



THE UNIVERSITY OF
SYDNEY



Health
Sydney
Local Health District

A Health Justice Partnership in Inner-city Sydney: Attendance Patterns and Client Perceptions

Final Report

March 2019

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ISBN: 978-1-74210-479-9

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Acknowledgements

This work was funded by the Redfern Legal Centre and the Sydney Local Health District. The authors wish to thank Jacqui Swinburn from the Redfern Legal Centre for her assistance throughout the project and George Long and Marylin Richardson from Sydney Local Health District for their guidance. We would also like to acknowledge Joshua Preece and Bethany White for their input into the research design, Daniel Winter and Natalie White for assistance with data entry, Sharon Reid for assistance with medical record review and Alexis Goodstone from Redfern Legal Centre for legal review. Finally, we would like to thank the research participants for being part of the project and sharing their experiences of the HJP with us.

Executive summary

A health justice partnership (HJP) was established between the Redfern Legal Centre (RLC) and Sydney Local Health District (SLD) in 2014/15. The service provides legal advice, services and education to Sydney Local Health District clients and operates out of the Royal Prince Alfred Hospital's Drug Health Services. The aim of the service is primarily to provide access to justice for disadvantaged clients. This project is the first evaluation of the service and aimed to examine, in depth, clients' experiences of using the service and determine reductions, if any, in hospital utilisation. The evaluation used HJP intake files, in-depth interviews and legal and medical reviews.

The HJP intake files were analysed to examine characteristics of clients accessing the service. To understand clients' experience and satisfaction with the service, in-depth qualitative interviews were conducted with Drug Health Service clients who had used the HJP. With clients' consent, and RLC solicitor provided an overview of clients' legal records and the research team reviewed their medical record for the 2017-2018 period.

Intake files were available for 427 HJP clients from December 2014 to May 2018. Most clients were women (79%) and unemployed (72%). Aboriginal peoples were overrepresented (39%) and there was a large proportion of people either homeless or at risk of homelessness (28%).

Clients presented for a range of legal reasons, but the most common *primary* reason was child protection related issues (27%), family law matters (17%), tenancy issues (15%), debt and fines (12%) or family and domestic violence (8%). Compared to clients seeking other legal problems, clients presenting for child protection matters were more likely to be female and younger. Clients presenting for family law matters were more likely to be female, of Aboriginal or Torres Strait Islander descent, speak a language other than English at home and be unemployed. Clients presenting for tenancy related issues were more likely to be older and of Aboriginal or Torres Strait Islander decent; and those presenting for fines and debt more likely to be male.

Eight female and four male clients were interviewed in-depth, ranging in age from 28 and 52 years. All the participants were currently undertaking treatment at Drug Health Services. Housing and child protection issues were the most common legal problems for these clients. The qualitative data confirmed that the HJP was reaching the target population of highly disadvantaged clients. Key themes identified were:

- empowerment, empathy and having an advocate;
- non-judgemental, welcoming atmosphere;
- service embedded in the everyday life of the clinic;
- trust as the cornerstone of successful outcomes with clients;
- continuity of personnel to avoid retelling your story;
- past negative experiences and subsequent mistrust presented barriers to seeking legal assistance;
- positive experiences of accessing the HJP; and
- facilitating clients' knowledge of and connection to resources.

Clients identified mutual respect, trust and honesty; accessibility and flexibility; and continuity-of-care as the key aspects of HJP success. Legal privilege was identified as a key aspect of the service and its value enhanced when legal services were provided in the context of a drug and alcohol treatment setting.

None of the clients had a medical admission for matters likely to be related to their HJP contact. However, in some cases there was evident health harm averted as a likely result of the HJP intervention.

The evaluation found that the HJP enabled participants to prepare for what to expect from interactions with social service departments such as Family and Community Services (FaCS) in relation to child protection and housing, and other systems that deal with, for example, debt and domestic violence. This preparation ameliorated stress and anxiety for participants. The HJP also ensured that these services were held accountable for their decisions and for providing appropriate AND timely information to clients.

The works also found that having access to comprehensible information facilitated participants' involvement in planning and decision making regarding their life choices and helped them to navigate the options available to them. Finally, the data indicated that the HJP helped clients secure accommodation, this had multiple impacts on clients including, stabilising their involvement with treatment programs and facilitated child protection outcomes, which, in some cases enabled restoration of children or prevented their removal.

Overall, the evaluation found that the HJP is being accessed by the key target groups, that is, those over-represented in terms of social disadvantage. These clients are seeking justice in the areas influencing their social determinants of health including child protection, housing and debt related issues and the service is able to provide non-judgmental compassionate care in a flexible and accessible manner. The location of the HJP within Drug Health Services has been successful and increased access to justice for highly marginalised individuals.

Background

The Redfern Legal Centre (RLC) provides free legal advice, services and education to disadvantaged people in New South Wales (NSW), primarily to inner-Sydney residents and the groups who advocate for them. The RLC participates in activities that reduce inequalities and defects in laws, the legal system, and administrative and social practices that impact on disadvantaged people. In 2015 the RLC established the first Health Justice Partnership (HJP) in NSW with Sydney Local Health District. The HJP aim to provide individual advice to all disadvantaged clients as a gateway to the legal system, but our casework services are directed towards Aboriginal clients. Aboriginal clients are our ultimate target group and the majority of our time is spent with this client group.

The HJP involves the employment of a solicitor at the Royal Prince Alfred Hospital (RPAH) twice per week to provide legal assistance to clients and to train hospital staff in identifying legal issues. The community solicitor is based at Drug Health Services but can provide legal support to any RPAH patient. The key purpose of the HJP is to address the social determinants of health via legal remedies. These include, among others, housing issues, fines and debt, family and child protection issues. These determinants all have the potential to impact health, especially for those clients with drug and alcohol problems.

Clients with drug and alcohol problems often have myriad health problems and complex psychosocial issues and many experience profound social disadvantage. Compared to the general Australian population, clients receiving drug and alcohol treatment had much higher levels of unemployment (40% vs 5%), homelessness (21% vs 0.5%) and had experienced a criminal justice problem in the previous year (29% vs 0.5%) (Berends et al., 2016). Prior incarceration is particularly high for people who have injected drugs with more than half reporting prior imprisonment (Karlsson & Burns, 2018). Recently, it was found that a primary diagnosis of “social circumstances influencing health” was applied to 61% of hospital separations among a cohort of people who inject in Melbourne (Nambiar, Stoové, Hickman, & Dietze, 2017).

Problems such as housing instability and homelessness compound physical, psychiatric and substance use conditions (Baggett et al., 2013). Although individual factors such as mental illness are unlikely to be responsive to legal interventions, structural issues such as discrimination and the provision of social housing may be much more responsive to legal interventions and may be remedied if identified early (Baggett et al., 2013). For example, US research found that preventable risks factors for homelessness were identifiable in the medical notes of American veterans a median of 87-days prior to administrative classification of homelessness (Baggett et al., 2013). Legal intervention may therefore have the potential to prevent the deterioration of a client’s health if legal advice regarding tenancy and living arrangements can be provided early.

Financial stress can have significant impacts on health and well-being. Australia’s universal healthcare scheme removes significant barriers to accessing healthcare but does not eliminate them. Recently, more than one-third of 906 clients receiving assistance from a non-government community welfare agency in NSW reported difficulties accessing healthcare, typically due to cost-related barriers and almost half reported delayed or non-use of medicines because of cost (Paul et al., 2016). In addition to these pressures, external financial stresses including, credit card debt and predatory lending, can exert further strain. These pressures, however, are much more amenable to legal remedies and many may be ameliorated with good legal advice.

Family-related matters including child custody and domestic violence also influence individuals’ health. Domestic violence can result in acute hospital presentations, but while this may improve the immediate care of clients, it is unlikely to resolve the underlying cause of the presentation and the client may remain vulnerable upon discharge. Legal interventions, such as Apprehended Domestic

Violence Orders, can be useful for addressing ongoing violence, especially where the victim has made attempts to leave an abusive relationship. In NSW, between July 2013 to June 2014, one-in-five or fewer Apprehended Domestic Violence Orders (ADVO) were breached: 20% for final orders, 5% for provisional orders, and 9% for interim orders (Poynton, Stavrou, Marott, & Fitzgerald, 2016).

The causes of, and solutions to, domestic violence, however, are complex (Ellsberg et al., 2015) and an array of factors can influence a victim's ongoing exposure. Financial abuse and manipulation can play a role and may influence a victim's perceived need to remain in a relationship (Postmus, Hoge, Breckenridge, Sharp-Jeffs, & Chung, 2018). These issues may be further compounded for women with histories of substance use issues, where the prevalence of domestic violence tends to be very high (see for e.g. Rahman, Nithyanandam, Morely, & Day, 2016). Moreover, women with histories of substance use are more likely to have had prior contact with the law enforcement and be less trusting and, therefore, less willing to engage these services. They also tend to have greater concerns regarding Family and Community Services (FaCS) involvement (Reid et al., 2018). Likewise, greater levels of disadvantage among substance using women also places them (and their male counter-parts) at risk of financial stress due to predatory lending service contracts, which in turn may exacerbate abusive relationships and impede victims' ability to leave.

HJPs are relatively new to the Australian healthcare setting, but they have been operating in the United States (US) for some years. The most common areas of need identified by Cohen and colleagues in their 2008 study of four HJP in the US were disability-related support, public health and other government benefits, housing, family law, guardianship and immigration (Cohen et al., 2010). Areas that are also likely to benefit drug health clients. As Teufel, Mace Heller, and Dausey (2014) point out there is considerable literature highlighting the impact of stress on health, but very little on how this might be addressed. This study therefore aims to provide an overview of the potential benefit of HJP, by using case studies to assess the impact of HJPs on drug health client outcomes.

Aims

This study aimed to examine the characteristics of clients seeking legal assistance at the RPA/RLC Health Justice Partnership. It also sought to examine, in depth, clients' experiences of using the service and determine, if any reductions in hospital utilisation.

Specially, the study:

1. Describe client characteristics and their associated presenting legal problems
2. Investigate in-depth client experience of the HJP
3. Determine changes, if any, in hospital utilisation.

Methods

This report draws on several sources of data, HJP file records, qualitative interviews with HJP clients and medical and legal notes. The HJP intake files were redacted by RLC such that they were non-identifiable and comprised intake for all HJP clients. HJP clients were also invited to be interviewed in-depth about their experience of and satisfaction with the service. Legal and medical records were also reviewed.

Ethics approval

The study was reviewed and approved by the Sydney Local Health District Human Research Ethics Review Committee (RPA zone) and the Aboriginal Health and Medical Research Council Ethics Committee.

Quantitative data

Intake information is collected from all clients seeking assistance from the HJP. These data include: i) basic client demographics – age, gender, country of birth, Aboriginal status and main language spoken at home; and ii) presenting legal problem.

Quantitative data analysis

Descriptive statistics were used to report on the number and characterises of HLP clients and their legal issues. Frequencies were used to describe categorical data and means and their standard deviations (SD) were used for Normally distributed continuous data. To assess determine differences in client characteristics and legal issues, the chi-square statistic was used for categorical data and odds ratios (OR) and accompanying 95% confidence intervals (CI) reported. Continuous data was analysis using the independent t-tests. Statistical significance was set at $p < 0.05$. All data were analysed via SPSS version 25.

Qualitative methodology

Drug Health Services (DHS) at Royal Prince Alfred Hospital provides services to a diverse socioeconomically region which includes pockets of severe social disadvantage. Social disadvantage indicators include adverse social, mental and physical health issues, poverty, homelessness, limited social capital and problematic drug and alcohol use (Price-Robertson, 2011).

Initially, the evaluation was designed for purposive sampling such that the HJP solicitor would assist with recruitment by identifying clients with legal cases in the key areas of housing, domestic violence, child protection and debt and referring interested clients to the research team. This method, however, had to be revised following the unrelated resignation of the first HJP solicitor. Given the project timelines, participants had to be recruited via opportunistic sampling at the opioid substitution dispensing clinic, the Possum play group and the Aboriginal women's group, and via assistance from staff and peer workers who were able to suggest participants known to have made used or consulted with the Health Justice solicitor. Staff participating in these activities advised potentially eligible clients of the study and interested clients were then referred to the research team. This meant that the clients interviewed were not selected on the basis of their legal case and legal review was undertaken post-interview by a RLC solicitor. The qualitative data therefore represents the experience of clients who received the HJP legal assistance from either of the two solicitors and possibly both.

Twelve qualitative, semi-structured interviews were conducted with HJP clients. Participants were made aware that partaking in the qualitative interview was voluntary and would not in any way affect their involvement with DHS or future engagement with HJP. All participants received a \$30 voucher as gratitude for their assistance. Interviews were conducted at Royal Prince Alfred Hospital's Drug Health Services (DHS) in a private room or in a nearby park, depending on the participant's preference.

Using knowledge gleaned from staff and informal observations, a questioning framework was developed to guide the semi-structured interviews. The interviews lasted, on average, 30 minutes, although several interviews lasted up to one-hour and one interview was only 15 minutes in duration. All interviews were audio-recorded and professionally transcribed. Interpretive themes were established, and transcripts coded accordingly.

The interview questions started with broad contextual themes regarding life history, drug-use and contact with DHS to allow for the interviews to progress slowly to ensure interviewees felt comfortable and able to direct the interview. This was also done to ensure that any unanticipated

themes were able to be explored in the course of the interview. For instance, as part of this exploration of contexts, trust and being known in the community emerged as strong themes relating to service facilitators, which the investigators chose to explore in depth.

Results

Quantitative findings

Intake files were provided by RLC for 427 clients who had received legal services from the HJP. Given the administrative nature of these files, there was missing data for many of the clients. The data presented herein is for the period December 2014 to May 2018.

Most clients presenting to the service were women (79%) and no clients identified as transgender. Aboriginal peoples were also overrepresented (39%). Overall, those who had used the service were highly marginalised with high levels of unemployment, homelessness, financial disadvantage and/or family violence (Table 1).

Most clients were referred to the HJP from health or community services (n=273, 78%; excludes 78 for whom data were missing). Twenty-one clients self-referred.

RLC had provided more than one service to 242 (57%) of HJP clients. The number of services received ranged from 1 to 52; most (n=215, 89%) received between one and five other RLC services. One client received 52 services.

Clients presented for a range of legal reasons pertaining to 31 legal categories. These were collapsed into nine categories (Table 2). Clients presented with multiple legal problems and at multiple times. The most common *primary* reason was child protection related issues (27%), family law matters (17%), tenancy issues (15%), debt and fines (12%) and family and domestic violence (8%). Forty-four clients sought assistance for “other legal issues” which comprised mostly of “other civil legal systems or process” (n=22) and a small number (<5) of illicit drug offences, road and traffic issues, employment issues, injury compensation and criminal matters.

Table 1: Characteristics of HJP clients

Characteristic	N (n=427)	%
Gender		
Females	335	79
Males	90	21
Missing	2	
Median age	34 years	
Range	14 – 84 years	
Missing	9	
Country of Birth		
Australia	330	77
Other	92	22
Missing	5	
Language spoken at home		
English	352	82
Other	71	17
Missing	4	
Aboriginal or Torres Strait Islander	149	35
Missing	9	
Employment status		
Employed	75	18
Unemployed	308	72
Unknown	17	17
Missing	27	
Financial disadvantage indicator		
Yes	207	49
No	40	9
Unknown	88	21
Missing	92	
Family violence		
Yes	155	39
No	207	49
Unknown	57	13
At risk	7	2
Missing	1	
Homeless status		
Homeless	95	22
Housed	260	61
At risk	23	5
Unknown	48	11
Missing	1	

Variables that do not equal 100% are due to rounding.

Table 2: Primary legal problem at first HJP presentation

Legal problem	N (n=427)	%
Child protection	117	27
Family law*	73	17
Tenancy	63	15
Fines and debt	49	12
Other legal issues	44	10
Family or domestic violence	36	8
Issues related to government, including benefits, excluding police	19	4
Injury compensation	16	4
Government /administrative complaint against police	10	2

*May include some child protection issues

Client characteristics associated with legal advice sought

Characteristics of clients seeking legal assistance for the five most common legal problems – child protection, family law, tenancy, fines and debt and family and domestic violence – was assessed. There were numerous differences between clients in terms of the type of legal assistance sought. Clients whose primary legal problem for which they sought assistance was related to child protection were aged a mean of 31.5 years (SD 8.95) and significantly younger than those who sought assistance for another primary legal problem where the mean age was 38.2 years (SD 12.75; $p>0.001$). Female clients were also more likely to seek legal assistance for child protection than male clients (32% vs 9%, respectively, $p>0.001$). There were no other statistically discernible differences between clients first seeking legal assistance for child protection related issues compared to other issues (Table 3).

Table 3: Characteristics of clients first presenting with a child protection related issue as their primary legal problem

	n	% child protection	Odds ratio (95%CI)	p-value
Female	335	32	4.88 (2.28, 10.44)	>0.001
Aboriginal or Torres Strait Islander	149	30	1.25 (0.80, 1.96)	ns
English main language spoken at home	352	28	1.24 (0.69, 2.25)	ns
Unemployed	308	29	0.61 (0.33, 1.12)	ns
Median age child protection (SD)	n=116	31.5 (8.95)	-	
Median age all other clients (SD)	n=302	38.2 (12.75)	-	>0.001

Ns=Not significant

Clients who sought legal assistance for family law matters differed on a number of client characteristics (Table 4). Females were two and half times more likely than males to seek assistance for a family law related matter when first seeking assistance from the HJP (63% vs 19%, respectively, $p=0.002$, Table 4). Clients identifying as Aboriginal or Torres Strait Islander were less likely than other clients to seek legal assistance for family law (7% vs 22%, respectively $p>0.001$). More clients who spoke a language other than English at home sought legal advice for family law matters than clients who spoke English at home (30% vs 15%, respectively, $p=0.002$) and people who were employed were also more likely than those unemployed to seek assistance for family law related matters (24% vs 13% respectively, $p=0.023$). Age, however, was unrelated to seeking assistance for a family law related matter (Table 4).

Table 4: Characteristics of clients first presenting with a family law matter as their primary legal problem

	n	% family law	Odds ratio (95%CI)	p-value
Female	335	19	2.47 (1.14, 5.36)	0.019
Aboriginal or Torres Strait Islander	149	7	0.28 (0.14, 0.56)	>0.001
English main language spoken at home	352	15	0.40 (0.22, 0.73)	0.002
Unemployed	308	13	0.49 (0.26, 0.91)	0.023
Median age family law clients (SD)	n=71	36.5 (12.52)	-	
Median age all other clients (SD)	n=357	35.9 (10.52)	-	ns

Ns=Not significant

Clients whose primary problem for which they sought legal assistance was tenancy related were aged a mean of 40 years (SD 11.84) and significantly older than those who sought assistance for another primary legal problem (mean age 35.8 years, SD 11.84; $p=0.012$). These clients were also more likely to identify as Aboriginal or Torres Strait Islander than clients seeking assistance for another primary legal problem (22% vs 11%, $p=0.002$). There were no statistically discernible differences between clients first seeking legal assistance for tenancy issues compared to other issues (Table 5).

Table 5: Characteristics of clients first presenting with tenancy as their primary legal problem

	n	% tenancy	Odds ratio (95%CI)	p-value
Female	335	14	0.74 (0.40, 1.73)	ns
Aboriginal or Torres Strait Islander	149	22	2.35 (1.36, 4.06)	0.002
English main language spoken at home	352	13	2.01 (0.83, 4.03)	ns
Unemployed	308	13	0.69 (0.32, 1.47)	ns
Median age tenancy clients (SD)	n=61	40.0 (11.84)	-	
Median age all other clients (SD)	n=357	35.8 (13.62)	-	0.012

Ns=Not significant

Clients whose primary legal problem for which they sought legal assistance were matters related to fines and debt were aged a mean of 34.7 years (SD 11.89.84), but were not statically different from those who first sought legal advice for another reason (Table 6). More male than female clients sought their first legal assistance from the HJP for fines and debt (20% vs 9%, respectively, $p=0.005$). There were no other statistically discernible differences between clients who first sought legal assistance for fines and debt related issues compared to other issues (Table 6).

Table 6: Characteristics of clients first presenting with matters related to fines and debt as their primary legal problem

	n	% fines and debt	Odds ratio (95%CI)	p-value
Female	335	9	0.41 (0.22, 0.77)	0.005
Aboriginal or Torres Strait Islander	149	10	0.77 (0.41, 1.47)	ns
English main language spoken at home	352	13	1.89 (0.72, 4.94)	ns
Unemployed	308	12	1.0 (0.46, 2.17)	ns
Median age clients with fines/debt (SD)	n=48	34.7 (11.89)	-	
Median age all other clients (SD)	n=370	36.6 (12.23)	-	ns

Ns=Not significant

Clients whose primary problem for which they sought legal assistance was family or domestic violence were aged a mean of 33.5 years (SD 12.30) and were not statistically younger compared to those seeking assistance for another primary legal problem (mean age 36.6 year, SD 10.60). Gender was the only distinguishing characteristic of clients seeking assistance for domestic or family violence, with 11% of female clients first seeking legal assistance from the HJP for this matter. No males sought legal assistance from the HJP for domestic or family violence (Table 7).

Table 7: Characteristics of clients first presenting with family or domestic violence as their primary legal problem

	n	% Family /domestic violence	Odds ratio (95%CI)	p-value
Female*	335	11		<0.001
Aboriginal or Torres Strait Islander	149	7	0.81 (0.33, 1.71)	ns
English main language spoken at home	352	9	1.01 (0.83, 4.03)	ns
Unemployed	308	13	0.54 (0.19, 1.59)	ns
Median age Family/DV clients (SD)	n=35	33.5 (10.60)	-	
Median age all other clients (SD)	n=383	36.6 (12.30)	-	ns

*Fisher's exact test was used; ns=not significant

Summary of quantitative findings

Clients presented for a range of legal reasons, but the most common *primary* reason was child protection related issues, family law matters, tenancy issues, debt and fines or family and domestic violence. Compared to clients seeking other legal problems, clients presenting for child protection matters were more likely to be female and younger. Clients presenting for family law matters were more likely to be female, of Aboriginal or Torres Strait Islander descent, speak a language other than English at home and be unemployed. Clients presenting for tenancy related issues were more likely to be older and of Aboriginal or Torres Strait Islander decent; and those presenting for fines and debt more likely to be male.

Qualitative findings

This section presents the findings from the interviews with consumers who have used the HJP solicitor. The section further describes the characteristics of their experiences with HJP, including the challenges they face in obtaining assistance for their legal concerns.

Contexts: General issues faced by consumers

Twelve clients were interviewed. Eight were female and four were male. The participants ranged in age between 28 and 52 years of age. Nine participants identified as Aboriginal. All the participants were currently undertaking treatment at Drug Health Services. Six participants had left school before year 10, two had finished Year 10, three had finished Year 12 and one was currently undertaking a trade certificate.

Types of concerns the participants presented with

By far most of the clients participating in this research had seen the solicitor on numerous occasions and nine out of twelve had seen the HJP solicitor for more than one issue. Once a relationship was established and trust had been built, many participants reported coming back to see the solicitor for other concerns. The most prevailing concerns the participants in the qualitative component of the research had sought legal assistance for related to housing and involvement of child protection services. Other concerns included, among others, fines and debt, family violence and sexual assault and assistance with criminal charges (Table 1).

Table 8: Main concern participants sought legal advice for

Legal concern	Number of clients affected (N = 12)
Involvement of child protection services	6/12
Sexual abuse and/or family violence	2/12
Criminal charges	4/12
Debt or fines	4/12
Assistance documenting need for and obtaining social benefits	2/12
Compensation for physical health impairments	1/12
Problems with security or standard of housing	7/12

Participants were asked how they initially came into contact with the HJP. Most had heard about the HJP service from both their social network and from staff (Table 2) indicating the program has become well known in the local community.

Table 9: Knowledge of solicitor service

How did you hear about the solicitor	Number of clients (N = 12)
Staff members	2/12
Friends/family/network	2/12
Both Friends/family/network and staff	7/12
Redfern Legal Centre	1/12

What works with Drug Health clients?

This section describes the specific characteristics of the HJP program that participants felt made a positive difference to them and the qualities of the relationships developed with the HJP solicitor. These aspects reflect what makes the service accessible and effective for this client group and the

aspects the participants valued most about the service. Subsequently, service barriers and the participants' experiences with the program will be presented.

Facilitating characteristics of the service

The qualitative data confirmed that the HJP was reaching the target population of highly disadvantaged clients. In general, the social circumstances and challenges faced by many participants were far-reaching and often contained numerous significant physical, mental and social stressors. As expected, all participants had a background of problematic substance-use and were currently receiving treatment at DHS. Participants unanimously felt that the HJP was a crucial and beneficial addition to DHS.

"A lot of people that come here are broken, and a lot are in trouble. They've got in trouble with the law or trouble with family court or something. So, I don't know about other people, but for me and a few people I know have come here – this place fixes your life up. Yeah, it has. It's made my life better, better quality of life. The staff here, and [solicitor], they're very good staff. They always look out for the person's best. [...] I just think it's a service that they need here."

Many participants initially did not know where to start or how to go about initiating change to their circumstances. Sorting out which of their concerns could be addressed with legal advice, and which was more appropriately dealt with through referrals to other services better placed to help, such as domestic violence organisations, charity organisations or Aboriginal services, were often a first step where the solicitor could assist. In most instances, the Drug Health clients did not present with a clear-cut legal concern, but rather a life story and a magnitude of current concerns and issues.

"Well, I needed help with disability allowance; I needed help with housing; I needed help with everything. My daughters went to rehab and my family fell apart so yeah, I needed help across the board really with everything, and she managed to put me in touch with people, and the right people who could help me with all of that."

"She helped me with housing, she helped me with listening. She helped me with guidance, put me in good directions for myself and for my cousin. And just a good listener as well."

As many of the participants were living in difficult social circumstances, sorting out competing priorities and providing encouragement to initiate a case or keep going when participants experienced setbacks was crucial. Many participants expressed feeling encouraged by the solicitor, as will be discussed in the following section.

Empowerment, empathy and having an advocate

Participants noted that the solicitors were very "hands-on" both practically and emotionally. It appears that once a trusted relationship was built, many consumers sought out the solicitor for emotional support and general advice unrelated to their legal concerns. In this context, many participants expressed not adhering to the official roles of staff at Drug Health Services, be they social workers, nurses or solicitors, but chose instead to seek out the staff members with whom they had rapport and trust.

"Her [HJP solicitor] personality was just amazing, very down-to-earth lady. And like I said, she just took it in her stride and gave me a lot of advice about domestic violence. Then because I kept running to her - like I said, I had no one else. And the confidentiality, her confidentiality was amazing. Like, still today, nobody's in the know about my situation, which is really an upside. She was just very easy to - very approachable. I found her to be very approachable - because I am Aboriginal and, you know, that's very important."

“She [HJP solicitor] just gave me advice and stuff like that and she spoke to me a lot about the stuff that I needed to know because I don't listen to certain people or other people. It was just good to be able to come and find someone that you can trust. She got to the point real fast and she just told you how it - it's good to know that someone else is out there to help look out for us and stuff like that, when we're on our down and out, and she helped a lot with the criminal system here; helped us get solicitors and stuff like that, that we needed for certain stuff, like certain legal stuff that we needed. She was all right. She was good.”

Having an advocate was described as an important transformative experience in that it contributed to the participants' sense of empowerment. This aspect of the program was particularly strong in the case of William, a young man who recently had been released from prison, was on parole and participated in the methadone program at RPA. William had been charged with paying back \$8000 to Centrelink for payments he had not received. He described this experience as extremely stressful, he felt wrongly accused and disempowered as he describes: *“I've got evidence to prove everything, but I haven't got a voice”*. As money was deducting directly from his Centrelink payments, he was struggling financially. Consequently, he feared he might start doing crime again to survive financially. The case contributed to a significant worsening of his schizophrenia and depression, for which he was taking medication. This worsening of his mental health also posed a real risk of drug relapse. Meeting the solicitor, however, had made a big difference, as he now felt he was able to fight back:

“That's because he [HJP solicitor] believed in me. He made a phone call, we sat here, he made a phone call, everything. So, I spoke to my partner, stayed calm, maintain, report to my parole, keep up with my medication, and just wait for this battle. And, I'm going to fight, I'm going to fight my hardest, every step I take, every breath I'm breathing. He took time and made a phone call for me, it made a big difference. He didn't judge me by my looks, that I'm on drugs, or that I'm on methadone. He didn't if or butts me or question me, he straight away believed everything that I said. And, I was so shocked that he did not deny me of the truth and all the proof that I had. So, it's, you know, my faith is restored.”

Many participants expressed deep gratitude and appreciation and felt that the solicitors had “gone beyond the call of duty” and fiercely advocated the benefit they saw the service provide. Likewise, participants spoke of feeling empowered by the solicitors, both by garnering optimism that things could improve, and by continuing to work creatively and progressively to assist clients to overcome difficulties that had previously been perceived as insoluble.

“She gave an incentive, you know? [To] keep going. ‘Come on now, you haven't got time, you've got to do this and do that’. Sort of give you that incentive, ‘keep going, don't give up’.”

“When I did speak to [HJP solicitor], you'd just see that she really wanted to help. She could see our situation and she wanted to help, and it was wrong of them what they were doing to us. Yeah. Again, without [HJP solicitor] help at first, it was – just to point us in the right direction to get help, to show that we have rights, and to show them that we can fight for our baby.”

Most participants appreciated the solicitors' more supportive and less punitive approach, and many described feeling enabled to take self-responsibility in their dealings with the solicitor.

“She was like that, then she'd go, ‘come on now, pull it together’. You know, ‘your kids need to see you’. She'd give you a bit of courage.”

The more intangible types of support provided by the HJP solicitor were emotional support, hope and courage. Most respondents talked about the importance of having supportive professionals to advocate for them and help reduce their stress and anxiety.

“Given the state that I was in the day they took her [participant’s daughter] - it was a Thursday, so I went in and seen her [HJP solicitor] the next day and given the state that I was in, I wasn’t looking to trust nobody, but after sitting with her for about two hours or so, talking and explaining my side of the story and her comforting me upset and things like that, it made it so much easier to understand everything from her point of view and whatnot, and that it was wrong for them to just barge in and take her on the grounds of my brother’s criminal history and record and whatnot, so she told me I had a case and everything like that.”

As this section has shown, a vital element of the HJP was that it gave the clients a sense of hope for their future. The support helped the participants to feel less alone and gave them strength to continue fighting for their case. Other facilitating factors mentioned included a supportive, warm and empathetic atmosphere, as described in the following section.

Non-judgemental, welcoming atmosphere

During the interviews, all respondents reported feeling comfortable with the HJP solicitors who had a consistently positive, empathic attitude. The warm relationship between the solicitors and the clients was emphasised repeatedly by the participants. More so, the solicitors were described as approachable, respectful and constructive.

“Yeah, it's always good to hear that from someone that's up in that legal - right in the middle of things because she [HJP solicitor] can tell you what happens or what could happen, or just comfort you in ways, and that's what [HJP solicitor] used to do, comfort us a lot.”

“Instead of looking down at you and talking down and - she'd always try and lift your spirits up.”

Having a non-judgemental attitude emerged as one of the biggest themes in the interviews, as a crucial aspect of successful engagement with this client group. This welcoming, non-judgmental atmosphere helped the clients feel comfortable disclosing their circumstances.

“She's not judgmental. She doesn't judge you. I walked in with dirty clothes and she still made me feel welcome. You can be a bum off the street and she'll still make you feel welcome.”

“Like a friend, yeah, that's it, like a friend. It was comfortable to talk to [HJP solicitor]. It was really comfortable to talk to her. She didn't look at you differently. She didn't judge you.”

Participants identified respect and empathy as meaningful components of the relationship they experienced with the solicitors. Favourable interpersonal relations were repeatedly highlighted as fundamental in enabling the conditions for positive and constructive legal processes. And above all, in the words of a participant, a solicitor who; “cares”.

“I'm not comfortable in - within myself, do you know what I mean? Like, I was with [HJP solicitor]. I can go talk to her about anything. She'll take me in her room, sit me down, and she'll talk. She'd say, "You can tell me anything." I'd say, "Yes, I know." There's trust. There's my - you know what I mean? Big trust with the [name of the case]. Yes. I trust her, that's why I done the [name of the case] with her.”

This section described how a supportive and enabling environment allows clients to engage with the HJP service. Feeling respected, heard and understood, and being met by a likable, friendly solicitor, as simple as it sounds, were necessary before a positive relationship could be achieved. Successful delivery of services to highly disadvantaged population groups include creating an environment that encourages individuals to feel respected and listened to, to ensure that clients return. Other facilitating aspects include easy accessibility and a flexible service, as will be described in the following section.

Service embedded in the everyday life of the clinic

A crucial enabler of the positive outcomes described in most interviews was the accessibility and flexibility of the HJP service. That clients did not have to make an appointment to see the solicitor and were able to call when necessary provided a degree of flexibility required to work effectively with disadvantaged clients.

“It was just good having someone here. Yeah, I mean she was always there, it’s not like you had to make an appointment with her, she was always there. You could just see her, I mean any time I asked if she was available, she was always available to help me.”

“She’s always there, she can always answer questions, and I mean she’d make time, she’d even make time for you, have a quick, I mean, she’d always even look out for you to see you. One time I saw her and she’d just gotten off the phone to my FaCS worker and I was going to see her at the same time, and so she was able to explain a lot of things to me, and I don’t know, she was just extremely helpful and you feel like you had that complete support network there.”

That the solicitor was available for informal conversations facilitated a kind of ‘soft entry’ to the legal service, which allowed participants to access services and gain advice that they may not have been able to receive otherwise. The participants explained that these informal conversations could take place anywhere such as outside the methadone clinic or participating in activities and groups run by DHS, as the women in the below quote describe:

“I was coming to the childcare, and [HJP solicitor] come in there, in the women's group. She come in there and then she asked was anything wrong, and I told her. She said we could put in a compo, so we went and put it in.”

The fact that clients could see the solicitor without long delays or the need to further “triage”, facilitated a rapid and effective response and such flexibility and accessibility of the service helped ensure that clients actually attended the HJP.

A related aspect of the program which respondents identified as important for their ability to successfully engage in the service related to the solicitor being involved in the everyday life of the Drug Health clinic. This included being around the methadone clinic, including on the client side of the counter to engage with DHS clients, an important first step to build trust in the early days of the program. This meant that when clients came to see the solicitor, they were already familiar with and, in turn, the solicitor was familiar with them. As this woman describes:

“When I met [HJP solicitor], she reminded me that she had seen me and [consumer’s daughter] a lot, coming here all the time, so she used to see us all the time from when [consumer’s daughter] was a baby and everything. So, she remembered us. Yeah, so you know, that was really good that she actually remembered who we were. She knew me before I even knew her.”

Clients identified other important qualities for a HJP solicitor which included being an active listener and to listen for the ‘whole story’. This often necessitated longer appointments where clients were able to disclose their often complex circumstances at a speed that suited them. Below a client reflects on the difference between the HJP solicitor and other accessible legal services.

“Well it was good because people can come here and they can speak to somebody that they know and they sort of trust that they’re given the right advice, like they’re not just going into a legal aid building or something like that where they’re in a hurry and they just go, ‘This is what you’ve got to do,’ and then get you out. Here you can go to somebody you see every day, and I might not have been in any trouble but I could come in each day and say to [HJP solicitor], ‘I need to speak to you,’ and I

feel like I could trust her and build that relationship, even if you haven't done anything before but you've seen her here every day. And you're bound to have said hello or something but you sort of bring that little bit of – like you know that person a bit more. Then if you just go into legal aid, you don't know the person from a bar of soap and they tell you something and you go, 'Fuck are they telling me the truth?' are they just trying to brush me and get me out of here because they're busy?"

Having the HJP solicitor embedded into the everyday life of the clinic showcased the approachability, willingness to help and provide clients with a sense of equality. A related theme emerging from the interviews was the HJP solicitors' ability to work holistically with clients due to their knowledge of the participants and their community, achievable due to their location within Drug Health Services. This is discussed in the next section.

Trust as the cornerstone of successful outcomes with clients

Mutual trust and honesty emerged as the most valued characteristics of the relationship between the participants and the solicitor. Participants described the solicitor as an honest, straightforward person, who was easy to talk to. Being honest and transparent was mentioned repeatedly as effective ways of engaging with clients.

"Straight up. Straight up. She was just straight up blunt with me and up front with me, so it was good."

"She's just got that trustworthy vibe in her. She's honest. She's really honest and that's what I think we liked about her the most, that she was really honest."

Confidentiality and consent issues are an obvious threat to clients' willingness to disclose their stories and concern. The participant interviews suggest that the solicitors took great care to inform the participants that as solicitors they are exempt from mandatory reporting requirements.

"Because you know that - she tells you straight-up, you can tell me anything, tell me anything, it's for your best interest, I'm here for your best interest, which she is. She says I can't say anything to anybody, or else I'll lose my job. You can talk to me about anything, tell me anything, and you just think wow, this is the best thing in the world. Because then she can advise you on what you tell her, you're not scared to tell her anything, because you know you can and she won't tell anybody. Then she can advise you on everything. Perfect. Of course, mandatory reporting, and people, things can get taken the wrong way, so with [HJP solicitor] you know, you don't have to worry about anything."

Participants explained that initial willingness to consult with the solicitor was created by leveraging on other trusted relationships. This included knowing somebody who had had a good experience or a successful legal outcome or a long run-up period in which trust had been gradually gained. In this context, the establishment of trust with participants had a ripple effect whereby other family and community members would seek out the solicitor, as illustrated below.

"This is like a little community here. Everybody knows everybody, and they can go, matie, what do you think of [HJP solicitor]?' I'm like, 'She's good, man.' And people feel more at ease and feel more likely to trust them and tell them shit."

"I know a few of my friends that dealt with her as well and she'd been such a big help. I referred my family in to see her and things like that."

Social networks, particularly in Aboriginal communities, expand beyond traditional boundaries of close family and were found to be hugely important for participants' willingness to engage with the solicitor. The quote below illustrates how clients experienced the solicitor as a trusted person, who is known in the community.

“They're not going to talk, they're not going to open-up. With [HJP solicitor], a lot of us, we don't like talking to people and we don't like talking about most of our stuff but with [HJP solicitor], [HJP solicitor] helped a lot of us here. She did, she helped a lot.”

Of course, leveraging on relationships with others can be problematic as an adverse interaction between a client and the community solicitor can erode trust across a wide social network. As such, it is of utmost importance that the community solicitor is enabled to continue to engage with all clients in a respectful and empathic manner, as trust can easily be lost. In this regard, working with disadvantaged clients might differ from other legal services, as ensuring that staff loads allow adequate time for the solicitor to establish an individual relationship with clients, is fundamental for good legal outcomes. This poses difficulties when there is a change of personnel, common within the healthcare system, as the next section will discuss.

Continuity of personnel to avoid retelling your story

The participants unanimously reported that the solicitors were knowledgeable and professional and genuinely listened to the clients' concerns and acted upon them. Importantly, participants reported that more than simply providing clients with the appropriate legal advice, it is important that the solicitor had the appropriate experience and knowledge to treat them with sensitivity without risk of re-traumatising them. This was important as many participants mentioned frustration and fear of feeling stigmatised and judged when having to retell their often complicated and difficult stories. One client vocalised:

“I hate it how, with solicitors like that, that you meet someone, and they pass you on and you've got to start over and repeat yourself over and over. I don't like going through that process. You have to go through it all over again. I know they read it off the thing, but they want to hear it from you again, you know.”

The respondents felt strongly that the service needed a single dedicated solicitor.

“It's also good, for someone if they're going to be here for it hopefully to be the same person, and then they know you and then it's consistent, you can go back to them and be like oh, you know, just - or even if from my point onwards, I could just say can you please explain this to me, but just have someone here. Definitely, all the time that we have access to. It's nice to have the same person, it's consistent and they know you.”

An important benefit of the HJP was the building and solidification of trust between clients and the service. Clients noted that these trusted relationships take time to develop and are nurtured through continuity of care. Being able to continue to see the same solicitor throughout their case, along with the legal outcome, had strengthened participants' trust in the HJP and legal and justice system more generally.

This section has identified the characteristics of the service which participants felt facilitated engagement and were supportive for them. These included an atmosphere of respect, understanding, easy accessibility and flexibility. Moreover, specific characteristics of the solicitor were outlined as important for successful outcomes such as good listening skills, honesty, trust and professionalism. A justice program that can provide non-judgmental and compassionate care in a flexible and accessible manner appears to promote good outcomes for vulnerable clients. The interviews also highlighted several barriers impacting on client access to legal services such as past negative experiences, these are described in more detail below.

Barriers to seeking legal assistance: mistrust and past negative experiences

Three main barriers to seeking legal advice were mentioned by participants: previous negative experiences with welfare services; limited trust in staff; and issues around accessing the service. These are described below.

During the interviews, participants often mentioned previous experiences where they had been let down, disappointed or lied to by professionals and services. The lack of respectful communication most participants had received from professionals previously made participants weary that staff might not be emphatic to 'their side of the story', as illustrated below:

"You can't say nothing because if you do, you get kicked off the methadone program. Then what? Go back to drugs? You know what I mean? It's just biting your arse, a big circle, chasing your own tail."

"And that's a big thing for me to say because of what happened to me, that I trust [HJP solicitor], because trust is out the window and like, I didn't trust the staff here, any other staff member here, even the nursing staff I didn't trust, but I trusted [HJP solicitor]."

These past experiences were found to impact deeply on ongoing trust and willingness to disclose. Below is a quote from a young woman telling of her experiences with health services. In this instance, she and other women were unaware of the staffs' mandatory reporting responsibilities and consequently ended-up having their children placed in out-of-home care.

"We was going there trusting. So, there was a bit trust thing where we didn't trust no one when all our kids got taken. There was about five of us mothers that it happened to because we trusted in the women's group that we could confide in them and tell them things. I know they have a duty of care, now I get that they have a duty of care – they have to go and tell someone, but they could have come and confided in us first and said we have to do this, but they didn't do that, they just went and told on us. So, there was big trust issue. It was pretty bad when all the confidentiality got breached. It turned it into us mothers blaming each other and saying, 'Well you told on me and you told on me' and then it caused a lot of arguments and fistfights and finger blaming and people were just distraught because their kids had been taken, they didn't know where to turn to or who to see for advice."

Most clients had previous or ongoing involvement with child protection services. The context of adverse experiences of authority and children being removed, was a threat to building trust and was often mentioned as a factor impacting on both clients' willingness to engage the solicitor as well as willingness to tell their whole story. Below a woman articulates how her mistrust in Family and Community Services (FaCS) lead her to not seek assistance in an instance where she needed help.

"All FaCS say is that, 'You should have contacted us back then'. As if I would. I've seen you fellas in and out of my life - not my life personally, but my family's lives, I mean. I said, 'I'm not that stupid to walk in and tell you guys that my brother and his partner dumped their daughter. You would have took her straight away, I'm not stupid.'"

Another barrier mentioned by some participants was the limited hours where the HJP was available. Some participants' felt that it would be beneficial if the solicitor was available on a more regular basis.

"Just the days that she did work. If she would have been there more days there would've been a bit more help. Like not everyone can just attend on those days, people have problems every day of the week. So, if there was more days that she was there then that would have been more helpful."

In order to improve social determinants of health for disadvantaged clients, the solicitor must first overcome clients' barriers, in particular, those related to mistrust of professional staff and welfare institutions in general. Given a history of negative experiences engaging with professional workers, a

positive and supportive relationship with the solicitor is an important aspect of the HJP program. The following section provides more details on the types of assistance the participants had received from the solicitors and their experience of what had been useful and valuable to them.

Experiences using the Health Justice Partnership Service

This section outlines in more details the experiences consumers had using the HJP and the types of assistance they received. Several respondents mentioned that the solicitor had helped them to feel comfortable, prepared and able to contribute with their side of the story. Helping participants prepare for what to expect also ameliorated stress and anxiety.

“It would have been so much harder [without the HJP] because I wouldn’t have known how to do it, what to do. I wouldn’t have known where to go, what to say, what needed to be done. It was so much easier having [HJP solicitor] there, and given that it was free, it took a big load off.”

Explaining documents, using plain language and avoiding jargon was emphasised as features that created equality and respect and maintained approachability of the solicitors. Many respondents mentioned that the verbal communication style of other legal staff and the written documents associated with their case had been very difficult to comprehend, which impacted negatively on their ability to respond to their cases. These misunderstandings further led to confusion around procedures and expectations and placed additional stress on clients. Having clarity around what to expect and what was expected of them emerged strongly as a theme around access to justice.

“[HJP solicitor] helped me and told me what I needed to do, to have someone represent me on the day, and I followed her instruction and she also explained to me a lot in the paperwork that I didn’t understand. [...] Yeah, she explained everything to me that I didn’t understand. Then told me what I needed to do, because she doesn’t deal in criminal court. I followed all her advice and everything went fine.”

The solicitor providing sound advice, being transparent, clear in communication and easy to understand was identified as very important by most respondents.

“I’d be going back to her and saying can you just explain, this is the final order, can you, I mean I have a very good understanding of it. Because when you get the final order at the courthouse, they do explain to you and your lawyer does as well. But still I’d take the paperwork to [HJP solicitor] and say, what’s your understanding of this, can you explain it to me, and she’d do that, there was no problems at all.”

“Everything she did - even things I wanted to do and what I wanted to say, she’d pull me up and say, ‘Look, I don’t recommend that you do that. It could lead to this way and that way’ you know, ‘and I recommend we do it this way’ and it would always come out with a good outcome.”

As can be seen above, even in instances where clients had a criminal lawyer assigned to their case, many still relied on the HJP community solicitor to clarify issues. As described in the above sections, participants highlighted the importance of having a trusting relationship with any professionals, before they were willing to disclose their stories. As such, most participants expressed a reluctance to trust other legal services and relied on the HJP solicitor to act as a bridge between themselves and other services and professionals.

There was a recognition that the solicitor was persistent in attempting to assist clients. Below is a participant’s account of how his case working towards restoration with his daughter started going in the right direction after the solicitor was able to advise him on proactive steps to take, such as going to rehabilitation:

“We were doing what FaCS wanted and it just wasn’t going anywhere, but then when I volunteered to go to rehab and all that and then got the help from these guys, and pointed in the right direction to go to the solicitors, it all worked out. (...). Because FaCS wouldn’t have done it. [HJP solicitor] had to ask FaCS to do it and on what grounds and whatnot, because they were fighting against anything. They didn’t want to help at all. But on the grounds that we were going to court and things like that, and with her big professional words and things like that and the letters that she sent to them, they actually put a letter through saying that yeah, they are looking forward to restoration for respite and other stages for restoration, eventually in the end. So yeah, nothing would have happened if I didn’t meet [HJP solicitor].”

Being provided with comprehensible information also promoted clients’ involvement in planning and decision-making regarding their life circumstances. Providing sound advice and clarity about potential outcomes made it easier for clients to understand the consequences of their choices. Below is a quote from a woman who was caught with heroin in her possession. With the advice of the HJP solicitor, she was able to navigate her available options.

“She did help me with my drug matter and did give me options there and told me there’s two ways you can go about it, you can plead guilty to it and get like 25 per cent off of your charge or you can plead not guilty to it and fight it in court. But then if you’re found guilty with it you’ll probably get a bigger sentence or you’ll probably get a worse outcome. So, it made me want to plead guilty to it early, you know, I did get caught with them and I couldn’t argue that I didn’t get caught with them. So, it made me think about my two options, you know, plead guilty or plead not guilty. So that was helpful. If I hadn’t spoken to her, I probably would’ve went to court and just let it drag out. My worst thing is I flee, so I don’t even go to court, I just let the man deal with it. And she told me that would lead to worse things where a warrant would be issued for my arrest and I’ll be arrested on the spot. So, my biggest thing is I don’t even show up to the court matter in that, so with her advice, it made me want to show up to a court matter and deal with it at hand. I pleaded guilty to it early, I got the 25 per cent discount, so they only gave me a good behaviour bond for 12 months and they made me see Corrective Services. So that was a better outcome than going in jail. I’ve been in the same house now for 10 years, and my biggest worry was losing my home and losing everything. Because my daughter is allowed to come on certain days to see me, so you know having that as a comfort thing was a big worry for me.”

Like the woman in the above quote, several participants expressed feeling overwhelmed, disempowered, anxious and confused when it came to navigating legal matters. When asked what might have happened had they not received legal assistance, many participants indicated that they would not have taken up the case or sought justice had it not been for the HJP. The quotes below are from two women reflecting on what might have happened, had they not had access to the HJP:

“I think we would have just left it. Just let it be, you know. So, without the help - it’s been a big push to get where we are. Yeah, it would have been too hard. With legal fees and stuff, it’s terrible, you can’t - I’m only on the unemployed benefits, it’s really not - you can’t do anything. “

“I dread to think. It makes me get teary to think what would have happened to me if I didn’t tap into [HJP]. Sorry. (...) I would just be - who knows, I don’t even want to think about where I could be. It just takes me to bad places.”

These examples demonstrate how the HJP model facilitates good outcomes for vulnerable clients and improves equity of access to legal services for socially disadvantaged groups.

An important aspect of the HJP described in this section, is the promotion of clients’ involvement in planning and decision-making regarding their life circumstances that can be facilitated by having access to comprehensible information, clarity and advice from a trusted source. Another vital aspect of the service that helped ensure positive outcomes was connecting clients with available resources, as described in the following section.

Facilitating clients' knowledge of and connection to resources

The participants described how the HJP assisted them to increase their knowledge of their rights and facilitated their knowledge of and connection to resources available to them. Many participants expressed benefiting from the HJP solicitors' extensive knowledge about other services and appreciated referrals to other community organisations. The assistance the woman in the quote below initially received from the HJP predominantly pertained to referrals to other community resources. A legal case was, however, eventually made, as the women took out an AVO against her former partner.

"One of the ladies suggested I come and talk to the HJP solicitor, and I came to her and she referred me to an organisation that - she was absolutely fantastic. I was running to her for so many things, she was just amazing. I thought she was my saviour, [HJP solicitor], and she was helping me, probably over and above her position, because it was outside of her workplace stuff, and I was really lucky that she found me an organisation eventually who could help me also."

The case above is a good example of clients not initially seeking advice for straightforward legal matters, but rather presenting with a multifaceted life story and, gradually, disclose their more complex social circumstances in step with the solicitor demonstrating themselves to be both useful and trustworthy.

A related issue involves the HJP solicitor ensuring that other welfare services were held accountable. Many respondents felt that having a powerful advocate on their side helped them receive a fair outcome and ensured that other professionals and services were more knowledgeable of the rights of the clients. Some respondents told of instances where FaCS had not followed through with agreed upon actions or where police departments had provided misinformation. In these instances, the solicitor was able to ensure that the correct information was provided or that FaCS were held accountable for their neglect, as the below quote illustrates:

Consumer: "We sat around the table and had a talk with FaCS and went 'this was meant to happen' and 'this was meant to happen' but nothing had ended-up happening."

Interviewer: So FaCS didn't do what they were supposed to do?

Consumer: No, not that they were supposed to do. They did some of the things they were supposed to, but not all of the things they were meant to be doing. [HJP solicitor] helped us out with that, to actually make them get to where - what they had to do."

Another client spoke of a similar incident where she was unaware or unsure about her rights relating to visitation right to her children placed in out-of-home care. In this instance, the HJP solicitor negotiated with FaCS to have her visitation rights resumed.

"To be honest, I wouldn't even - like, how can I put it? I just sort of left it up to FaCS to do it and they just didn't do it for you, and when she come along, she made sure, you know, there was a visit four times a year. Like I missed five years, six years straight all because no-one done it for me, and I didn't really know how."

The provision of ongoing practical, moral and emotional support to clients was described as a crucial positive outcome. In some instances, this type of advice related to clearing-up misunderstandings as illustrated below.

"There was something that happened that caused me a lot of anxiety when I was at the methadone clinic. Someone came out saying, 'I overheard the staff in there saying, you're not allowed to have

your daughter here', which was a complete lie anyway. But he tipped me off, and so staff in that clinic are letting other people overhear, and then people there are coming out and telling me, obviously because I'm with a baby, tipping me off, saying get out of here because they're going to call FaCS. I'm pretty much having a panic attack, and then [HJP solicitor] 's like 'no, you can have her whenever you want. Only listen to me...I'm your solicitor. You don't have to be supervised'. [HJP solicitor] just made me feel so much better. I tell you what, that caused so much stress – oh my gosh."

The participants' stories suggest, that the HJP was able to increase the clients' knowledge of their rights and the choices available to them, which had a beneficial impact on their legal and health outcomes. The following section will describe in more detail some specific cases as told by the participants, which further illustrate the specific benefits of the HJP.

Homelessness, debt and family-related matters

Access to appropriate, affordable and secure housing can limit the risk of individuals' being socially excluded and positively influences physical and mental health (Saunders 2017). Legal advice regarding tenancy and living arrangements had been sought by over half of the participants. Participants described how problems with housing instability and homelessness compounded physical, psychiatric and substance-use conditions. Below is a participant's account of what might have happened to him had he not received HJP assistance:

"I'd be dead, or in the street still. Still in the street. Still into drugs, you know?" (...) Yeah, it was good. Positive feedback and that. [HJP solicitor] was great helping, that's why I'm decent, the way I am today. I've got a roof over my head and somewhere warm at night, and a place to sleep and that. Got me accommodation and got me on my feet a bit."

As is often the case with clients from Drug Health Services, being able to secure accommodation allows them to stabilise drug-use and often begin to minimise use. Living with active drug users or in areas with pervasive drug problems, on the other hand, makes it challenging for clients to remain engaged in their treatment programs and can be a significant relapse trigger. As the below participant experienced:

"[HJP solicitor] was a lot of help. If she couldn't help me with certain things, she'd lead me in directions. And my cousin, I took him in to see [the HJP solicitor]. And she helped us and led us in directions because he was staying with me when he nearly died over there, he was homeless. He was where I was staying when I walked out of my house. So, the house was like a drug house. And I've been trying to get him back on track and he's on the methadone here. And he was living at my house for nine months and stuff and so we'd go in and see [HJP solicitor] and see what she could do."

In the case above, the solicitor was able to ensure that the client's cousin was rehoused, which greatly stabilised the social circumstances of both the client and her cousin.

In households with children, homelessness or unstable housing is often a trigger for FaCS involvement. Additionally, unsafe or inappropriate accommodation will prevent participants from being restored with their children. In instances where children are placed in out-of-home-care, remaining in stable housing (or being moved to stable housing) is essential for restoration of children.

"So, [HJP solicitor] actually helped out a lot. Not only that, she had helped me out with other things like my housing as well. Where I was staying, it wasn't safe and that and FaCS had said that my daughter would have no chance at all of coming home if I was residing there, so she had done me a letter for Housing and things like that."

With the solicitor's intervention, the woman in the above quote was moved to safer housing and she is now working towards restoration of her daughter. Legal intervention in instances of homelessness likely prevents both escalation of drug use and deterioration of health but also significantly reduces the risk of relapse and the potential removal of children into out-of-home-care.

Below is a statement from a woman who lost her home due to a sudden serious heroin relapse. After she stabilised on methadone, she sought help to secure a place to live, but debt from her previous social housing property initially prevented her from access to housing:

"I had a \$10,000 outstanding debt queue too, not maintaining my house properly. And I was in Community Housing, so they hit me with everything. To pay to replace a carpet, replace this, replace that. No consideration of wear and tear or the amount of time that I lived there. I lived there for 18 years. So, you know there's going to be like some... So, I just wasn't in a place where you had to clean the place up before you leave, I just walked out. And so, they hit me with a \$10,000 debt in the house that I was in before I walked out of. And a couple of weeks moving into that, I get an electricity bill of \$4 grand, and I hadn't even been in the house. Yeah, I got my housing done. I ended up getting the thing wiped, the \$10,000. But [HJP solicitor] was great because she gave me great insight on outstanding debts."

In another case the assistance from the solicitor meant that the participant was able to avoid a criminal record. Lisa, a 28-year-old woman who had been attending Drug Health Services for many years. She was undertaking further education and who was hoping to secure a job upon completion of her studies, but earlier in the year, she found herself in a conflict with her partner which turned very noisy and disorderly. Consequently, the police were called to the premises.

"I'm doing Certificate 4 in Admin. I've already done 3, but I want to get 4. That would have been the worst outcome, had I been convicted, because they would have given me a criminal record. Affected me even being able to get a job, yes, so I can't have a criminal record, I don't want one. Luckily I didn't get convicted."

In the above case, without the assistance of the HJP solicitor, Lisa's opportunity to commence employment might have been compromised, with significant consequences for her future. In a context where many of the participants face significant and compounding disadvantage, improving access to legal remedies can have clearly demonstrable benefits, as this section has illustrated.

Summary of qualitative interviews

The aim of this aspect of the evaluation was to investigate participants' experiences of the HJP, to enhance our understanding of the HJP's specific strengths and benefits. The participants in the qualitative component of the evaluation all experienced one or several of the social disadvantage indicators described earlier and sought legal assistance for a plethora of concerns which included those identified as most common in the quantitative component. We found that participants felt heard, respected and empowered through the process and that the HJP program goes a long way in ensuring that vulnerable groups have access to justice.

Legal and medical contacts

Qualitative participants' legal and medical files were reviewed. Hospital cost data was estimated based on the most recent Independent Hospital Pricing Authority data for the 2015-2016 financial year (Independent Hospital Pricing Authority, 2018). Records were reviewed to determine any feasible association between HJP utilisation and hospital admissions.

Medical records were reviewed for the calendar years 2017 and 2018. Medical records were unavailable for one of the clients interviewed. This client had presented with a debt related issue in October 2018. At the time of review the case was on going. Of the remaining 11 clients interviewed, three had no hospital admissions during the study period. Five clients had first sought legal advice prior to 2017 with ongoing contact and one had contact in 2015 only.

None of the clients had a medical admission for matter likely to be related to their HJP contact (Table 10). One client had a very protracted hospital admission which included two months in intensive care due to infective endocarditis. Endocarditis is an extremely serious but uncommon problem associated with injecting drug use. The incidence of infective endocarditis among Australians who inject drugs is estimated to be 6.45 per 100,000 person years in 2013 (Tung et al. 2014).

The hospitalisation for infective endocarditis occurred approximately five months *prior* to the client seeking HJP assistance for a housing-related matter and thus cannot be considered associated with the hospitalisation. Nevertheless, based on the Independent Hospital Pricing data for 2015-2016 (most recently available data), an acute care admission is estimated as \$2003 per day and therefore the likely cost for this admission was approximately \$120, 180 (Independent Hospital Pricing Authority, 2018). The HJP assistance provided approximately five months post-discharge was for housing related assistance. As already stated, a correlation between this admission and the HJP is unlikely, but stable housing may be protective against further risk of infection and subsequent hospitalisation. As at December 2018 the client had had no further admissions.

Table 10: Participants' legal and medical contacts and estimated costs

Client ID	Date	Reason for consultation	Action /outcome	Medical notes (01/01/2017-30/11/2018)	Hospital costs*
F1	10/04/18 – 30/10/18	Child protection	Restoration of visitation rights.	1 admission during study period for benzodiazepine detoxification, prior to HJP. Ongoing mental health outpatient.	\$1012 per day = \$9108
M2	Unknown	Child protection issues	Referred to other services due to representation of another client.	Nil admissions.	-
M3	14/05/18-14/05/18	Housing New South Wales (HNSW) debt and subsequent refusal of a HNSW application	Contacted HNSW for update of status of debt. Repayment options commenced. Discussed options of support accommodation and referred to Social Work RPA to arrange temporary housing.	Two-month intensive care unit admission for infective endocarditis (Oct-Dec 2017) prior to HJP. Nil admissions since.	\$2003 /day = \$120180
F2	28/02/17-18/07/17	Substantial housing debt and Birth Certificate application	Contacted Housing NSW regarding application. Advised client regarding priority-housing list. Unrelated - assisted for a birth certificate and provided certified documents to the National Aboriginal Birth Certificate Program.	Nil admissions pre or post; Drug Health outpatient only.	
F3	02/02/15, ongoing	Child protection issue	Client had received court ordered care of relative, but FACS removed the child from the client's care based on violation of the conditions of care (partner's alleged drug use). Engaged with FaCS on returning the child to client's care. Advised the client of the possible avenues to resolving the issue including negotiation, internal review, and NSW civil and administrative tribunal (NCAT) review. Issue gone to NCAT. With the client and Legal Aid discussed plans for NCAT. Legal Aid to take on representation.	Three ED admissions throughout study period 1 x tonsillitis, same day discharge; 1 x miscarriage, same day discharge; 1 x pelvic inflammation, overnight stay.	2 x \$377 1 x \$1116 = \$1870
F4	13/06/17-27/09/18	children/visitation rights	Contacted children's court to receive previous care orders. Care orders require housing. Contacted assistance for relocation. Referred to the Aboriginal Legal Service (ALS).	Four-day admission for Caesarean delivery prior to HJP.	\$5039**

		Victim compensation claim	Assisted client in updating information with Victim Services. Assisted with progressing delays due to lack of delays with Victim Services, including assistance obtaining documentation. Victim services continuing to assess compensation application.	3 x ED presentations, same day discharge for cellulitis.	\$377 per presentation = \$1131
F5	08/09/16-10/04/18	State Debt Recovery Office (SDRO) fines Child protection issues	Contacted Office of State Revenue to retrieve client's relevant documentation. Contacted the SDRO to have the clients RMS restriction lifted. Worked with SDRO to consolidate all fines. Debt repayment/WDO entered into. Children's Court to seek the final orders for care of client's children. Used this to establish the current allowances for contact and explained to the client how these care orders operate. Regular contact with client's children established. Visits with client's children organised through FaCS.	3 x ED presentations, same day discharge for viral gastroenteritis.	3 x \$377 = \$1131
F6	18/05/17-15/06/17	Domestic violence and fears for personal safety	Organised for Moving Out Moving On (MOMO) a Domestic Violence Service Management program to take her on client. MOMO who assisted the client in finding temporary refuge with the long-term goal of finding her permanent accommodation. Encouraged client to contact police over other issues she raised. And will do so when feeling safe.	Ongoing mental health contact, noting DV history. Admission 18/9/17 for an alleged sexual assault.	\$1116
F7	1/11/16-24/08/17	Issue with police harassment. Issue relating to relative's antisocial behaviour at home. Children in care of FACS	Client believed police harassing her in relation to being a suspect in a theft. Advised client there is little can be done unless she wanted to make a formal complaint against the officers. Advised client that in situations where her relative's behaviour is out of control, she will need to contact the police. No further issues with the police or relative. Further, contacted client's FaCS case worker to organise a mediation session for the care of her children. FaCS mediation to take place.	Nil admissions.	

F8	19/11/15 - 07/12/15	Defendant in AVO matter	Long history of DV and is too scared to travel to regional area for AVO hearing. Initiated contact with Women's Domestic Violence Court Advocacy Services (DVACS). Advised client to seek criminal advice and assisted client in organising this advice with Legal Aid. Liaised with Legal Aid who had the matter adjourned and are now assisting the client.	2 x ED presentations, same day discharge, injection-related injuries. 2 x 3-day admission for heroin withdrawal management.	\$377 per presentation = \$754 \$1012 per day admission \$6072
M1	02/10/18 23/10/18	Centrelink Debt	Contacted Centrelink with the client present to discuss the debt. However, client had to leave early. May refer client to the Welfare Rights Centre, to be discussed with client. Issue is on going	Records unavailable.	

* Hospital cost data estimated from Independent Hospital Pricing Authority (2018). National Hospital Cost Data Collection Cost Report: Round 20 Financial Year 2015-16 – February 2018

**Calculated as 1x acute and 3x non-acute

Discussion

This evaluation has identified that the HJP between RLC and SLHD has been well received by the Drug Health clients. Many clients have accessed the service for a range of legal issues, but child protection, family law, housing issues and debt, were the most common issues for which legal assistance is sought. Given the high levels of disadvantage experienced by this group, this is unsurprising and not unexpected.

Clients and case characteristics

The HJP was most commonly accessed by women and most commonly for child protection matters. Males tend to be over-represented in people accessing services for substance use disorders and approximately two-thirds of the Drug Health clients are male (Islam et al., 2013), yet the HJP was most commonly used by women indicating a critical need for better access to justice for marginalised women. Further development of speciality services in this area may be warranted, given family law was the second most common category for which people sought legal assistance and, again, women were more likely than men to seek legal assistance for this issue.

The HJP aims to provide individual advice to all disadvantaged clients as a gateway to the legal system. Aboriginal people experience poorer health and more legal problems than other Australians (Australian Institute of Health and Welfare 2018) and thus improving access to justice for Aboriginal and Torres Strait Islander peoples is a key aim of the HJP. These data have shown that Aboriginal and Torres Strait Islander peoples were indeed over-represented among people accessing the HJP and, as such, it is therefore meeting this goal.

Aboriginal people were more likely than others to seek legal assistance for tenancy issues. Housing security is an important foundation for health and a key social determinant. By providing legal assistance with this issue, the HJP is addressing a key social determinant. Aboriginal and Torres Strait Islander peoples, however, accessed services for a range of legal issues and the qualitative data indicated that these issues were often complex and warranted a great deal of the HJP time. Given the over-representation of Aboriginal and Torres Strait Islander peoples in the HJP service data and the large proportion who volunteered to be interviewed about their experiences and use of the service, more than people who are neither Aboriginal and Torres Strait Islander peoples, the service would appear to be able to successfully work with Aboriginal and Torres Strait Islander clients.

People who spoke a language other than English at home were also more likely to seek support for family law related matters. It is unclear why this group would require more assistance with family related law compared to other legal problems, but the difference is worth noting. Although the majority of those utilising the HJP service were unemployed, those who were employed were more likely to seek assistance for family law matters than those unemployed. This may be because although employed, they are in low income brackets and experience disadvantage but have less need for assistance in tenancy and debt but are nevertheless not financially secure enough to seek private legal advice in family law matters. Again, this highlights a need for access to justice within the broader family law domain for marginalised groups.

Client perceptions

Participants interviewed in-depth reported feeling comfortable and secure due to the consistent non-judgmental approach taken by the community solicitor, an important finding considering the powerful influence fear of stigma and judgement have on disadvantaged groups' willingness to engage with services. The participants also appreciated the self-responsibility encouraged through

honest communication with the HJP solicitor. There were multiple examples of increased self-efficacy and self-confidence, which participants attributed to support from the HJP solicitors.

The HJP solicitor role is a highly personality-driven role, as the success of the role relies on the ability to build relationships and trust with socially disadvantaged clients. Furthermore, the ability of the solicitor to take a culturally-sensitive, holistic viewpoint and deliver services that promote respectful and transparent engagement with clients was repeatedly highlighted as crucial service facilitators. Such trust between vulnerable clients and service providers appears to be built through bridging relationships, that is other trusted services, other trusted workers, or peers in the community.

Individuals with complex needs face multiple barriers to achieving justice. Many participants described experiences of feeling stigmatised and judged in dealings with professionals and having had adverse experiences with authorities in the past. The results of this study confirmed that vulnerable clients prefer legal services that are embedded in their everyday context and perceived less stigma and fewer barriers to support services in such a model.

The degree to which the HJP was able to meet the needs of clients relied to a large extent on service delivery being offered in a flexible way, as this ensured that services suited the often unpredictable lives of clients. Soft entry points, non-threatening, indirect and informal service delivery was highlighted as vital to ensure engagement and good outcomes. Additional time, support and a level of 'hand-holding' appear to be both appropriate and necessary with disadvantaged clients.

The commonest outcome reported for participants was remaining in stable housing and receiving a fair trial in dealings with child protection services. Being relieved from debt was also often achieved. The participants' stories suggest that HJP in many instances prevented a worsening of physical/mental health and adverse social outcomes such as incarceration and relapse into problematic drug-use. Although the sample size for this qualitative component is limited, it is reasonable to assume that, in the interviews reported, the HJP was able to improve social and functional outcomes. These outcomes highlight the importance of the model in supporting this vulnerable population.

We were unable to determine a relationship between HJP utilisation and hospitalisation. This, however, in no way indicates a lack of a relationship and is likely due to the small number of cases and challenges in recruitment. Moreover, this group of clients have complex needs and HJP access is more likely to serve as foundation for gradual gain in health and not easily observable across a relatively small timeframe. Only some of the many issues these clients face will be directly influenced by access to justice.

A Health Justice Program within Drug Health Services

A key element of the HJP was having a service, or staff member, able to deal with the myriad issues which directly influence health but are not the "business" of health. Although some of these issues can be managed to some degree by social work, social workers are rarely able to do more than advocate for patients and in many instances require knowledge and experience which sit well-outside their expertise (McCabe & Kinney, 2010). The continuity of care provided by the HJP means that staff can confidently refer all clients to the service, without fear of it being the wrong fit or the wrong service. The HJP has therefore filled a crucial gap in the overall care of the clients at RPAH.

RPAH clinical staff were not formally interviewed. However, informal and unsolicited discussions with clinical staff throughout the evaluation period indicated there was strong support for the HJP. As has been discussed, the HJP opened-up opportunities to receive legal help for clients and families who often experience multilayered and cumulative disadvantage. Many of the 'ordinary' but

worrying problems that clients disclose to clinical staff have critical legal dimensions which, in the absence of the HJP solicitor, may go unrecognised. This may include assistance with spiralling debt or fines; housing, both to avoid homelessness when they fall behind with their rent and helping women escape domestic violence; receiving help and advice when parents are at risk of losing custody over their children; and receiving appropriate legal representation and advise prior to court to ensure a fair outcome. Having a powerful advocate, in the form of an on-site hospital-based solicitor, to whom clients can disclose their full details without mandatory reporting concerns, allowed clients to divulge the depth of their problems often leading to longer-term resolutions rather than band-aid solutions. There appeared to be a strong appreciation among staff, particularly those who deal with women with substance use histories, of the benefit of having someone “who understood” the women and who, unlike legal aid, took the time to talk to clients about their cases to gather the full story and provide continuity-of-care.

Clinical staff are commonly aware of the myriad social problems which impede health but often have little or no capacity to assist clients with these issues. The HJP allows many of these ‘non-health’, yet health-damaging problems to be effectively managed in a way that would otherwise not be possible. The capacity of people who experience significant disadvantage to seek outcomes through the justice system is often compromised by poor education and resources, compounding disengagement and disempowerment which is particularly damaging for clients dealing with FaCS. One of the benefits of the HJP, identified by clients was that the HJP solicitor encourages and supports clients to work with FaCS to improve outcomes. This theme has also recently been supported by clinical staff working in the area of substance use in pregnancy and parenting in SLHD (Moensted and Coupland, in preparation)¹. When clients receive advice about their rights and assistance in understanding FaCS processes, directories and case plans, they are empowered to engage. This is crucial in child removal cases where the chances of retaining custody over one’s children is greatly enhanced, when clients can both demonstrate and be seen to be responsive and proactive instead of disengaged or defensive. Our data (and that of Moensted and Coupland, in preparation)¹ has shown that the HJP can assist clients with the acceptable legal discourse.

An important feature of the HJP is the building and solidification of trust between services. Our data suggests that the success of the HJP solicitor role relies on the ability to build relationships and trust with clients and clinical staff. When clients have a positive experience with the HJP solicitor, the regard and trust developed through this interaction often positively impacts upon the clients’ willingness to work with other health and community services. Relationships with clients which are built on trust take time to develop and are nurtured through continuity of care. The concept of continuity of care is a well-recognised contributor to health and can reduce overall healthcare cost (Barker et al., 2017), including in the drug and alcohol area, where individual relationships have been identified as especially important (Kim et al., 2007). Therefore, the ability of the HJP solicitor to work holistically and respectfully with clients is a crucial element of a successful partnership.

Taken together, this suggests that the location of the HJP within Drug Health Services (DHS) has contributed to its success. DHS is accessed by some of the most marginalised people in SLHD and, as the qualitative data has shown, many of these are distrustful of professionals and government agencies. Clients attend DHS for assistance with drug and alcohol issues, including daily dispensing of medications such as methadone, a World Health Organization’s essential medicine (Herget, 2005). This regular attendance facilitates relationships between the clients and the clinical staff who refer the clients to the HJP. Referral to external services can be fraught for clients who often find it difficult to navigate systems outside of DHS. There is much discussion in the literature of the benefits and indeed necessity of “one-stop-shops” for this client group (see for e.g. Islam et al 2012). With

¹ Report available upon request

the DHS located within the hospital and specifically within the clinic rooms of the DHS, staff can literally walk clients to the HJP door. This warm referral is an important first step in building trust and assisting clients to establish their own agency.

The physical presence of the solicitor onsite within DHS has also increased the knowledge of clinical staff and improved their capacity to identify issues which may benefit from legal assistance. The stress imposed by debt may be remedied through legal solutions. Addressing housing-related issues can avert children being placed in out-of-home-care and legal advocacy and advice can enable a woman to leave a violent relationship. Detailed case examples can be found in Appendix 1. Several examples can also be extracted from participants in this study.

One participant in the current study was able to access the HJP to facilitate restoration of visitation rights with her children following her inpatient benzodiazepine withdrawal. The participant had ongoing mental health issues which likely impeded her negotiations with FaCS, due to the complexity of navigating these systems. Given her mental health issues and drug use problems, it is reasonable to assume that without the HJP interventions the reinstatement of the visitation rights are unlikely to have been achieved. There is little doubt that the location of the HJP within DHS facilitated her access to legal assistance.

Another participant who had been experiencing domestic violence over a protracted period was provided with legal advice and assistance, resulting in a successful referral to Legal Aid and the Women's Domestic Violence Court Advocacy Services. The participant's extensive history of drug use was likely compounded by domestic violence (Rahman et al. 2016). Again, the location of the HJP within DHS probably facilitated this participant's access to legal assistance and, as above, it is reasonable to assume given her history of domestic violence and drug use, that she would not have sought legal assistance without the HJP and its location with DHS.

One participant spent more than two months in intensive care with infective endocarditis, at a cost to the local health district estimated to exceed \$120,000. Within a few months of discharge the client was experiencing homelessness and debt. A referral to the HJP from DHS staff enabled him to engage with the HJP to develop a payment plan for his debt and assist him with his public housing application which had previously been rejected. He has not had any further hospital admissions. The participant's future in the absence of the HJP can only be speculated upon, but further deterioration of his health and wellbeing, which would be exacerbated by homeless and debt, would have likely resulted in further hospitalisations. Even without such speculation, it easy to appreciate the benefits for anyone who receives professional legal assistance when experiencing homelessness and debt and such legal assistance in the case of this client, was highly unlikely without the HJP and its location within DHS where the participant was receiving ongoing care following discharge.

Limitations

This was a relatively small evaluation limited by few resources and multiple other complicating factors; as such some important limitations need to be considered when interpreting the results. Firstly, intake information collected administratively was used to describe the clients accessing the service. As this information was not designed for the purpose of evaluation, it was limited in terms of the type and breadth of information able to be examined. It was further compromised by large amounts of missing data. Nevertheless, the intake data has been able to identify key client characteristics and identified important patterns in HJP attendance and presentation. Moving forward, further refinement of these data would allow for more in-depth and richer analysis into the future.

The complexity and diversity of cases seen within the HJP makes it difficult to apply traditional models of evaluation, such as randomised controlled trials or pre- and post-intervention models. Most of the traditional evaluation models require specific outcomes to be identified and specific interventions to be applied. The diversity of cases and responses within the HJP, means that these models of evaluation are unsuitable because the problem, treatment and outcome vary widely across each case.

A qualitative approach was therefore chosen to address some of these concerns. The original protocol had called for purposive sampling so that client legal outcomes could be assessed against medical outcomes, in a case-study fashion. The case study approach allows for an intervention to be explored in-depth and within its natural context (Crowe et al., 2011) Case study research is used to explain, describe or explore either phenomenon in their context by selecting typical cases or unique cases (Crowe et al., 2011). However, the resignation of the HJP solicitor, who was central to case selection and recruitment, necessitated a less structured approach limiting the proposed cost analysis. As described above, this also impacted on the costing component as cases were arbitrarily selected. Nevertheless, the in-depth interviews were able to identify key strengths of the partnership and identify issues for further consideration.

Future evaluations may consider the longitudinal collection of quality of life data, easily obtained via instruments such as the A-QoL (Richardson et al., 2013). This would negate the need to have a uniform intervention and outcome and could be used to assess the impact on an individual's overall well-being. This could prove administratively challenging. Also, given the very complex lives of many of the HJP clients and myriad problems they experience on an ongoing basis, determining a quantifiable impact may be practically difficult.

Finally, our data suggest that the HJP is well-supported by the RPAH clinic staff, but this was not formally assessed in the evaluation, limiting the strength of this assertion. We recommend that future evaluations include an assessment of clinical staff attitudes and experience of the HJP and unpack how effectively clinical and legal staff can work together to improve client outcomes.

Conclusion

The key purpose of the HJP is to address social determinants of health via legal remedies. This evaluation found that clients accessing the HJP are over-represented in terms of social disadvantage and thus the service is being accessed by the key target groups. Important social determinants of health such as housing and debt related issues are being addressed by the HJP, as is child protection, family law matters, domestic and family violence. Further consideration may be given to expanding services related to child protection and family law, where there is high demand for legal assistance. Finally, results of this evaluation suggest that the HJP does provide non-judgmental compassionate care in a flexible and accessible manner, promote good outcomes for vulnerable clients and encourage equity in terms of access to legal services for this population.

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Appendix 1: Preliminary case studies

Prior to the HJP evaluation, the HJP solicitor identified five “typical” cases that underscore key social determinants of health centred on the themes of: child welfare, debt and housing. These were presented as non-identifiable case-studies. The cases are presented below and are intended to provide an illustration of the impact that the relatively simple legal solutions the HJP provides can have on their health and well-being.

This activity was not undertaken as part of the formal HJP evaluation, but the emergent themes informed the evaluation. The RLC seeks permission from clients to share non-identifiable case information. The names and other potentially identifying information were edited by RLC prior to the review.

Eviction

Jeanie is a 33-year-old, unemployed woman who lives in private rented accommodation with her 9-year-old son in Sydney’s inner-west. Jeanie has a history of drug use, domestic violence and childhood sexual abuse. She grew-up in rural NSW with her mother and three siblings, all of whom she has little or no contact with.

Her boyfriend was physically abusive to her before he was sent to prison for multiple break and enters. She has not had contact with him since. She had several unsuccessful attempts at treatment for heroin use but commenced methadone maintenance treatment when she was 18-weeks pregnant with her first child. Jeanie was not in an established relationship with the father of her child and has always been a single parent. She has remained on methadone treatment since pregnancy, with only one significant relapse, when her son was aged 2-years and when she was moved from her public housing apartment to an area where she knew few people. Despite intervention at that time from the then Department of Community Services, her son has never been placed in out-of-home-care. Jeanie is currently on 50 mg of methadone. To facilitate her search for employment, in September 2017, Jeanie moved her methadone dispensing location from a public clinic to a local pharmacy at the cost of \$80 per week.

In June 2017 Jeanie started seeing a new partner who moved into her apartment with her and her son in October 2017. Her partner has a history of substance use but no criminal record. He has no children. In March 2018, Jeanie received an eviction notice as her rent was in arrears and was extremely distressed as she thought she had to leave the property immediately. She was 19 weeks pregnant. Jeanie was referred to the HJP solicitor by the Perinatal and Family Health (PaFH) nurse overseeing her antenatal care. The HJP solicitor explained it was only an eviction notice from the real estate agent and that she was not required to leave the property immediately. She was also advised that she could not be forcibly removed, or have the locks changed. She was further advised that she needed to establish a payment arrangement otherwise the real estate agent could make an application to the tribunal where a Notice of Termination Order could be made, and she would be required to leave the property. Jeanie was able to negotiate a payment plan with the real estate agent, and she eventually caught up with her rent.

Women with substance use disorders are particularly vulnerable. As previously discussed, they experience much higher levels of domestic violence and often have distrust in services (Fowler, Reid, Minnis, & Day, 2014). Pregnant women are especially vulnerable; although this can be an empowering time for some, it typically is a time of intense scrutiny for women with substance use histories (Fowler et al., 2014; Reid et al., 2018).

Homelessness or unstable housing is a trigger for Family and Community Services involvement. This becomes particularly problematic for women with histories of substance use disorder, especially those on methadone maintenance treatment (Taplin & Mattick, 2015), despite it being the most appropriate treatment with the strongest evidence base for people with opioid use disorders (Mattick, Breen, Kimber, & Davoli, 2009). Therefore, remaining in stable housing (or being moved to stable housing) has had an important benefit not only for Jeanie but for society more generally. The stress of eviction and the probable need to relocate would likely have placed enormous stress on Jeanie and would be a significant relapse trigger. Relapse to drug use would place Jeanie's unborn infant at risk of both the possible harms from substance use in-utero and of being placed into out-of-home care. These factors would also influence her nine-year-old son's well-being. Australian data is scant, but children placed into out-of-home care in the US have been shown to be more at risk of adverse childhood experiences than matched children from similar backgrounds (Turney & Wildeman, 2017). In Australia, approximately one-third of prison inmates were raised by a non-biological parents, a figure much greater than the non-incarcerated population (Indig et al., 2010; Justice Health and Forensic Mental Health Network, 2017).

Jeanie was able to return to a public dispensing clinic for her methadone maintenance treatment. Once her financial situation has been resolved, aided by the repayment plan drawn up by the HJP solicitor, she may be able to re-commence community dispensing. Community dispensing is important for clients receiving maintenance therapy as it provides them with greater flexibility and facilitates social reintegration (Chaar, Day, & Hanrahan, 2011).

Eviction could have been disastrous for Jeanie and her family. Jeanie's case illustrates how the provision of relatively simply legal services profoundly impacted her and her family's well-being. This opportunity would have been unavailable to Jeanie outside the HJP. Jeanie's issue was quickly identified by the Perinatal and Family Health (PaFH) nurse whose prior exposure to, and experience of working with, the HJP prompted the early identification of a legal case. Furthermore, the PaFH nurse was able to make a direct and warm referral (i.e. when staff can confidently introduce an often anxious client to another provider) without long delays or the need to further "triage", which helped ensure that Jeanie actually attended the HJP. Trust is a key issue for people with substance use disorder histories and it is unlikely Jeanie would seek advice, especially when pregnant, from a person or service she did not have an established relationship with or some other relevant link (such as warm referral from the PaFH nurse). In short, Jeanie's trust in her healthcare provider and the PaFH nurse's trust in the solicitor, facilitated a rapid and effective response to a complex problem.

Given this detail, it is reasonable to argue that by resolving Jeanie's tenancy crisis, the HJP also prevented relapse and the potential removal of her child into out-of-home-care. Both of which have profound and direct impacts on the health and well-being of the four individuals and more widely.

Child custody

Dylan and Katie, aged in their twenties, both grew-up in Sydney's western suburbs and have been in a relationship for just over three years. They presented to RPAH for perinatal care when Katie was 32-weeks pregnant. They had moved to Glebe where Dylan's older brother also lives. Katie receives methadone maintenance treatment at a private clinic, Dylan does not use drugs apart from occasional cannabis use. Dylan discloses to the Perinatal and Family Drug Health nurse that he is very reluctant to engage with services due to previous very negative experiences. During the perinatal period Dylan and Katie were experiencing homelessness. While in hospital Dylan signed a Temporary Care Arrangement with FaCS and was advised that his baby would only be placed in care until he and Katie were able to find stable housing. The couple subsequently lost custody of the child.

Dylan believes he lost his child because he was deliberately misinformed and tricked into signing legal documents which he did not understand. Dylan and Katie were infuriated and in deep mourning over the loss of their child and, as a result, did not trust or want to engage with services. Eighteen months later when Katie was again pregnant, the couple expressed these concerns to the PaFH nurse who referred them to the HJP solicitor. The solicitor provided the couple with advice about the way FaCS operates, their processes and the clients' rights. Empowered with this knowledge and the support of the PaFH nurse and HJP solicitor, the couple engaged with FaCS and received ongoing advice about FaCS directories and case plan. Katie gave birth to a healthy baby girl and was discharged with her baby.

Dylan and Katie continue to be supported by FASC and have been linked in with more appropriate services. Their baby remains in their care and she is thriving and meeting all the appropriate milestones.

Although the case circumstances are different from Jeanie, the social and health implications for Dylan and Katie are remarkably similar. As described above, the available evidence suggests that the outlook for Dylan and Katie's first child, who was placed in out-of-home-care, is not necessarily brighter due to his removal (Turney & Wildeman, 2017), although this outcome has been averted for their second child.

Trust is a key feature of this case. Dylan understandably had lost all trust in the system. The PaFH nurse, nonetheless, was able to assure him that meeting with the HJP solicitor could benefit him. This, therefore, also meant that the PaFH nurse who oversees complicated pregnancies, many of which may result in children being placed in out-of-home-care, also had to trust the HJP solicitor. This trust was not simply that the HJP solicitor would provide Dylan and Katie with the appropriate legal advice, but that she had the appropriate experience and knowledge to treat the couple sensitively without risk of re-traumatising them, irrespective of the legal outcomes.

Whilst Jeanie's case highlighted the potential harms that may arise in the absence of simple legal interventions, this case highlights the direct benefits. What is also important about this case is the impact the HJP has on the marginalised and disenfranchised. Dylan did not have a drug use problem and Katie was managing her problem with the most appropriate treatment, methadone maintenance. That Katie was receiving her treatment from a private clinic is an indicator of her treatment stability (Bell, Burrell, Indig, & Gilmour, 2006; Bui, Day, Hanrahan, Winstock, & Chaar, 2015). Nevertheless, without assistance from the HJP, Katie and Dylan would almost certainly have had their second child removed. It is difficult not to see Katie and Dylan as being punished for being homeless and disenfranchised; however, this was remedied due to the work of the HJP.

Housing

Twenty-two-year-old Louise from Redfern presented at RPAH at 20-weeks gestation with her first pregnancy. She has a significant trauma history, a range of psychosocial issues and struggles with mental health issues, particularly depression. Nevertheless, she is very stable and had recently stopped her cannabis use. She currently lives in very substandard public housing accommodation and is concerned that this will not be an appropriate place following her baby's birth. Her apartment, a small studio on the fourth floor with no lift, is cramped, rundown and mouldy and with no space in the bedroom for a baby crib, or for a baby bathtub. The apartment is in an unsafe neighbourhood, characterised by high levels of crime and drug use. Louise's neighbours are aggressive and have harassed her on previous occasions. Louise is unable to hang her clothes to dry on the shared balcony without them being stolen. Louise is becoming increasingly worried about the state of the apartment and she feels it is an unsafe environment for her raise her child. She lodged an application for a housing transfer with Social Housing Services but was advised she did not meet the

transfer criteria. Louise's mental health is deteriorating, and concern is raised her depression might relapse. A social worker at RPA referred Louise to the HJP solicitor. The solicitor lodged several appeals to Housing seeking Louise be moved onto the priority list for a transfer. Louise has recently been advised that she will be rehomed prior to her baby's birth.

A relationship between maternal depressive symptoms and problematic maternal infant attachment and interaction has been well established (Martins & Gaffan, 2000). Additionally, postnatal maternal depression has consistently been demonstrated to have an adverse impact on children's mental health (Brumariu & Kerns, 2010). Depressed mothers can experience difficulties interacting with their children and may fail to meet their social and emotional needs (Sohr-Preston & Scaramella, 2006), resulting in stunted child language and motor development as well as cognitive, behavioural and psychological problems (Piallini et al., 2016). Such deficient social and cognitive skills combined with their attained negative cognitions, behaviours, and affect, increases the risk of developing anxiety or depression in later life (Capron et al., 2015; van Doorn et al., 2016). Additionally, children and young people with inadequate social skills have been found to display more negative affect in interactions with other children and adults such as teachers which causes both peer related problems and issues at school (Wang & Dix, 2015). Although we cannot predict the extent to which Louise's mental health would have deteriorated were she to remain in the unsuitable housing, we can establish that it is crucial to prevent, as much as possible, a vulnerable mother such as Louise from relapsing into depression and receives support to remain healthy and stable.

Both quality of housing and neighbourhood can profoundly impact a child's health and well-being (Halfon, 2014; Howden-Chapman, Baker, & Bierre, 2013). Household mould, for example, is an important risk factor for asthma in children. Recently, damp housing was identified as contributing almost eight percent of the total asthma burden in Australian children aged under 14 years (Knibbs, Woldeyohannes, Marks, & Cowie, 2018). The relationship between quality of neighbourhood and the overall impact on health is much more complex (Roux & Mair, 2010), but social environments with high levels of problems such as crime and drug use may be harmful as they promote these behaviours (Vlahov et al., 2007).

Louise's housing situation, prior to being moved to the transfer list, met these criteria, reducing her child's future chances and well-being. Additionally, concentration of poverty within a neighbour and the harassment Louise was experiencing from her neighbours increased her risk of social exclusion and isolation, which are associated with poorer health outcomes and reduced mortality and morbidity (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015). The HJP intervention, therefore, has reduced these risks for Louise and child and improved their life life-chances. Given Louise's previous unsuccessful attempts at a housing transfer, it is reasonable to assume this outcome would not have been achieved in the absence of the HJP.

Debt and housing

Sharon is 36-years of age and has recently escaped an abusive relationship characterised by financial, physical and emotional abuse and is trying to start afresh with her six children. Sharon receives methadone maintenance treatment dispensed at RPAH. She and her children live in public housing, however, the house they live in has severe mould, is damp and has a rat infestation. One part of the house is unliveable to the point that Sharon has blocked it off from her children, due to health safety concerns. Sharon has complained to Housing about the mould and the rats on several instances but has so far been ignored.

In February 2018, Sharon received a \$2000 water bill, which she was unable to pay. Her attempts to pay the bill has left her struggling financially and she became reliant upon food banks to feed her children. Sharon's unsustainable financial situation promoted the RPAH social worker to refer her to

the HJP solicitor. The HJP solicitor calculated that more than 500 litres of water was used every day and suspected the issue was a water leak. The HJP solicitor wrote several letters requesting an investigation into the matter. Eventually, a water leak test was undertaken by Maintenance and a broken water pipe leaking into the property was found. The water pipes were subsequently fixed along with the mould and water damage in the house, which also alleviated the problems with the rats. Sharon has been able to remain living in the house with her children and does not have to pay the water bill.

As with Louise's case, Sharon's housing situation was placing her and her children at risk of a range of health issues (Howden-Chapman et al., 2013). This problem then led to an additional issue of debt, financial instability and food insecurity for her and her children. If the issue was not attended to by the HJP solicitor, further exorbitant water bills could be expected, and Sharon's debt was at risk of spiralling out of control. It is not difficult to see how this situation would adversely impact Sharon and her children.

Notably, the poor quality of her housing resulting from poor or no maintenance was also a significant and ongoing issue. As the issues were related, they were able to be addressed simultaneously. It is important to note that Sharon's previous attempts to have issues attended to were unsuccessful. As with Louise, it is therefore unlikely that these matters would have been addressed without HJP involvement and thus the speculated burgeoning debt and related outcomes were likely.

Finally, it is worth noting that Sharon's housing options were extremely limited. With six children she would be unable to afford the private housing sector. Any move away from her social networks may adversely impact her and her children's well-being (Kessler et al., 2014). The most appropriate options for Sharon were the necessary improvements to her current dwelling, which was able to be achieved by the HJP solicitor.

Debt

Linda is in her early thirties and pregnant for the second time. After a period of homelessness and social and personal challenges including domestic violence and drug use, she is now in stable housing and receiving methadone maintenance treatment. Linda has been trying to establish a home for herself and her 7-year-old daughter following her separation from the father of her unborn child.

A couple of years ago Linda had sought to buy basic furniture for her flat for the estimated value of \$2000. As Linda did not have the money to purchase these items up-front, she entered into a finance arrangement whereby she would rent the furniture and, at the end of the lease, could buy it for a reduced price. The lease arrangement was for \$40 per week rental. After paying off more than \$3500 for these goods, Linda fell behind with the payments. The rental company consequently employed highly aggressive strategies for recouping the debt including daily phone calls and visiting Linda's home.

While Linda was in hospital following the birth of her son, the rental company called her repeatedly. Linda had received more than 20 late payment fees each totalling \$35, adding \$700 to her debt, an amount she is unable to pay. As the late payment fees continued to accumulate Linda became increasingly desperate. She felt harassed by the rental company and became afraid to open her door or answer her phone. The Perinatal and Family Health nurse referred Lynda to the HJP solicitor. The HJP solicitor filed a complaint against the rental company for harassing Lynda while in hospital, and for breaches of the law by giving Linda credit she was unable to repay. After eight months of negotiation, the rental company agreed to waive the entire amount owing, including the late

payment fees, and the furniture was transferred to Linda at no cost. Lynda now has \$40 more a week for herself and her two children.

Like the cases presented above, Linda's history is one of extreme disadvantage having endured homelessness and domestic violence. Linda is receiving treatment with methadone maintenance, a group characterised by social disadvantage. Approximately 45% of methadone maintenance clients have not completed four years of high school, the minimum education level in NSW (see for e.g. Islam, Day, Conigrave, & Topp, 2013). Lower levels of education place people at greater risk of predatory lending practices such as that experienced by Linda.

Maternal stress during pregnancy can impact on neurodevelopment and is a well-known risk factor for a range of adverse outcomes including low birthweight, preterm delivery, increased infant illness and antibiotic use (Beijers, Jansen, Riksen-Walraven, & de Weerth, 2010; Buss et al., 2012; Schetter & Tanner, 2012). The stress that Linda experienced throughout the pregnancy due to the aggressive strategies employed by the lender is likely to have increased the risk of adverse outcomes for her unborn child. Moreover, stress during pregnancy would have increased Linda's risk of relapse and, as has been described above, the outcomes for Linda and her children in the event of relapse are potentially severe.

The protracted period of negotiation is also an important feature of this case. Continuity of care is a well-recognised concept in healthcare and is associated with positive outcomes especially for disadvantaged patients (Barker, Stevenson, & Deeny, 2017) especially those with drug and alcohol problems (Kim et al., 2007). Importantly, Linda was able to continue to see the same solicitor throughout the process and this, along with the legal outcome, may have strengthened her trust in the HJP and legal and justice system more generally. Finally, it is difficult to determine Linda and her children's outcomes in the absence of the HJP. What is clear, however, is that their prospects have been improved because of the HJP.

Conclusions

The cases presented clearly demonstrate the beneficial impact the HJP has had on client legal and health outcomes. Based on the cases presented, it appears that the HJP has had a profound impact on the health and well-being of the many marginalised clients who use the service. Although the analysis of is somewhat speculative and unable to determine the absolute impact of the service, the harms averted due to HJP intervention is evident in each case. These cases are indicative of the success of the HJP service and its location within Drug Health Services at RPAH. Therefore, the HJP can be considered to have meet the aims of working to address the social determinants of health for disadvantaged patients at RPAH by improving access to legal remedies.

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