with other things in their life, for example their health.

As this is a new program, we want to do some research to see if it works and invite you to be involved in this. Margaret Camilleri, Helen Thompson and Alison Ollerenshaw from FedUni are doing research to see how the program is working for you and other young people who use the program.

By collecting information from you we can see what difference it makes to young people when they get legal help through the program. We invite you to participate in this research by completing a survey, now, when you come into the program and one when you finish with the program. Each survey will take about 10 minutes to finish. At some point in the future you might also be asked to answer a few questions in an interview about what you thought about the program. Margaret or Alison will ask you these questions over the telephone.

You don't have to give us any information for this research if you don't want to. Even if you say yes or no now, you can always change your mind later. It is up to you. It's OK if you don't want to be involved in this research.

This project received approval from Federation University Australia's Human Research Ethics Committee (approval number: A15-061). Further details about this research are available here or from Margaret Camilleri on (03) 5327 6947.

Case number: _____

These questions are about what you thought about the legal service.

Please comment on the following statements about your experience with the Health Justice Program for Youth.

	Yes	No	Not sure
I was listened to	☐	☐	☐
I was told about what would happen next	☐	☐	☐
I understood what could or would happen	☐	☐	☐
My legal problem has been resolved	☐	☐	☐
If I had a legal problem in the future I would come to see the youth lawyer again	☐	☐	☐
Seeing the youth lawyer at Ballarat Community Health made it easier for me to get advice	☐	☐	☐

	Yes	No	Not sure
If the youth lawyer wasn't available at Ballarat Community Health I would have gone somewhere else to get legal advice	☐	☐	☐
If a friend needed legal advice I would tell them about this service	☐	☐	☐

Where else would you go to get help about a legal problem? (i.e. family, friends, youth worker)

_____

_____

We would like to know whether seeing the youth lawyer has made any difference to how you are feeling now compared to how you were feeling before you came to see the youth lawyer.

Do you think there has been any change to the following after seeing the youth lawyer?

	Better	No change	Worse
Stress levels	☐	☐	☐
How you're sleeping	☐	☐	☐
Hanging out with friends	☐	☐	☐
How you get on with family	☐	☐	☐
How you concentrate	☐	☐	☐
How you look after yourself	☐	☐	☐
How supported you feel	☐	☐	☐
How confident you feel	☐	☐	☐
How you're feeling generally	☐	☐	☐

Has getting help with your legal problem made a difference to you in any other way?

☐ Yes ☐ No ☐ Not sure

Can you tell us how and in what ways it has made a difference to you?

_____

_____

Is there anything else you would like to say about your experience of seeing the youth lawyer?

_____

_____

It's okay for the researchers to contact me about this project?

☐ Yes ☐ No

Thank you for completing this survey.

For further details about this program, or your involvement in this evaluation, please contact one of the following researchers:

Dr Margaret Camilleri
Phone: (03) 5327 6947
Email: m.camilleri@federation.edu.au

Alison Ollerenshaw
Email: a.ollerenshaw@federation.edu.au

Assoc Prof Helen Thompson
Email: h.thompson@federation.edu.au

Staff reflections

The Centre for eResearch and Digital Innovation (CeRDI) at Federation University Australia, together with project partners Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC) are establishing the CHHJP program, following the awarding of funding by the Victorian Legal Services Board.

The focus of this program is to reduce the impact of legal issues on the health and wellbeing of disadvantaged young people by providing timely identification and response to their legal needs through the implementation of the CHHJP program.

Dr Margaret Camilleri, Alison Ollerenshaw and Assoc Prof Helen Thompson from CeRDI are undertaking research alongside this program and invite you to spend 15 minutes completing this online survey. The survey asks for your input into how the Health Justice Partnership program is working from your perspective as a staff member of BCH.

For further details about this research or to request a hard copy of the survey, please contact Dr Margaret Camilleri on (03) 5327 6947.

This project received approval from Federation University Australia's Human Research Ethics Committee (approval number: A15-061) and the Plain Language Information Statement is available to review in full.

Please estimate the number of young clients you have referred to the Central Highlands Health Justice Partnership program since it was first established.

☐ 1-9
☐ 10-19
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50+

Has the Central Highlands Health Justice Partnership program increased your knowledge about legal-health issues for clients?

☐ Yes ☐ No ☐ Unsure

Please describe how the program has or hasn't increased your knowledge about legal-health issues for clients:

_____

_____

Has the Central Highlands Health Justice Partnership program changed the way you work with your clients?

☐ Yes ☐ No ☐ Unsure

Please describe how the program has or hasn't changed the way you work with your clients:

_____

_____

Has your knowledge about referring young people to the Central Highlands Health Justice Partnership program increased?

☐ Yes ☐ No ☐ Unsure

Please describe how your knowledge about referring young people to the Central Highlands Health Justice Partnership program increased:

_____

_____

Are you confident with the process for referring clients to the solicitor through the Central Highlands Health Justice Partnership program?

☐ Yes ☐ No ☐ Unsure

Please describe how you feel about the process for referring clients to the solicitor through the Central Highlands Health Justice Partnership program:

_____

_____

Does the Central Highlands Health Justice Partnership program website, STUCK, provide information that assists you when working with your clients?

☐ Yes ☐ No ☐ Unsure

What information on the website have you found useful?

_____

_____

Where are the information gaps on the website?

_____

_____

Have you used the Legal Health Check?

☐ Yes ☐ No ☐ Unsure

Is the Legal Health Check a useful tool?

☐ Yes ☐ No

Please describe how the information in the Legal Health Check was useful:

_____

_____

Please describe how the Legal Health Check could be improved to better assist you in the future:

_____

_____

Since the Central Highlands Health Justice Partnership program commenced have you observed any differences in clients' health and wellbeing that, in your professional opinion, could be attributed either directly or indirectly to the resolution of their legal problem?

☐ Yes ☐ No ☐ Unsure

Please describe these outcomes:

_____

_____

Have you observed positive outcomes in the health/wellbeing of clients that have been referred to the Health Justice Partnership?

☐ Yes ☐ No

Please describe the changes/outcomes you have observed in your client/s?

_____

_____

The researchers would like to document positive client outcomes through the Central Highlands Health Justice Partnership program as observed by health care workers. Would you be willing for the researchers to contact you to discuss your observations further?

☐ Yes ☐ No

Please provide your contact details:

Name:_____
Phone:_____

If you have other comments about the Central Highlands Health Justice Partnership program, please provide details here:

_____

_____

Thank you for completing this survey.

For further details about this program, or your involvement in this evaluation, please contact one of the following researchers:

Dr Margaret Camilleri
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Referral agency reflections

The Centre for eResearch and Digital Innovation (CeRDI) at Federation University Australia, together with partners Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC) are establishing the Central Highlands Health Justice Partnership program, following the awarding of funding by the Victorian Legal Services Board.

The focus of this program is to reduce the impact of legal issues on the health and wellbeing of disadvantaged young people by providing timely identification and response to their legal needs through the implementation of the Health Justice Partnership program in the Central Highlands.

Dr Margaret Camilleri, Alison Ollerenshaw and Assoc Prof Helen Thompson from CeRDI are undertaking research alongside this program and invite you to spend 15 minutes completing this survey. The survey asks for your input into how the Health Justice Partnership program is working from your perspective as a staff member from an external agency who has referred a client/s to the program.

For further details about this research please contact Dr Margaret Camilleri on (03) 5327 6947.

This project received approval from Federation University Australia's Human Research Ethics Committee (approval number: A15-061) and the Plain Language Information Statement is available to review in full.

Which of the following best describes the 'type/focus' of the agency you work for:

☐ Youth
☐ Health
☐ Education
☐ Mental health
☐ Other:_____

How did you find out about the Central Highlands Health Justice Partnership program?

☐ Presentation by the lawyer to our agency
☐ Flyer/other promotion
☐ Attended the program launch
☐ Heard about it from a colleague
☐ Other:_____

Please estimate the number of young clients you have referred to the Central Highlands Health Justice Partnership program since it was first established.

☐ 1-9
☐ 10-19
☐ 20-29
☐ 30-39
☐ 40-49
☐ 50+

Has the Central Highlands Health Justice Partnership program increased your knowledge about legal-health issues for clients?

☐ Yes ☐ No ☐ Unsure

Please describe how the program has or hasn't increased your knowledge about legal-health issues for clients:

_____

_____

Are you confident with the process for referring clients to the solicitor through the Central Highlands Health Justice Partnership program?

☐ Yes ☐ No ☐ Unsure

Please describe how you feel about the process for referring clients to the solicitor through the Central Highlands Health Justice Partnership program:

_____

_____

Does the Central Highlands Health Justice Partnership program website, STUCK, provide information that assists you when working with your clients?

☐ Yes ☐ No ☐ Unsure

What information on the website have you found useful?

_____

_____

Where are the information gaps on the website?

_____

_____

Have you used the Legal Health Check?

☐ Yes ☐ No ☐ Unsure

Is the Legal Health Check a useful tool?

☐ Yes ☐ No

Please describe how the information in the Legal Health Check was useful:

_____

_____

Please describe how the Legal Health Check could be improved to better assist you in the future:

_____

_____

Since the Central Highlands Health Justice Partnership program commenced have you observed any differences in clients' health and wellbeing that, in your professional opinion, could be attributed either directly or indirectly to the resolution of their legal problem?

☐ Yes ☐ No ☐ Unsure

Please describe these outcomes:

_____

_____

Have you observed positive outcomes in the health/wellbeing of clients that have been referred to the Health-Justice Partnership?

☐ Yes ☐ No

Please describe the changes/outcomes you have observed in your client/s?

_____

_____

The researchers would like to document client outcomes through the Central Highlands Health Justice Partnership program as observed by health care workers. Would you be willing for the researchers to contact you to discuss your observations further?

☐ Yes ☐ No

Please provide your contact details:

Name:_____
Organisation:_____
Phone:_____
Email: _____

If you have other comments about the Central Highlands Health Justice Partnership program, please provide details here:

_____

_____

Thank you for completing this survey.

For further details about this program, or your involvement in this evaluation, please contact one of the following researchers:

Dr Margaret Camilleri
Phone: (03) 5327 6947
Email: m.camilleri@federation.edu.au

Alison Ollerenshaw
Email: a.ollerenshaw@federation.edu.au

Assoc Prof Helen Thompson
Email: h.thompson@federation.edu.au

Governance group survey

The Centre for eResearch and Digital Innovation (CeRDI) at Federation University Australia, together with project partners Ballarat Community Health (BCH) and Central Highlands Community Legal Centre (CHCLC) are establishing the Central Highlands Health Justice Partnership program, following the awarding of funding by the Victorian Legal Services Board.

The focus of this program is to reduce the impact of legal issues on the health and wellbeing of disadvantaged young people by providing timely identification and response to their legal needs through the implementation of the Health Justice Partnership program in the Central Highlands.

Dr Margaret Camilleri, Alison Ollerenshaw and Assoc Prof Helen Thompson from CeRDI are undertaking research alongside this program and invite you to spend 15 minutes completing this online survey. The survey asks for your input into how the Health Justice Partnership program is working from your perspective as a member of the governance group.

For further details about this research please contact Dr Margaret Camilleri on (03) 5327 6947.

This project received approval from Federation University Australia's Human Research Ethics Committee (approval number: A15-061) and the Plain Language Information Statement is available to review in full.

What does the Health Justice Partnership program mean for your agency?

_____

_____

_____

Thinking about the Health Justice Partnership program, which aspects of the partnership between Ballarat Community Health, Central Highlands Community Legal Centre and Federation University Australia do you most value at this point?

_____

_____

_____

What value does this partnership add to the project?

_____

_____

_____

What do you hope the partnership will look like by the end of the project?

_____

_____

_____

Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree (1)	Unsure
Each partner organisation has a shared understanding and commitment to the Health Justice Partnership program	☐	☐	☐	☐	☐
There is a clear commitment to the partnership from the most	☐	☐	☐	☐	☐

	Strongly agree (4)	Agree (3)	Disagree (2)	Strongly disagree (1)	Unsure
senior levels of each partner organisation					
The Health Justice Partnership is an important mechanism from which to consolidate and enhance complementary skills, knowledge and resources for Ballarat and the broader Central Highlands/Grampians region	☐	☐	☐	☐	☐
Each partner organisation comprising the Health Justice Partnership understands their role and the role of other partner organisations in the Health Justice Partnership program	☐	☐	☐	☐	☐
There are clear lines of accountability for the performance of this program	☐	☐	☐	☐	☐

Thank you for completing this survey.

For further details about this program, or your involvement in this evaluation, please contact one of the following researchers:

Dr Margaret Camilleri
Phone: (03) 5327 6947
Email: m.camilleri@federation.edu.au

Alison Ollerenshaw
Email: a.ollerenshaw@federation.edu.au

Assoc Prof Helen Thompson
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