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2023 First Research and Impact Evaluation Report of the Health Justice Partnership on Mental Health and Wellbeing (BBM)- Addressing the Torment of Powerlessness:

Bagaraybang bagaraybang mayinyalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) offering legal support for social & emotional well-being with Aboriginal Peoples in Northeast NSW and Victoria

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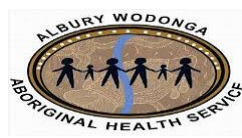
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Service Partners and Participants in this Research



The authors acknowledge the Traditional Owners of the lands, including the Dhudhuroa, Wavereoo, Wiradjuri and Yorta Yorta people. We pay our respects to their Elders, past, present, and emerging. We acknowledge that the research for this report and the program to which it relates was undertaken on stolen land where sovereignty was never ceded.

Acknowledgements

The researchers wish to acknowledge the management and staff of the two partner agencies: the Hume Riverina Legal Service and Albury Wodonga Aboriginal Health Service whose participation and input into project design has been significant. Also, thanks to the program's Cultural Advisor, Judith McDonald for her input and wise suggestions. Most importantly the Aboriginal community of North-East of Victoria & NSW who gave so much to this research project and who the report authors hope this report will provide a voice and enable justice and improved life outcomes to occur. In addition, thank you to the NSW NLAP Legal Assistance Fund (mental health funding stream) for funding the BBM until 2026. Also, for the ongoing support from Upper Murray Family Care (UMFC) who auspice HRCLS. Thanks to Professor Jonathan Doak, Associate Dean & Head of Research, Nottingham Law School and Stella Fuller, Research Development (Nottingham Trent University).

Extract from the Uluru Statement from the Heart:

*We, gathered at the 2017 National Constitutional Convention, coming from all points of the southern sky, make this statement from the heart... That peoples possessed a land for sixty millennia and this sacred link disappears from world history in merely the last two hundred years? With substantive constitutional change and structural reform, we believe this ancient sovereignty can shine through as a fuller expression of Australia's nationhood. Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future. These dimensions of our crisis tell plainly the structural nature of our problem. This is **the torment of our powerlessness**. We seek constitutional reforms to empower our people and take a rightful place in our own country...*

REPORT TO ABORIGINAL COMMUNITY OF ALBURY WODONGA

Results of the Research we Spoke about in April 2023

‘Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS).

This Nottingham Trent University (NTU) BBM research examines the effectiveness of the

Bagaraybang bagaraybang mayinygalang project. For this study, the researcher, Dr Liz

Curran from Nottingham Law School (NLS) at NTU, met with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. She also gathered feedback from the lawyers in the program and the managers who run each of the services mentioned.

Bagaraybang bagaraybang mayinygalang places lawyers from the Hume Riverina Community Legal Service that are free to clients at the Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, and to work collaboratively with AWAHS staff to support client wellbeing. This project is funded by the New South Wales Government National Partnership on Legal Assistance Services under its mental health funding stream.

The key findings of the first year of this three-year study highlighted:

- There is a high level of distrust in Aboriginal communities in the catchment area which is shaped by previous experience with the legal system, service system, and implications of colonisation.
- Trust is seen as important to the Aboriginal community for them to engage, as well as showing respect, being approachable and involving Aboriginal people in decision making.
- While Aboriginal people wanted to know their legal position, they also wanted to understand what their rights were and what their options were.
- The understanding that law can be a help rather than a hindrance is at a low level in the Aboriginal community. 'Knowledge is power.' There is an appetite among community to learn more about areas of law they did not know can help them and to utilise correct information in their community to prevent inappropriate action by them or by authorities seeking to exploit them.

Thank you to those who participated in this research for enabling us to do this study and to learn about ways in which Aboriginal people can be better supported.



Many people don't understand the sorts of problems that might have a legal solution or that lawyers can help by providing other options that might not be known.



The learning from this study, including your participation and views, is shaping how the legal service will operate to ensure that you are able to know, access and ensure your human rights in a place of cultural safety.

There is a more detailed report available on the website of the Hume Riverina Community Legal Service that you are most welcome to read. www.hrcls.org.au

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Executive Summary (This is also available as a separate document in a different format)**ADDRESSING THE TORMENT OF POWERLESSNESS:****2023 FIRST RESEARCH AND IMPACT EVALUATION REPORT OF THE HEALTH JUSTICE PARTNERSHIP ON MENTAL HEALTH AND WELLBEING (BBM) on**

Bagaraybang bagaraybang mayinyalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) offering legal support for social & emotional well-being with Aboriginal Peoples in Northeast NSW and Victoria

About the Research and Impact Evaluation and the Service being Evaluated

This Nottingham Trent University (NTU) BBM research examines the effectiveness of the

Bagaraybang bagaraybang mayinyalang project, ‘*Bagaraybang bagaraybang*

mayinyalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) offers legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS).

For this study, the researcher, Dr Liz Curran (author one) from Nottingham Law School (NLS) NTU, met with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. She also gathered feedback from the lawyers on the program and the managers who run each of the services mentioned. For the first of three planned field trips, 2-6 April 2023 there were 36 participants (with 9- 11 in the Female Yarning Circle and 11- 14 in the Men’s Yarning Circle – noting that the number fluctuated due to the nature of Yarning Circles).

Bagaraybang bagaraybang mayinyalang (BBM) places lawyers from the Hume Riverina Community Legal Service at the Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, and to work collaboratively with AWAHS staff to support client wellbeing. This project is funded by the New South Wales Government National Partnership on Legal Assistance Services under its mental health funding stream.

Messages from the base line data collected informing future measurement of impact for the HJP.

The data collected in this first field trip in 2023 for the BBM has identified that for this Health Justice Partnership (HJP) to succeed, a key part of the role of the justice component delivered by HRCLS will need to challenge, and endeavour to dismantle, structural racism.

Consistent themes across the multiple data collection tools that provided a powerful message (particularly from the Aboriginal participants in this project) is that systemic racism is rife in the day-to-day lives of the Aboriginal participants, and their families.

“Justice is responsible for a lot of our bad experiences.”

“We don’t trust law. Law has done a lot of damage to us. The justice system is part of institutional racism. Lawyers and legal system doing things *to us* not *with us* or *for us*.”

“This is why we need the lawyers, but they must be lawyers who are on our side and who work with the people here at the health service but also who listen and work for us.”

Future work of the HJP

The draft of this report was circulated in early June 2023 to the project partners and their staff. The section of this report which indicates areas for future progress (including recommendations on future steps for service and organisational change) has been discussed in the final tool administered, namely the Reflective Practice Conversations which took place on 23 June 2023 and 3 July 2023, where implications of the data for this new BBM service model were discussed. HRCLS undertook to make a detailed plan in the next 12 months of the programme detailing how they will address the issues raised in this report. HRCLS and AWAHS have undertaken to do this through co-design and checking in with the partnership as to how to implement the changes in the best way possible with the Aboriginal community. They also committed to discussing how they can continue to avail themselves of trauma informed training and other leadership strategies that may be needed to support the programme at leadership level.

As a result of the issues raised in this report, particularly around addressing problems with the broader legal community and the judiciary, HRCLS has also indicated it will look for opportunities to utilise this research report to continue to raise awareness and improve trauma informed practise with the judicial and legal professional sectors more broadly.

Start-up HJP Observations from the Data 2023

BBM is already gaining traction in the Aboriginal community, particularly in comparison to other similar MDP and HJP projects in the start-up phase. The project has seen staff of both agencies working together not only in its co-design but working through emergent issues together. The numbers in this short three-month startup phase, when the field trip and data was collected, show high numbers of clients seen already and waiting lists for appointments. This is indicative of the leverage secured from the ongoing Invisible Hurdles project where trust and familiarity had been built over the seven-year period between the two agencies.

The data shows however, that there is a high level of distrust in Aboriginal communities in the catchment area which is shaped by previous experience with the legal system, service system, and implications of colonisation.

The Aboriginal community expresses scepticism about legal services but is prepared to give the BBM service a go if their feedback is integrated into the service model.

Conclusion and General Findings

The data collected for this 2023 report suggests the BBM is already gaining traction in the Aboriginal community, particularly in comparison to other similar MDP and HJP projects in start-up phase. The project has seen staff of both agencies working together not only in its co-design but working through emergent issues together with numbers in this short three-month startup phase when the field trip and data was collected. This period has seen high numbers of clients seen already and waiting lists. This is indicative of the leverage secured from the 7-year Invisible Hurdles project where trust and familiarity had been built over the seven-year period between the two agencies.

The data also shows however that there is a high level of distrust in Aboriginal communities in the catchment area which is shaped by previous experience with the legal system, service system, and implications of colonisation. This project will need to address this for positive outcomes on the social determinants of health and justice outcomes for Aboriginal clients. Despite these challenges, the partners at a management level and staff participants in this research and impact evaluation are already making positive changes to increase engagement, listen, hear, and adapt so that it is better positioned to respond to identified ways of working to address inequality.

It is concerning that the data suggests high levels of ignorance about the law, with perceptions that the role of the law is only when someone has ‘done something illegal’ rather than in the protection of rights or to enforce those rights. It was clear that this ignorance is seen to be utilised by authorities to suppress the Aboriginal community. This conclusion is based on some of the narratives collected across different tools (thus testing and verifying each other) during the field trip in April 2023.

There is also an element of members of the Aboriginal community identifying concerns that in exercising their rights they risk reprisals against them by authorities. This highlighted the great need not only for access to a lawyer but also the need to build legal awareness, capability, confidence, empowerment, and advocacy skills in both the Aboriginal community and among the ‘trusted intermediaries’ (TIs) namely AWAHS non-legal support staff and professionals who support the community ([Curran 2017](#)).

The key conclusion for this first report which has collected baseline data for later comparisons is the Aboriginal community expresses scepticism about legal services but is prepared to give the BBM service a go if their feedback is integrated into the service model.

Significant challenges emerge from the research. The project will need to grapple with these including overt and covert racism, psychosocial, spiritual, physical, emotional, and historical unresolved grief that the data shows are the ongoing impacts of colonisation, mental health issues, exhaustion, and certain levels of exasperation and powerlessness.

The partners including both the management and staff have demonstrated higher levels of reflective practise already and a willingness to take on board the implications of the data. This bodes well for project. This and progress in Aboriginal perceptions and trust in the BBM will be examined in future evaluations for the BBM project.

RECOMMENDATIONS

More Broadly

1. Need for long-term funding: The funding bodies and the policy makers need to recognise that collaborations and partnerships need to be adequately supported and funded on an ongoing basis rather than a short-term basis or fragmented funding models.

This is in recognition of the findings of this study that building trust needs to be sustained and genuine. Once trust is tested and has been built up overtime, it enables the relationships to traverse and overcome difficulties together. This was evidenced in the Invisible Hurdles Research where it identified services were strengthened between partners overcoming the odds such as those presented by Covid lockdowns and border discrepancies because they had built trust and tested it over time. This project because it has the two common partners in the BBM has meant usual start – up issues in HJP’s have been overcome or quickly resolved due to these established relationships of trust.

2. Integrated service is critical. Secure and stable funding overtime, partners with similar values, and the focus on client- centred and holistic service provision places partners on the trajectory to break through policy impediments building collective voice for changing unfair, inequitable, or unjust laws and policies.
3. Embed reflective practice & evaluation: Research evaluations that are embedded from service start up that include and incorporate in their model participatory, iterative, and reflective opportunities are immensely invaluable. They enable services to think about what they are doing, how they are doing it, what is effective, and what measures are required to make an impact. This evidence can then assess impact and can shape and inform services to recalibrate, reassess and adapt their service delivery models so that they can be more effective and have a greater impact.
4. Listen & be real: That the legal profession (more broadly) takes up the opportunity to hear from the Aboriginal community. Symbolism is important but services and institutions must go beyond the symbolic to match these with practice. Otherwise, it is perceived as institutional ‘hypocrisy’ and diminishes trust and faith in institutions. This includes the courts, the police, and so on moving beyond rhetoric to real positive cultural respect and non-discriminatory practice. The following quote illustrates the importance of genuine efforts:

“A lot of what's happening is tokenistic and visual and it's not real. You could put up the pretty pictures of Aboriginal art you can say it's safe spaces but it's not real. There needs to be real genuine changing in how you interact with us and how the systems interact with us. There needs to be a real effort to understand who we are and what we are and to give us a voice.” (Yarning Circle April 2023)

5. Plain language & be kind: Lawyers need to continue to remember to use a more accessible, digestible language and a simpler terminology. “Break it down into small bits and use smaller simple words and be aware of the need for cultural safety. Be kind - that's key to cultural safety.” (Interview with TIs, April 2023)

6. Take time, give space & be trauma informed: In recognition of the Aboriginal community's distrust in the legal system and therefore lawyers, the legal professional means there is a need to make sure to have enough time and space to build trust and approach clients with a trauma-informed approach.
7. Manage expectations honestly: Delivery on promises needs to occur, managing expectations and being clear and transparent about what is on offer to Aboriginal community, as, if this does not occur trust suffers.
8. Recognition of systemic issues such as racial bias, institutional racism, and the impact of colonialism ought to shape and inform responses to Aboriginal issues if they are to be effective.
9. Institutions need to be transformed in a way that challenges structural racism. Representation for the Aboriginal community is key. One way to address this might be to explore Aboriginal traineeships within HJPs, particularly those that are integrated within ACCHOs (as per Recommendation 11 below) See below for the community's views on this point:

“We need to be represented. We need a justice system of people who fight for us. We need a justice service that helps us come out feeling better about ourselves.” (Yarning Circle April 2023)

“There need to be more black fellas working with black fellas and getting trained in the law. It's good to hear there are more coming forward, but we need a lot more and we need proper support for these people.” (Yarning Circle April 2023)

10. Human Ethics Approval requirements of government departments, universities and other agencies ought to consider the audience for their participant information sheets and consent forms. They need to be able to discern complications emerging from trauma -informed practice and oral traditions that are critical for cultural safety as a part of ethical practice. The feedback from the Aboriginal people in relation to the Yarning Circles was that consent cannot be truly informed if the forms are incomprehensible and are written in a language that is academic, complex, and informed by Western colonial ways that do not align with culturally safe practices. It was seen by Aboriginal participants ‘as another form of colonisation’ and problematic where oral traditions are strong, and literacy may be an issue.

BBM Specific

11. Focus should be given in communicating that the law is ... law is not only about ‘unlawful’ activity or for you when you do something ‘illegal’. Over the next year campaign is needed in communities to demonstrate clearly and simply that the law is an important tool for making authorities accountable, realising rights, protecting people from abuse of power or ineptitude. The data suggests that Aboriginal community and TIs often see law as about criminal law or child removal rather than seeing the law as an important tool for enforcing their rights when their rights are breached.
12. Continuity of care should be central in BBM type projects where mental health and trauma can affect client behaviours, readiness, and ability to act in their own interests due to the intervention of their mental health condition.

13. Lawyers need to be constantly and consistently there for this client cohort of people with mental health and trauma issues, not only when an urgent legal issue arises.
14. BBM will need to be transparent and open about limitations (funding, not having staff to deal with criminal law, for example).

Future Work that is required to make an effective BBM intervention for the Aboriginal Community

15. This section is informed by the findings of this research in 2023 and should inform the identified strategies for the BBM project to operationalise its aims in future years of the project. This will be discussed in the reflective practise conversations in June and July 2023 and any agreements reached will inform the future RIE in its assessments on effectiveness.

Elements identified in this section will be examined in future annual field trips to see whether progress has been made by the partners in these realms. The data collected in relation to this progress will also shape and inform the impact evaluation.

The key elements identified for this work in progress are summarised as follows:

- a. Training in trauma-informed practice and cultural safety, Aboriginal history, and operationalisation of this awareness in the day-to-day practise of the BBM staff and managers is an ongoing need.
- b. Enabling Aboriginal community voice in community development programmes, policy work and enabling them to drive the decision around what this looks like so that they have a voice in how programmes are designed to be more responsive to them and in decision making on matters that affect them.
- c. The legal support team need to focus on developing active listening skills with the Aboriginal community. BBM Legal support staff need to be trained in being aware during a client's narrative of when they are in a heightened state and able to interpret body language and withdrawal. The lawyers will need training and an awareness of how-to pick-up cues from the community so that they do not further traumatise them. Lawyers' traditional legal training tends to mean that in taking client instructions they are focused on organising material, chronology and placing the circumstance of the client into a legal context. Whilst this is an important legal skill, with this client group it can translate as being unconcerned about the client's dilemma and disrespectful. The lawyers will find that if they can build this skill set the clients will feel safer and they will have greater disclosure which means that we'll be able to help clients in tricky situations. This accords with the notion of client centred practise and skills development suggestions have been written up which can support the legal support team.¹
- d. The lawyers and the legal service operations for this particular project given its focus on Aboriginal community and clients with mental health, trauma and well-being issues, will need to move away from the traditional lawyering approach that tends to intervene

¹ Curran L (2021) Better Law for a Better World: New approaches to law practice and education, Chapter 5 Client-centred Practice, 63-78 (Routledge UK Abingdon).

when there is a current legal matter and try to develop a continuity of care model as befits clients experiencing mental health problems and with behavioural issues that can provide blockages and impede readiness for decision making.

- e. The community engagement activity of the project is its critical component. In initial stages of the project, the assessment in triage of clients has assisted in averting delays and problems created due to the need to undertake a conflict check and to make appropriate referrals if necessary. This includes warm referrals or preparing material to assist the lawyer for the client. This is a good starting point. Another key component in the community engagement is the role of community organising in empowering the Aboriginal community.
- f. While the BBM is about gaining access to legal support for immediate legal problems it is also about legal empowerment, so the Aboriginal community have their voices heard in decision making and civic participation. The current further marginalisation of the Aboriginal community because of the negative media connected to the referendum on acknowledging prior occupancy of Aboriginal Australians and the role of a *voice to parliament* in the *Constitution* needs remedial action. The impact on mental health and well-being if the referendum fails needs to be considered. There is an important role for the legal support team in informing the Aboriginal community of this historical and significant proposed legislative change. This is so they can make informed choices on their vote and potential future role in informing policy on their own issues. Identified in the research is a low level of engagement and understanding by the local Aboriginal community on what the referendum is about or even awareness of there being a referendum.

Additionally, social media has led to an increase in racially abusive commentary. This charged atmosphere could have the effect of disempowering community and marginalising further. There is a role given the expertise of lawyers in ensuring accurate information and improving understanding of the law reform processes and working with the health service to ensure that whatever outcome occurs in the referendum vote the Aboriginal community is prepared. A strategy is being developed by the health service partner to better position the Aboriginal community in the current debate so that they can make informed voting choices. The BBM legal support team and the legal service can engage in movement lawyering to galvanise and prepare the community but ensuring they have the confidence, capability, and skill sets needed to be advocates on their own issues.²

- g. Considering the data which challenges the colonised way in which the legal system operates and the lack of trust in the legal system and legal services, including Aboriginal legal services, means that the way in which the legal service operates needs to be driven

² For materials and reading on community organising see <https://actbuildchange.com/blog/10-books-every-community-organiser-needs-tool-kit/?cn-reloaded=1>; Maloney J (2014) 'I feel Empowered, I Know my Rights: Communities empowered by peer educators and para legals'; Curran L (2021) *Better Law for a Better World: New approaches to law practice and education*, Chapter 11 'Community development and professional development, 180-200; chapter 12 'Policy research, submission writing an advocacy for change', 202-219 (Routledge UK Abingdon); Curran L, Taylor-Barnet P and Vernon A (2019) '*Reflecting on community development practice: Working with communities for effective change by enabling access to justice*' with P Taylor Barnett and A Vernon, 19 (1) *Flinders Law Journal*, (July 2017).

by Aboriginal self-determination, autonomy and actively seek to address racial discriminatory practises either formal or informal on which the legal system is based. This will be challenging so checking in with AWAHS and community about what works and does not work will be key in navigating this complex terrain.

- h. Policy work is needed is as a significant component of BBM. The issues identified to date (& including through the field trips) include: the inadequacy of the Stolen Generations Reparations Scheme; the way in which the care and protection system is administered³ to disadvantage people impacted across generations by colonisation; dislocation and institutionalisation. It also includes poor culturally informed practise - problems with the judiciary and their treatment of Aboriginal people appearing in their courts which is not culturally informed, presumptions around a level of understanding that many Aboriginal community do not hold, changing the way that other legal professionals interact with Aboriginal clients, and promoting the model that the BBM project will seek to exemplify.
- i. At an organisational level, the managers and board members also need to continue to build on and engage in cross partnership opportunities. This includes interaction by the management of HRCLS and their Boards with Elders and with training provided by or through AWAHS on trauma and cultural safety. It also includes attending each other 's staff meetings, board members meeting together across the partnership, joining together as appropriate on policy and law reform initiatives, and attending community events. It includes ensuring cultural safety and trauma informed training occurs not only at a staff level but across boards and managements. Also, looking at opportunities for board members to work together to promote and champion this project and encourage replicable models to better reach Aboriginal people who do not have the benefit of the BBM.
- j. A key challenge for both partners will be the capacity of having only two legal support staff and the significant levels of identified need in the Aboriginal community. This needs to be managed very carefully and mindfully using the reflective practise model that this RIE insists upon as a measure of ensuring positive impacts.
- k. The legal system is driven by court dates and timelines and time frames which do not necessarily accord with the mental health and well-being of Aboriginal people. These pressures can lead to further re-traumatisation and relapse in mental health recovery. This is a minefield where lawyers are trying to use their legal skills to alleviate an empower people who have experienced trauma, ongoing impacts of colonisation, discrimination (as identified by all the Aboriginal participants in this research). Combining with this is the view expressed by Aboriginal participants around what the measures are that will lead to the establishment of trust in BBM legal support team and how easily this trust can be lost once gained.
- l. It is going to be incumbent on this BBM project for the legal support team to be clear about what it can and cannot offer. This is to manage expectations whilst at the same time not emulating the sorts of legal support services that the Aboriginal participants have indicated they have lost faith in and will not work with. This is going to be a significant challenge for this project alongside is delivering its legal services in a way

³ Yoorrook Justice Commission Victoria (May 2023) public hearings to examine the child protection and criminal justice systems. <https://yoorrookjusticecommission.org.au/hearings/>

that challenges structural inequality and racism. This research will be monitoring its progress over the next three years in this area very carefully to honour the programme stated commitment to make a difference and empower and alleviate conditions which lead to poor mental health and well-being outcomes for the Aboriginal community. This includes addressing the social determinants of health and justice outcomes.

END OF EXECUTIVE SUMMARY

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BBM 2023 Annual Report

Terminology, Definitions and Abbreviations

Aboriginal	The term used throughout this report to represent both Aboriginal and Torres Strait Islander people. This is the term we have been advised to use for this project as most apt for the local community.
ALS	Aboriginal Legal Service
ANU	The Australian National University
AWAHS	Albury Wodonga ABORIGINAL Health Service
BBM	<i>‘Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS).</i>
HJP	Health Justice Partnership- Health Justice Partnerships see lawyers working alongside health and allied health professionals to reach clients (who otherwise would often not gain legal support) with a range of problems capable of legal solutions e.g., debt, family violence, poor housing, consumer issues, care and protection, human rights, access to services. The aim is by resolving legal problems it also improves social and health outcomes. The clients of HJPs are often complex, have more than one legal problem and a multitude of other health and social welfare problems. They often feel judged and lack trust in services and the strength of the HJP model is that lawyers work with their non-legal supports from different disciplines i.e., Trusted Intermediaries (TIs) with whom they are likely to disclose to support in problem identification and action.
HRCLS	Hume Riverina Community Legal Service
ILP	Integrated Legal Practice
IH	Invisible Hurdles
LANSW	Legal Aid New South Wales

MAC	Mungabareena Aboriginal Corporation
MDP	Multidisciplinary Practice
MH	mental health
NSW	New South Wales, Australia
OP	Other Party
RIE	Research and Impact Evaluation
RPC	Reflective Practice Conversation draws out the valuable knowledge and experience that resides in people's heads that can often be missed in other data collection or information systems. It opens a space for participants to pause and reflect on a range of evaluative elements that can be tailored to the needs of the program, e.g., achievements and underlying success factors, challenges, and areas for improvement, what's working for whom, in what circumstances and why, unexpected outcomes, lessons learned, growth and insight etc.
SC	Secondary Consultations- Secondary consultations are where a lawyer gives one-to-one information or advice in a timely and approachable way to 'trusted intermediaries' likely to have contact with vulnerable and disadvantaged clients. It is an effective way of reaching clients who would otherwise not gain help or advice. The premise is that legal secondary consultations build capacity and confidence in professionals to identify legal issues so they either support a client or, where appropriate, refer clients who would otherwise not get help because of a range of inhibitors. Legal secondary consultations enable people to identify legal issues which if unidentified or unresolved can impact significantly on their lives (Curran 2017, 2020).
TI	Trusted Intermediary Staff -Frontline workers who help and support clients and act as intermediaries to support them gain legal help with legal problems to help clients holistically, so they improve their social, economic and wellbeing outcomes.
VLA	Victoria Legal Aid
YC	Yarning Circle - this tool has been informed by the First Nations Cultural Safety Framework of the Australian

Evaluation Framework (October 2021) and the Indigenous Evaluation Strategy of the Productivity Commission (October 2020). A yarning circle is a harmonious, creative, and collaborative way of communicating in the form of a free-flowing dialogue that encourages responsible, respectful, and honest interactions between participants, building trusting relationships in a safe place so they can be heard and respond or not as they wish. Yarning Circles are designed to allow all participants to have their say in a safe space, without judgement; based on oral traditions and trauma informed practice they allow for participants to come and go and join in when they feel safe.

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Part A Introduction

Racism, Inequality, Discrimination – The legacies of Post Colonisation with trauma, disadvantage, and poor mental health and well-being

Ella Baker, trailblazer of the African American civil rights and human rights activist is attributed with saying, ‘in order to see where we are going, we not only must *remember* where we have been, but we must *understand* where we have been.’ The data emerging from this first annualised report on this research and impact evaluation of ‘*Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) offering legal support for social & emotional well-being*’ (BBM) between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) highlights consistently that there are significant flow-on effects from colonisation and the policies of the *stolen generations*.⁴ These policies remain significant in relation to how they affect Aboriginal people today and ought not to be ignored if efforts to eradicate racism, trauma and human rights of Aboriginal Australians are to be advanced.

This is not unique to Australia. Around the world, colonised communities are still significantly impacted in terms of their life outcomes and ability to advance the sustainable development goals (SDGs), due to the impacts of colonisation on various minoritized populations. This includes ongoing poverty, inequality, poor mortality rates and negative health and well-being. This report is situated within the context of the international research and United Nation’s annualised data which indicates ongoing continuous poor outcomes for Aboriginal people in Australia and for other indigenous communities around the world especially for people of different races, particularly ‘black people’.⁵ This body of international research cannot be ignored in a report that examines the effectiveness of this Health Justice Partnership that aims to improve justice and social determinant of health outcomes for Aboriginal community members experiencing poor mental health and well-being. In addition, the “Black Lives Matter” (BLM) is a worldwide movement which has also shaped recent and similar movements in Australia within the Aboriginal community, particularly considering the ongoing deaths in custody, over policing, and structural racism which has been consistently documented in a range of Royal Commissions and Commissions of Inquiry.

The data collected in this first field trip in 2023 for the BBM, has identified that for this Health Justice Partnership (HJP) to succeed a key part of the role of the justice component delivered by HRCLS will need to challenge, and endeavour to dismantle, structural racism. The powerful

⁴ See for background and video on the Stolen Generation the Healing Foundation web page <https://healingfoundation.org.au/who-are-the-stolen-generations/#:~:text=The%20Stolen%20Generations%20refers%20to,mid%2D1800s%20to%20the%201970s>.

⁵ Patrick Simon, 2021, Discrimination: Studying the racialized structure of disadvantage. In: Ricard Zapata-Barrero (Ed.), Dirk Jacobs (Ed.) and Riva Kastoryano (Ed.), *Contested Concepts in Migration Studies*, London, Routledge, 17; and the Special Rapporteur submits annual thematic reports to the June session of the Human Rights Council (formerly Commission on Human Rights), as well as to the July session of the General Assembly. <https://www.ohchr.org/en/special-procedures/sr-racism/country-visits>

message particularly from the Aboriginal participants in this project is that systemic racism is rife in the day-to-day lives of the Aboriginal participants, and their families.

The participants expressed distrust in all formal institutional structures and service delivery, which presents challenges to this partnership and the legal support staff who are pivotal to the project success.

Evidenced in the data are the prevalence of ‘micro-aggressions.’ These are the ‘indirect, subtle, or unintentional discrimination that occurs against members of marginalised groups.’⁶ Consistent with this international research was that participants identified that having a government or governments who refused to address systemic racism endorses this behaviour. This made many of the participants in this research hold the view that racist behaviours are learned and sanctioned by these institutions so that they have become common place, normalised, and embedded in institutions, particularly the legal system and the administration of justice by police officers, judicial members, and lawyers.

Also consistent with other research was that ‘micro-invalidations’, that is comments or behaviours by ‘white people’ that seek to invalidate or deny lived experience of Aboriginal peoples has led to Aboriginal people themselves becoming fearful of questioning comments or behaviours, being highly sensitive and responding aggressively, or being exhausted and second-guessing what sorts of behaviours might be experienced against them in informal and formal settings. Again, consistent with the UK study⁷ the Aboriginal participants in this research indicated that they believed that this form of micro-aggression became an insidious way of keeping Aboriginal people in their place.

The partner organisations

Hume Riverina Community Legal Service (HRCLS)

HRCLS is based in Wodonga and has a regular presence in Wangaratta, as well as various outreaches, servicing people in 17 municipalities across North-East Victoria and the Southern Riverina of New South Wales – in 2018-19, the HRCLS lawyers travelled 17012km.⁸ HRCLS relies upon funding from grants and Commonwealth and State Government sources. The service began in 1999, founded by local lawyers, and is one of the few cross-border community legal centres in Australia.

HRCLS offers a generalist advice and casework service, with a focus on providing holistic and wrap-around, holistic service for the most disadvantaged in the community. As well as the BBM and Invisible Hurdles Program (IH discussed later in this report), HRCLS places a lawyer at the Centre Against Violence (CAV) & Gateway Health in Wangaratta and Wodonga; runs

⁶ Beth Swords and Dr Ramya Sheni, ‘Brick Wall After Brick Wall: The lived realities and concerns of Black communities in the UK’, ClearView Research Ltd and Black Equity Organisation, February 2022, 16.

⁷ Beth Swords and Dr Ramya Sheni, ‘Brick Wall After Brick Wall: The lived realities and concerns of Black communities in the UK’, ClearView Research Ltd and Black Equity Organisation, February 2022, 19-20.

⁸ Hume Riverina Community Legal Service (HRCLS), Annual Report 2018/19 <https://www.hrcls.org.au/hrcls-publications/>

an outreach service to the Women's Centre for Health and Wellbeing in Albury as well as other locations and partnerships. It also provides community legal education & professional development through sessions and written information, for example, legal fact sheets, 'Bring your Bills days', and Legal Health Checks and more.⁹

Albury Wodonga Aboriginal Health Service (AWAHS)¹⁰

AWAHS is an Aboriginal Community Controlled Health Organisation (ACCHO) and is fully funded by the Department of Health (Commonwealth), Department of the Prime Minister and Cabinet and Department of Health (NSW). The organisation's vision is to 'provide and improve health outcomes for our local Aboriginal community with a range of culturally appropriate, flexible, reliable, professional and viable health and wellbeing services, to strengthen, nurture, enhance and maintain the overall quality of life of our community members.'¹¹ It was founded in 2009 after research and lobbying since the 1990s from the Mungabareena, Wandoo and Woomera Aboriginal Corporations about the need to address the gaps in Aboriginal health.

The services provided by AWAHS span medical, nursing, social and emotional wellbeing, dental, optometry, psychology, dietician, diabetes education, podiatry, occupational therapy, speech pathology, social work, child and family health, chronic disease support, drug and alcohol support, health promotion, stolen generation support, Men's Shed and transport. These services are provided free to Aboriginal people, who in this region come from 50 different Traditional Owner Nations/language groups. From 2018-2019, 2680 community members were seen at AWAHS' main locations or outreaches across Albury, Wodonga, Wangaratta, Bright and Benalla.¹² Aboriginal people come from 50 different language groups. There is some overlap between AWAHS services and that of the Mungabareena Aboriginal Corporation (MAC) but the two organisations have different directions and objectives. There is a Memorandum of Understanding between the two organisations which has routinely been revised.

About this research

This is a Research and Impact Evaluation (RIE) of a program entitled '*Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) offering legal support for social & emotional well-being*' between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS).

This RIE forms a part of an NSW Government funded service program that is ongoing and a part of the 'National Partnership Agreement' between governments as Federal and State levels and the legal assistance sector in Australia and is funded under the 'mental health stream'. In

⁹ Ibid.

¹⁰ Albury Wodonga Aboriginal Health Service (AWAHS), <https://www.awahs.com.au/>

¹¹ AWAHS Vision Statement, <https://www.awahs.com.au/about/vision/>

¹² AWAHS Annual Report 2019, CEO Report.

early 2022 the NSW Government granted Upper Murray Family Care (through its program the Hume Riverina Community Legal Service (HRCLS) funding to work in partnership with the Albury Wodonga Aboriginal Community Controlled Health Service (AWAHS) in a Health Justice Partnership (HJP) focusing on AWAHS's Aboriginal clients who are affected/impacted by poor mental health. Author one was involved in the preparation of the content for the funding bid in late 2021. This included incorporating the extant research and co designing the funding submission based on detailed discussions with staff of both agencies including Aboriginal staff about what the health justice partnership should look like, the design of the research that most suited the context of the proposed service programme namely, mental health and well-being services to the Aboriginal community (which was identified as the most critical and pressing need) in the relevant catchment area. This included gathering demographic data and culturally informed practise. NTU using its key personnel (author one) was approved and appointed as the Higher Education Institution that would be conducting this in March 2023. Author two is a research assistant employed by NTU until September 2023 and project partners were happy for her to support the project and co-author of this report.

This RIE has been embedded from service start up including in the way the funding application was designed. The BBM HJP is to go for up to four years (2025-26) however, the last months of funding may need to be extended on advice from the department (noting as well, that due to recruitment delays, full-service delivery of the project did not commence until February 2023).

The funding body requires that the research evaluation includes bi-annual/annual reports to staff, boards, and any advisory body. Reports produced routinely on progress with debriefs to staff, community & management will shape and inform developing practice and align with impact/outcome measurements including social determinants of health and justice impacts.

HRCLS has been working in this way since 2015/16 and have maintained the same evaluators, primarily author one, using her methodologies and approach in its 'Invisible Hurdles' (IH) Program which seeks to assist young people at risk of family violence with their legal problems through integrated legal and multidisciplinary practice. That program also partners with AWAHS but in addition to this Aboriginal health setting, works with education (Flexible Learning Centre) and a youth homelessness service (NESAY). This study has informed and will also shape the BBM RIE as it is leading to rich data and a longitudinal independent study (rare in the Australian legal assistance sector) examining effectiveness, outcomes, and impact. The study combines service-delivery with embedded evidence-based approaches to research and evaluation. Outcomes are measured through evidence-based practice, multi-disciplinary reflective practice debriefs and evaluative frameworks that enable continuous learning, development, and improvement throughout the HJP and professional development shaped by identified need. Using this blend of evidence base & service, it will aim to leverage long term funding beyond 2025-26.

Context for this research

Aboriginal and Torres Strait Islander people experience a higher rate of mental health issues than non-Indigenous Australians with deaths from suicide almost twice as high; hospitalisation rates for intentional self-harm 2.7 times as high and a rate of high/very high psychological distress 2.4 times as high as for non-Indigenous Australians.

Social, historical, and economic disadvantage contribute to the high rates of physical and mental health problems, adult mortality, suicide, child removals and incarceration, which in turn lead to higher rates of grief, loss, and trauma. 31% (45,800) of Aboriginal Australian adults are recorded as having high/very high levels of psychological distress¹³ It is estimated that 84% vulnerable and disadvantaged people do not seek help from legal experts with their legal problems.¹⁴ The research suggests that these people are likely to turn to health and allied health supports with problems.¹⁵

Many Aboriginal people experience trauma, multi-generational distress and have significant social and economic difficulty, as well as feeling that their voice is not heard. In addition, systems and solutions are often alien to their lived experience or not designed to incorporate their diverse situations. This can trigger or exacerbate poor MH.¹⁶ By working together, these are some of the issues that this project will seek to tackle.

The importance of addressing MH and trauma was confirmed in the interviews with trusted intermediaries:

“So many people in prison. They feel a sense of abandonment; trauma impacts on how they behave. They have alcohol and drug issues, they engage in self-sabotage... homelessness, levels of crime in prison and of course significant financial issues [impact them]. Therefore, the needs are great. BBM is going to have a form of stronger bond if it's going to make life changes which the programme seeks to. You're going to have to ensure that you engage in longer engagement than lawyers usually do and that there is a continuum where you are there. Community members will have setbacks, they will resort back to existing behaviours and often they won't take advice. You need to be patient and you need to listen. The more you help and support them reach their goals and resist the blaming of their behaviour that can often be destructive the more likely they will be to trust you over the long term, and you can make inroads into their mental health and trauma.”

Literature on trauma-informed legal practice

¹³ 2018–19 National Aboriginal and Torres Strait Islander Health Survey (Health Survey) at <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>.

¹⁴ Coumarelos C et al (2012) ‘Australia-wide Law Survey’ at <http://www.lawfoundation.net.au/ljf/app/6DDF12F188975AC9CA257A910006089D.html>

¹⁵ Curran, L (2017) A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services (ANU). <https://ssrn.com/abstract=3076407> or <http://lcclc.org.au/wp-content/uploads/2017/11/HJP-full-and-final-report.pdf>, Pleasence, P, Balmer, NJ, Buck, A, O’Grady, A & Genn, H 2004a, ‘Civil law problems and morbidity’, *Journal of Epidemiology and Community Health*, vol. 58, no. 7, pp. 552–557.

¹⁶ Maria Karras, Emily McCarron, Abigail Gray & Sam Ardasinski, 2006, ‘On the edge of justice: the legal needs of people with a mental illness in NSW’. NSW Law Foundation [http://www.lawfoundation.net.au/ljf/site/articleIDs/CB05FD97AAF2458CCA25718E00014293/\\$file/EdgeOfJustice.pdf](http://www.lawfoundation.net.au/ljf/site/articleIDs/CB05FD97AAF2458CCA25718E00014293/$file/EdgeOfJustice.pdf)

Author one facilitated staff training in evaluation, reflective practise, and trauma informed practise of the BBM team in March 2023 prior to the field trip in April 2023. She also circulated a summary of the literature by author two in relation to mental health service provision and trauma informed practise in general and specific to Aboriginal service delivery to help inform new staff (included below). This summary has been used to guide the researchers and the legal support staff as well as the managers of HRCLS. It is noted that although the literature was circulated to the managers of AWAHS, they are already experts in relation to matters involving cultural safety, trauma informed practise and mental health service provision in the context of Aboriginal health service.

The literature summary which was used is replicated in Appendix 1 not only for the purpose of explaining the literature but also as it is a useful tool for others trying to replicate this sort of research and HJP programme design into the future.¹⁷

How the program works

Under this program AWAHS and HRCLS will provide services in an integrated HJP to alleviate some of the conditions that see people's mental health deteriorate, empower clients, and offer hope. The funding has enabled HRCLS to recruit in late 2022/early 2023 two full time staff members to work in this HJP. This includes a lawyer and a community and legal engagement worker. Both partners were involved in the recruitment of these staff members with the community & legal engagement worker starting in December 2022 and the lawyer commencing her position in late January 2023.

HJPs seek to reach the most marginalised groups of people and those ordinarily hard to reach. This cohort often has multiple legal needs (often between 5-10 legal problems) and complex, and often cascading, entrenched problems.¹⁸ HRCLS and AWAHS seek to work together to better support these clients in ways that they would not be able to do so separately.

¹⁷ Mental Health Commission of New South Wales & Mental Health Commission of New South Wales. (2014) "Living well: a strategic plan for mental health in NSW 2014-2024; Karras, M., Mccarron, E., Gray, A., & Ardasinski, S. (2006) "Access to Justice and Legal Needs: On the Edge of Justice" *Law and Justice Foundation of New South Wales*; Pleasence, P., Wei, Z., Coumarelos, C. (2013). "Law and disorders: illness/disability and the response to everyday problems involving the law" *Updating Justice*; Southwestern Sydney Local Health District. (2016) "People with Disability in Southwestern Sydney; Health Justice Australia (2018) 'The rationale for health justice partnership Why service collaborations make sense', Joundi, T. (2021) "Trauma-Informed Lawyering" *Hameed Law*; Golden Eagle Rising Society. (2020) 'Trauma-Informed Legal Practice TOOLKIT'; Jenkins, C. (2021) "What does it mean to be a trauma-informed lawyer? How can we help?"

¹⁸ Christine Coumarelos, Deborah Macourt, Julie People, Hugh M. McDonald, Zhigang Wei, Reiny Iriana and Stephanie Ramsey, (2012) 'Access to Justice and Legal Needs Legal Australia-Wide survey: legal need in Australia' (New South Wales Law and Justice Foundation, Sydney) [http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/\\$file/LAW_Survey_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf) accessed 1 May 2017.

Nigel J. Balmer and Pascoe Pleasence, Tienielle Hagland and Cosima McRae (2019) 'Law What is it Good for' *How People see the Law, Lawyers and Courts in Australia*. Melbourne, Victoria Law Foundation <http://content.victorialawfoundation.org.au/wp-content/uploads/2019/10/Law-What-is-it-Good-For-Report.pdf> ; Balmer, NJ, Buck, A, Patel, A, Denvir, C & Pleasence, P 2010, *Knowledge, capability and the experience of rights problems*, Plenet, London.

Staff

A full-time lawyer collaborating with Albury Wodonga Aboriginal Health Service (AWAHS) mental health (MH) workers will be delivering an integrated HJP including onsite advice, casework, secondary consultation (SC) and a referral service at AWAHS for justice dimensions of client problem solving.

The full-time paralegal/ community development/admin support (the Community & Legal Engagement Worker role CLEWS) will help build partnerships, develop relationships and trust, undertake community legal education (CLE), professional development (PD) and policy and law reform informed by 'on the ground' insights and support lawyer.

The BBM RIE is an embedded, culturally safe evaluation until 30 June 2025 and has a cultural advisor.

Service Model

AWAHS and HRCLS aim to work in an integrated HJP to alleviate some of the conditions that see people's MH deteriorate, empower clients, and offer hope. It is integrated in the sense that it involves services from different disciplines working closely together to focus on the clients' problem using their different skills. It is also integrated in the sense that the community legal service in its advice, casework, secondary consultation, referral work, community and professional development and policy and law reform work integrate the information so that they can be a responsive service. For example, if HRCLS sees repeated trends and ongoing problems with the law and its administration in their casework this then shapes and informs their community development and their professional development work alongside their policy and law reform work. This means that community development, professional development, and policy reform are all grounded in the lived experiences of clients for whom the legal service acts. This model is unique in the world's legal assistance sector with its integrated legal support model. It has been effective in early intervention and prevention of legal problems and improving poor laws under a funding model since their emergence in the 1970s.¹⁹

This model of legal assistance service in Australia sees core funding within the one service, in recognition that the best utilisation of limited resources is to try to avert fragmentation and

¹⁹ Noone M, Tomsen S (2006) *Lawyers in Conflict: Australian lawyers and legal aid*, The Federation Press and Victoria Law Foundation NSW, Australia; Curran L *Making the Legal System More Responsive to Community: A Report on the Impact of Victorian Community Legal Centre Law Reform Initiatives*. Research and Report (2007) funded by the Reichstein Foundation. ISBN 978 – 0-646-47603-2; Curran L (2013) 'Solving Legal Problems: A strategic approach', March, 2013 <http://consumeraction.org.au/new-report-solving-problems-a-strategic-approach> or http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2297705; Curran L (2015) 'Valuing the Work of Community Lawyers' to Resolve Systemic Problems – The Productivity Commission Report on Access to Justice Arrangements in Australia', 2015, Oxford Human Rights Hub, Faculty of Law, Oxford University, <https://ohrh.law.ox.ac.uk/valuing-the-work-of-community-lawyers-to-resolve-systemic-problems-the-productivity-commission-report-on-access-to-justice-arrangements-in-australia/>

siloed service delivery that can flow from separating out these core operations through joined up service types. In addition, legal centres (supported by specialist legal centres) can provide legal advice, information, representation, and support in response to an array of general problems all in one location. This commonly includes family violence responses, consumer law, housing and homelessness issues, social security problems, discrimination, criminal law, civil fines and enforcement, debt and so on.

The provision of all services in this integrated way avoids problems with the referral roundabout as people gain help with an array of their problems in one location using different responses to address need and injustice and lack of empowerment. This contrasts for example with the models for legal assistance service in the United Kingdom and NZ which are often 'contracted out' according to problem type or the type of services offering an array of private firms and charities, causing splintering and an array of navigation problems.

The BBM HJP has the lawyer and CLEW (both full time) embedded with the Social & Emotional Wellbeing (SEW) Team of AWAHS working onsite at Albury/Glenroy (and available to staff at Wodonga) for 3 days per week providing timely, responsive legal support to AWAHS clients, working collaboratively to address their MH and other cultural/social needs as well as providing information, secondary consultations (SC) and referrals to AWAHS staff. (This may include outreach to mental health facilities, as needed). The remaining two days (at HRCLS' office, will provide space and time for the complex casework that will arise, while still being available to clients and staff via phone.

The CLEWs role is aimed at building the partnership and seeking to build connections through reaching out to those gathering at the men's shed, women's circle and mum's groups. By attending cultural activities and working alongside the AWAHS team, the CLEW will develop ways of reaching this cohort of clients in a culturally safe and trust establishing ways. Community Legal Education and staff Professional Development and policy reform are an important part of this role, extending reach, building capacity and engagement. This will be measured for its effectiveness in the RIE.²⁰

Working in such an integrated way will focus on the client as a whole person, seeing their legal problems as not isolated from their social, emotional, cultural, and wellbeing/mental health needs.

Geographical location and context of BBM in Australia

In the geographical area and the AWAHS catchment there are 'high or very high levels psychological distress in the 10 Kessler categories experienced by the Aboriginal population (Health Stats NSW).

²⁰ Taylor- Barnett P and Curran L (2021) *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* Produced for the Hume Riverina Community Legal Service; Albury Wodonga Aboriginal Health Service; Northeast Support & Action for Youth & Wodonga Flexible Learning Centre, ANU. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295

Over 60% of clients seen in 2020-2021 (in the IH program) at AWAHS indicated mental health or disability factors. This is an increase of nearly 20% from the previous year and nearly 30% from 3 years prior. As a result, the emphasis in this HJP is to focus support on those with mental health needs/conditions and to increase capacity to service their legal need.

This service model and the research approach to evaluating it, has been a collaboration, co-designed by HRCLS & AWAHS. It is a response to the significantly high numbers of Aboriginal people with MH problem in the HJP catchment often alongside compounding and complex other problems.²¹

Ethics

Ethics approval has been granted for the research evaluation by the Nottingham Trent University (NTU). As the field research is occurring in Australia it is also aligned with Australia's *National Statement on Ethical Conduct in Human Research* (2007). Approval for the methodology and approach and tools has been sought from the partner. Ethics approval for this BBM program, follows the AWAHS ethics approval process which requires Board level approval. In addition, in recognition that this program involves First Nations' people the design has been informed by the Australian Society of Evaluators *First Nations Evaluation Framework* (2021) and the *CD Evaluation Framework for First Nations* (2021). There is also a detailed Data Management Plan (DMP) that sits within the research, and with NTU Ethics approval.

HRCLS complies with the *Risk Management and CLC Practice Guide* and the Federation of CLCs *Integrated Practice Toolkit: A Guide to Help Understand Privilege and Mandatory Reporting in Integrated Practices*.

There is a program cultural advisor from the Aboriginal community who advises and looks at draft reports and data results, finalises tools and recommendations to make sure they are culturally appropriate. There is also an Advisory Group for the project which includes senior management from HRCLS and AWAHS.

The field research follows COVID pandemic guidelines that are in force in the relevant states of NSW and Victoria. Considering the high risk of COVID in Aboriginal communities the yarning circles, focus groups, interviews, reflective practise meetings and debriefs will be conducted where possible outdoors and undercover. Planned physical attendance onsite at AWAHS may also need to be adapted from time to time, given health and other COVID protocols/sensitivities.

Evaluation advisers

The authors appreciate the guidance provided by Ms Judith McDonald of Watnanda Consulting. Ms McDonald is an Aboriginal Elder who provided pro bono cultural advice in Stage I of the

²¹ Karras, M, McCarron, E, Gray, A & Ardasinski, S 2006, *On the edge of justice: the legal needs of people with a mental illness in NSW*, Law and Justice Foundation of NSW, Sydney

BBM program on the research evaluation tools and instruments and reports, which accorded with ethics approval.

‘Advisory Group’ Members for this RIE include the AWAHS CEO, Operational Manager and the Manger of the Health and Wellbeing Team (HWBT) and the HRCLS BBM & Invisible Hurdles Program Manager, Operations Manager and the HRCLS Manager. Legal Support staff (CLEW and BBM lawyer) may sometimes attend part of the group meetings as well to provide data, reports and case studies and updates but in line with legal professional client confidentiality requirements.

Research Methodology

The researchers for this research and impact evaluation have been very mindful in the way that they conduct this research to use approaches which continue to decolonise participants and look at self-determination. For this reason, it is not the views of the agencies delivering the HJP that have shaped and formulated the main findings and recommendations for this report, but the authors have continued to go back to the views expressed and the perspectives of the Aboriginal participants and cross referenced these to double check that the findings and recommendations resonate with what the data from Aboriginal participants suggests.

Author one generally uses participatory, co-designed and action research as her underpinning research and evaluation philosophy. This is discussed in more detail below. The research on evaluation and good practise supports that action research is appropriate in the context of research such as this.²²

Theory of Change/Program Logic

The *Theory of Change* or *Program Logic* in this Research Evaluation Framework provides a framework to guide, plan, and mindfully track and improve/maximise service impact and capture it through embedded research and evaluation. Author one notes there are limitations in using theories of change.²³ Due to this, flexibility and recalibration based on the evidence and impact measurement will be occurring. It is stressed that this Theory of Change is a guide only.

Impact can be facilitated, and reflective practice enabled, with multiple tools used over time to measure, and evidence impact or track the trajectories and non-linear positive outcomes and assess contributory factors that lead to impact. These can often take time to occur and so in the final year of this research a reflection on the previous three years will occur for BBM at the end of 3-4 years as it did in the IH research after seven years.

²² Evans M, Miller, Hutchinson P, & Dingwall C (2014) ‘De-colonising research practices: Indigenous methodologies, Aboriginal methods, and knowledge/knowing’. In P. Leavy (Ed.) *Oxford Handbook of Qualitative Research*, 179–191. <https://doi.org/10.1093/oxfordhb/9780199811755.013.019>

²³ Bayley, S. (2023) *Approaches to National Policy Influencing: Theory of Change for Policy Influence*, unpublished manuscript for the National Indigenous Australians Agency, Canberra.

The Theory of Change (ToC) was requested by the HRCLS to sit within the BBM Research and Evaluation Framework for the service to help it along the way, to be clear on what is being done, why it is being done, to reflect, recalibrate, keep on track, compile evidence to shape and inform practice, adapt and be flexible to different contexts to effect the desired change.

The Change this BBM HJP Seeks to Achieve

The funding application (also informed by Aboriginal community professionals consulted in the preparation of the submission) notes that this HJP aims to bring legal support services to safe places where people are likely to turn to for help and to build the capability of health services to be able to identify problems capable of legal solution or intervention that may prevent problems from escalating to provoke mental distress.

The data from the IH longitudinal study in a program that examined integrated service and multidisciplinary practice from (2016-2022) with young people experiencing family violence and other problems in North- East Victoria suggested that the model was effective in this regard (Taylor-Barnett & Curran 2021). Using and building on the IH methodology, the BBM will look at opportunities for earlier intervention and prevention of escalation to the exacerbation of MH by providing a justice lens and working alongside the MH/SEW team to identify and step in early through secondary consultations (SC). which will have a downstream effect as well. Often clients are too traumatised to seek legal help, but by using SC ‘borrowed trust’ and legal health checks, referrals occur.

The nature of this program will be assessed in the research to see if the service provided to the Aboriginal community through the BBM provides a forum for Aboriginal community members experiencing MH problems to have their voice heard through the community development approach being undertaken (e.g.: at men’s shed, women’s circle and mum’s groups). The legal support works alongside the SEW team (addressing issues such as debt, consumer issues, housing, family violence, fines, victims of crime). This enables avoidance of these known psychological stressors to provide a wrap-around service that addresses client’s legal and MH concerns and will go a long way to meeting the needs of this community. In future years 2-3 of this research, this will be measured.

This RIE (as indicated in Diagram A below) sets out the plan and steps to measure change including effectiveness, progress and the building of an evidence base to shape and inform service delivery, replicable models and to learn from what works well and why or why not. Later this document outlines the tools the research evaluation utilised to collect and analyse the data to draw conclusions, findings, and recommendations.

Diagram A²⁴

From *Better Evaluation*:



Source: Kazimirski, A., & Pritchard, D. (2014) *Building your measurement framework: NPC's Four Pillar Approach*. NPC New Philanthropy Capital: https://www.betterevaluation.org/en/resources/guide/NPC_impact_measurement_framework

ToC Context for the BBM

Legal problems have a detrimental impact on the health, safety and wellbeing of many children and young people experiencing disadvantage whom recent research identifies as specifically currently have difficulty accessing a lawyer. Unlike the IH program this BBM is not focussed specifically on young people but has as its focus Aboriginal community with mental health and trauma issues. Disadvantaged people only consult lawyers for about 16% of their legal problems. A key access point for individuals who often have many and difficult legal issues are 'trusted intermediaries' such as the health profession, allied health professionals and cultural supports at AWAHS.

Mapping Progress in bringing about change and impact.

Information gathered for this study (starting with the collection of base line data in 2023 in this first annual report) will document and find out if this 'BBM' HJP and its collaborative, multi-disciplinary approach to problem solving can be effective in engaging and reaching individuals experiencing issues.

²⁴ Kazimirski, A., & Pritchard, D. (2014) *Building your measurement framework: NPC's Four Pillar Approach*. NPC New Philanthropy Capital: https://www.betterevaluation.org/en/resources/guide/NPC_impact_measurement_framework

Scott²⁵ has noted three key elements are needed in impact evaluations:

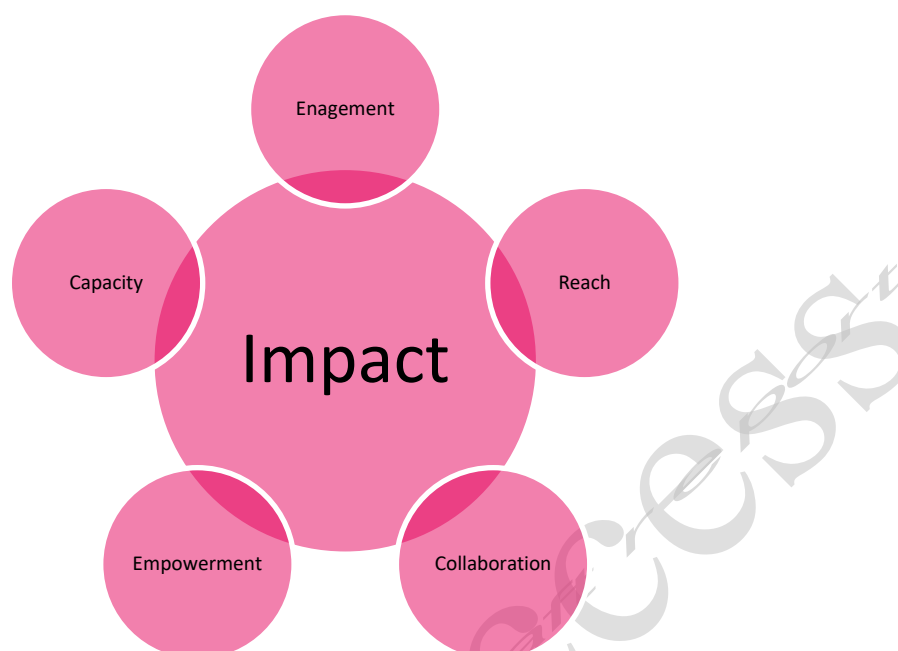
1. Time ordering with actions/interventions occurring before impact.
2. Demonstrated association between the agency doing the action and the outcomes being claimed.
3. Rule out/ or explain other effectors.

Specific to this BBM HJP ToC is how interventions and engagement with the HJP of people with issues around mental health, wellbeing, trauma, and who are often likely to be excluded and have little voice are better able to experience empowerment, navigate complexities of the legal process, identify issues as having a legal dimension that might assist in solving their problem, and have positive outcomes in justice and social determinants of health.

Diagram C below is relevant to the BBM HJP ToC which incorporates the key elements/benchmarks or proxies this HJP seeks to achieve (consistent with the previous IH study) and improve and includes the values important to AWAHS and HRCLS that drive its work. Namely:

- Reach
- Engagement
- Capacity
- Collaboration
- Empowerment

²⁵ Scott Bailey (2023)' Help I'm doing an Impact Evaluation- what evidence do I need' Seminar for the SA Division of the Australian Evaluation Society, 26 June 2023. PowerPoint slides. Not published.

Diagram B HRCLS Theory of Change © Dr Liz Curran**Indicators for the Key Benchmarks above**

- holistic service
- confidence
- capability²⁶
- impacts on wellbeing and the social determinants of health (including stress, hope, cultural respect, and anxiety levels)
- Changes in practice and behaviours
- Justice and social determinant of health outcomes
- enhanced decision-making (at an individual, community, organisational and policy & decision-making levels)
- autonomy and self-determination.

These key benchmarks and the indicators used help the primary researcher (author one) track and measure the project's effectiveness and attainment of its progress to demonstrate impact, effectiveness, relationships, reduction of barriers, necessary change and empowering and strengthening agency and autonomy for clients through leveraging resources and trust within the AWAHS and HRCLS partnership.

²⁶ P Pleasence & NJ Balmer (2019) 'Justice and the capability to Function in Society' Winter 2019 *Journal of the American Academy of Arts & Sciences*, doi:10.1162/DAED_a_00547 140- 148. doi:10.1162/DAED_a_00547

Diagram C

BBM Desired Outcomes and Change (informed by Casey).

Annie E. Casey Foundation *Making Connections* Theory of Change

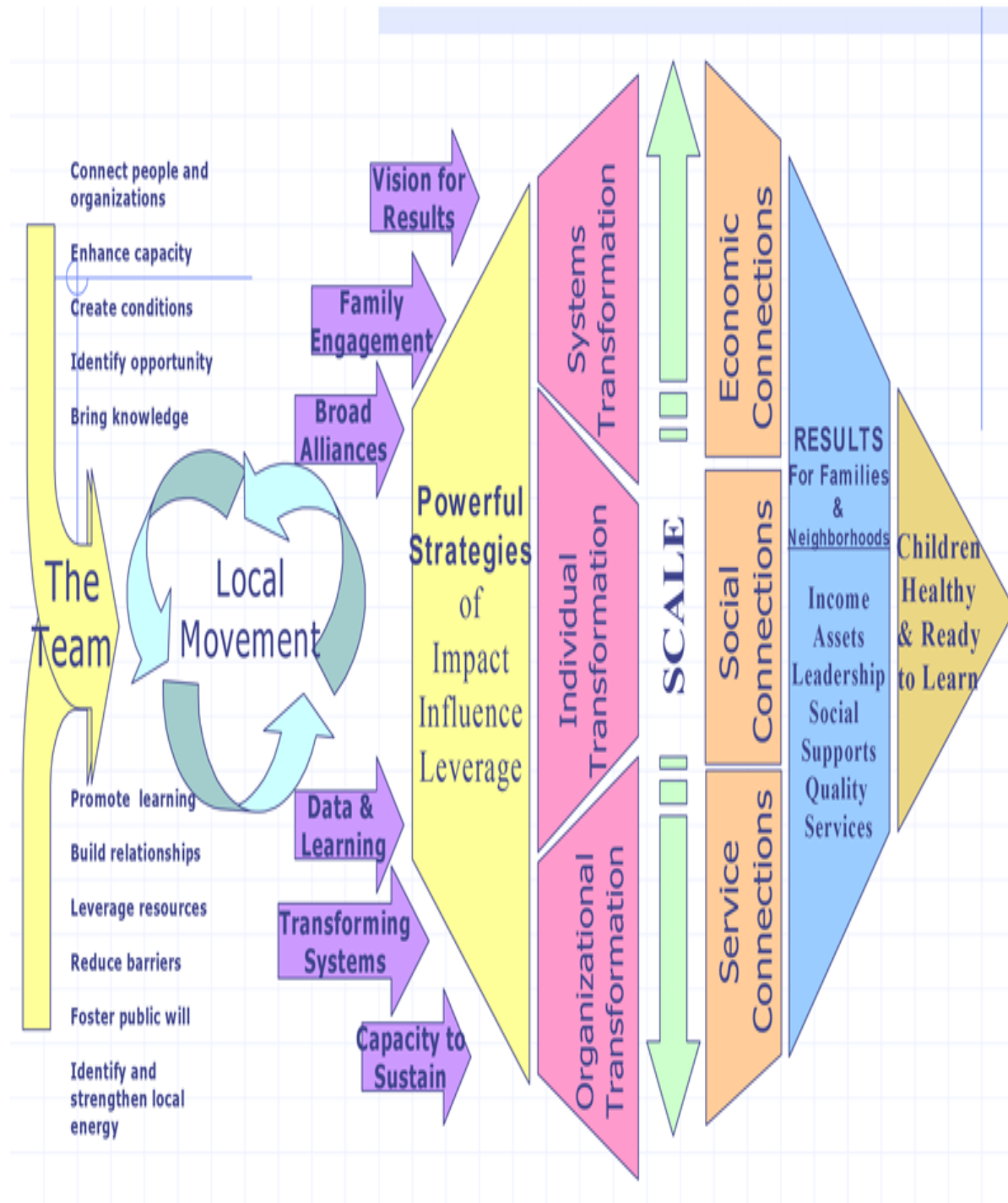


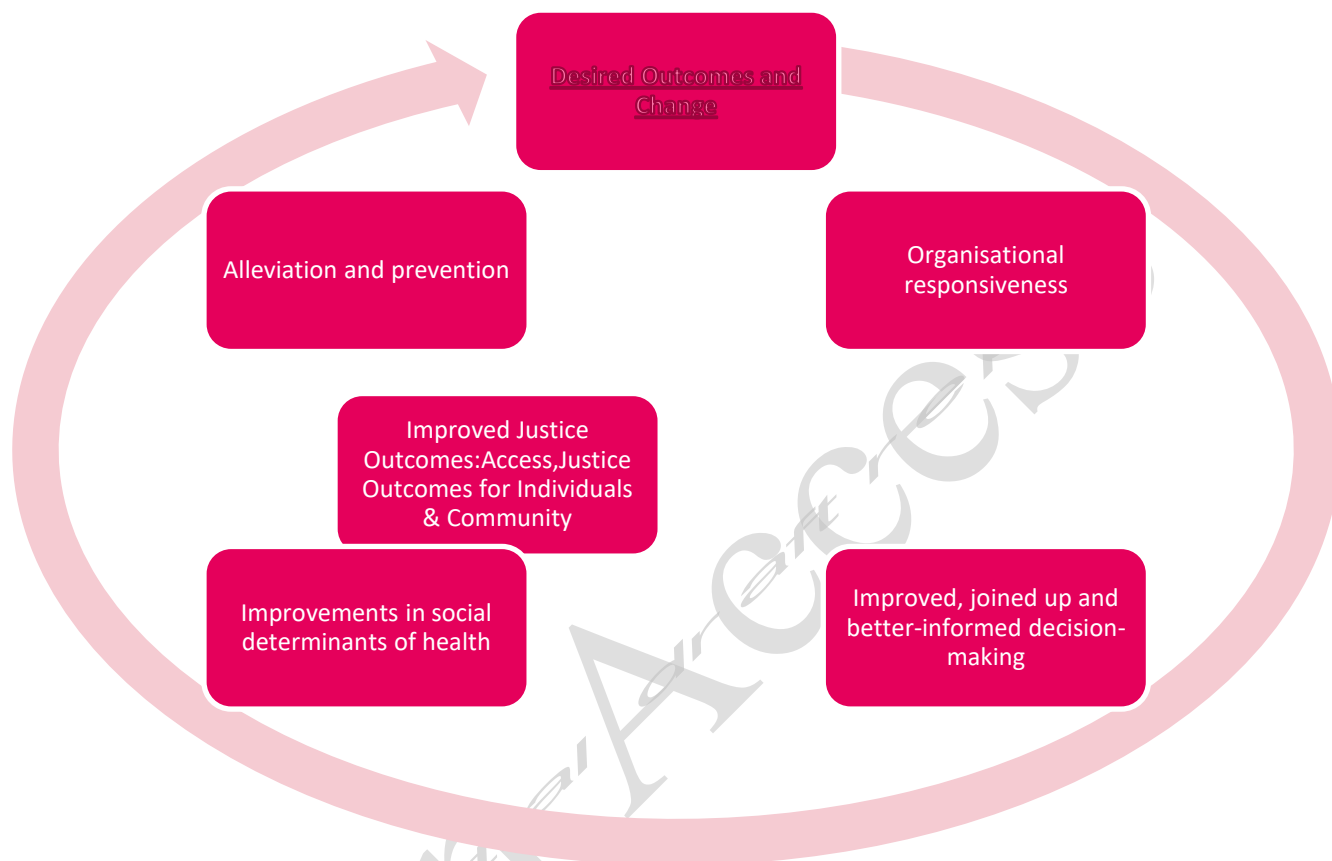
Diagram D BBM Desired Outcomes and Change © Dr Liz Curran

Diagram D (above) summarises the desired outcomes and change. Through early intervention and integrated service delivery it is envisaged that alleviation and prevention of some of the conditions that see people's mental health deteriorate will occur because of greater support with their civil law and associated legal problems that can increase stress and anxiety. It is also hoped that by having legal help earlier there will be improved, joined up and better-informed decision-making by individuals, practitioners, and decision-makers.

This model, because it is funded for 3-5 years, enables progress to be gauged along the way as well as comparisons over time on the extent of reach, improvements in engagement, capacity, capability, confidence, collaboration, empowerment, and impacts on social determinants of health²⁷ (including stress, hope and anxiety levels) and specific to this project, enhanced

²⁷ The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. It can include these aspects or a combination of them: Income and social protection, education, unemployment, and job insecurity, working life conditions, food

decision-making (at an individual, community, organisational and policy & decision-making levels). It also enables the programme to consolidate and build on its strengths, identify pathways and new areas for specialisation or linkages to specialist supports that can inform service delivery and organisational responsiveness, capturing new and effective innovations.

The RIE examines how the 'BBM' HJP improves legal, health and social outcomes (including wellbeing) for Aboriginal people using this range of approaches and the growth in the understanding of how to address legal and MH issues in a timely, culturally sensitive, and appropriate way.

HRCLS has been embedding research and evaluation in its approach to service delivery since 2015. Author one was asked by the partners to continue her embedded research and evaluation in service delivery/ outcome and impact measurement for this BBM as the participants are familiar with it and trust in the methodology exists. In addition, the partners identified that by continuing with the similar methodology to the IH longitudinal study in the new BBM project, research will allow comparisons to be made and build the evidence-base in the context of limited funding of research and impact evaluations of legal assistance services in Australia. However, this research has been recalibrated and further examined through the lens of trauma informed practise and cultural appropriateness. A further literature review was undertaken in MH, trauma, Aboriginal cultural safety and methods to extract deeper narratives from these perspectives. This was to build on the extant knowledge that informs and shapes this research. Accordingly, some of the tools have been adapted and further questions were included. One of these innovations includes the client journey mapping that is detailed below.

Quantitative and qualitative indicators on impact, tailored to the nature of the clients and services being delivered, are used with multiple tools to cross-reference, enable comparisons and test and verify the data against each tool. The model with regular annual field trips in three - four years of the HJP. This enables comparisons over time on the extent of reach, improvements in engagement, capacity, capability, confidence, collaboration, empowerment, and impacts on social determinants of health (including stress, hope, and anxiety levels) and specific to this project, enhanced decision-making (for individuals, community, partner organisations and policy decision-making.²⁸

As noted, the Invisible Hurdles (IH) Program Evaluation methodology is used following a HRCLS & AWAS partner decision in February 2022. This builds the measures of impact and outcome across multiple projects and for this BBM project as it has a trusted, familiar evidence base that can be built on and reflecting the need to reduce organisation burden. IH provides an existing longitudinal research study since 2015 and is enabling comparisons and cross

insecurity, housing, basic amenities and the environment, early childhood development, social inclusion, and non-discrimination, structural conflict, access to affordable health services of decent quality. (Source: World Health Organisation) https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

²⁸ See Curran L & Taylor-Barnett P (2019) 'Evaluating projects in multifaceted and marginalised communities: The need for mixed approaches, Evaluation Journal of Australasia Volume: 19 Issue: 1, pp: 22-38. <https://journals.sagepub.com/doi/abs/10.1177/1035719X19832688>

referencing due to its being an established methodology to measure impacts and its historical connection to this BBM project.

This BBM HJP is informed by co-design with partners and cultural and respectful engagement and co-design with Aboriginal people and exigencies of the client group and issues in mental health service delivery, as well as client health and wellbeing.

A new, cutting edge and innovative design and tool is being integrated into the research evaluation to measure 'avoided costs' broader than narrow economic paradigms as is often customary because of the project's interventions and a literature review of extant measurement will be undergone in Phase One (see below). In addition, the action research, reflective and iterative nature of the research enables tweaks to design.

Service Data and Systems to Support the Research

HRCLS already has processes for reporting service outcomes not only to their management and board but also to staff and the Advisory Groups on its projects.

HRCLS routinely collect and record specific data for their various funding administrators and funders. These are shared for analysis by the authors by HRCLS. In addition to this, research evaluation reports on an annual basis will be provided by HRCLS to funders, as required

The project is supported by:

1. a detailed project plan,
2. individual HRCLS staff workplans
3. reflective practice (including a specific trauma-informed lens) built into staff supervision
4. regular project & partner meetings to advise on overall implementation of project and
5. The RIE framework (developed by author one in dialogue with the project partners see discussion phase one below).

HRCLS has recorded data in CLASS but in 2023 is transferring to a new data collection platform Action Step. Data needs to be used to report to the National Partnership Agreement with its requirements of accountability. In addition, nuanced data collection is needed for this BBM to be able to drill down and examine vulnerabilities including MH. HRCLS has already been collecting additional data through IH for author one's evaluation that examines secondary consultation, effectiveness of community development work and impact of policy work that is done in collaboration with other partners and vulnerabilities which will also occur for BBM. This also includes community development and policy work within the BBM project's remit and so this also needs impact evaluation.

Phase One: Participatory Co-design

A critical element in this RIE is its collaborative, participatory and co-designed approach. Diagram B (above) guides conversations.

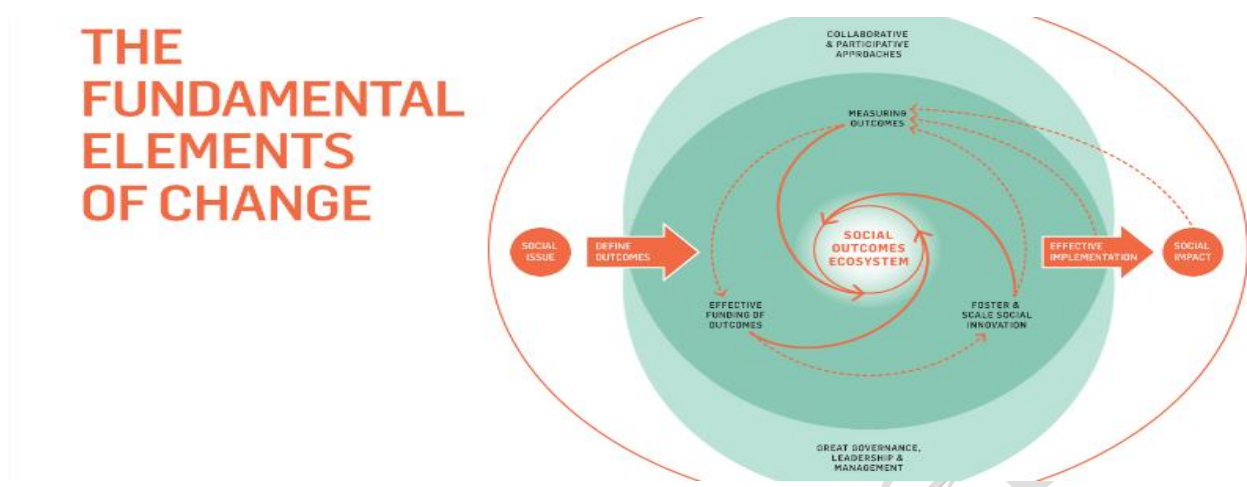
Although the BBM builds on the research approach and methodology in the ‘Invisible Hurdles’ longitudinal study (see below) the initial set of participatory conversations that shaped the RIE in *the first phase* included:

1. In preparing the funding submission, research was undertaken with the partner agencies and staff to find out what a good and effective program might look like and the elements they thought would be critical. This fed into the design of this evaluation and service model.
2. A review of recent literature on mental health approaches, ‘avoided costs’, impact, and outcome research methods and engagement strategies with Aboriginal community to ensure cultural safety, trauma informed research methods and to ensure this study is up to date, robust, realistic, and rigorous.
3. A series of Reflective Practice Conversations (RPC) with operational leaders and management and the executive teams of each partner (AWAHS & HRCLS) in February 2022 and staff debriefs after data collection in Field Trip 1, 3- 6 April 2023
4. Establishment of regular partner meetings and operation meetings and RPCs at worker level at pertinent program points (TBC)
5. Input from the Cultural Adviser to the project at relevant points.

The Reflective Practice Conversations facilitated by Dr Curran (author one) who kept handwritten notes explored:

- What would be the appropriate data to collect throughout the project (keeping in mind the need for a low burden on staff, given existing caseloads and commitments and the stretch of community service agencies)
- How to best evaluate the project,
- How to engage the target client group and
- How the project might obtain valuable input from the staff and client group of their experience of the BBM HJP - mindful of ethics considerations.
- If they would be able to participate in the future research.
- Elements in Diagram E (below)

At the conclusion of this phase one, Dr Curran and the RPC revisited the RIE Framework revising it based on feedback in Phase One.

Diagram E²⁹

(Source: Centre for Social Impact: <https://www.csi.edu.au/about-social/social-impact-framework/>)

Phase Two: Pilot Field Trip 2 April -6 April 2023

De-identified handwritten notes were taken by Author one.

Critically, Yarning Circles with Aboriginal community members is further shaping and informing the design and approach of this BBM HJP and the RIE including what the service should encompass so it responds to their identified essentials around trust and effective service delivery for their community. YCs occurred with the 'Men's Shed' and The Women's Circle at AWAHS, ensuring that Aboriginal voices are heard and are part of the co-design of this RIE.

The following tools were used and tested in field trip one (pilot) and will be used annually in each year of the remainder of this RIE:

1. **Yarning Circles with Community x 2 (each field trip)**
2. **Guided Professional Journal kept by the legal support staff** (the BBM project team – lawyer and CLEW). The legal support staff use 'guiding questions' developed by author one linked to benchmarks for the RIE that reflect on relationship building with AWAHS, community and clients, trust, barriers, and breakthroughs as well as complexities of clients and systemic issues (de-identified.)
3. **A 45-minute in-depth interview with trusted Intermediaries (i.e., those non-lawyers who support community members at AWAHS)** to be conducted in April each year.
4. **A Professional Development Evaluation Tool Pre and Post** (designed by author one) on professional training provided by HRCLS to AWAHS administered by HRCLS with results aggregated into percentages and responses to questions summarised and then

²⁹ Centre for Social Impact: <https://www.csi.edu.au/about-social/social-impact-framework/>

provided to the research team within two weeks of the PD training as a work document by email.

5. **A 45-minute interview with Managers each April**
6. **A 30-minute Interview with legal support staff each April**
7. **Reflective Practice Conversations with staff, managers, and operational leaders each April**
8. **BBM HJP ‘Research & Evaluation Community Development Impact & Outcome Measurement Tool’** (administered by authors in data analysis).
9. **‘Integrated Multidisciplinary Practice Evaluation – Collaboration Measurement of Progress Tool’** (administered by authors in data analysis).
10. Service Aggregated Data - Yearly Data Collection
11. Existing, relevant inhouse HRCLS Data Collection

Existing data collection is required by \HRCLS under its overall funding agreements and there were some milestones also included in the funding application to the NSW government discussed earlier in this report. Accordingly, these also form part of the information that will be utilised in this RIE to ensure that the research also incorporates and integrates in its design that data which is required to be kept for these other accountabilities, but which can also inform this RIE.

Comment: In 2023, data limitations occurred. Overall annual, aggregated, de-identified data is provided to author one by HRCLS annually. As discussed below however, in the first year of the project (due to a migration of data systems) more limited data only has been provided for the first year of the project. This is sufficient to provide some baseline data and assess how things are going in the first year, but in any event, it is noted that the project had only been running for under three months at the time of the first embedded data collection in phase two.

In future years with the new data system in place the following information will be provided to the researcher by HRCLS as per the funding agreement with the NSW government.

- numbers of clients seen,
- the nature and number of client matters,
- referrals to and from the services of the IH project (including the date, a brief description, and the professional role e.g., maternal and child health nurse and agency)
- secondary consultations (including the number, nature of the query, date, a brief description and the professional role and agency)
- data at file opening and closure exploring client health and wellbeing and social determinants of health.

2021 – 2022 (pro-rated depending on timing of funding) Note: This was the list of outputs that were contained in the funding agreement with the NSW government.

Comment: The funding took longer to come online and due to issues in recruitment this data for the years 2021 to 2022 could not occur. See further explanation later in this report.

60* clients

Referrals received.

75 Secondary Consultations

24 Community Development actions^^

6 Professional Development/CLE sessions

2022-2023 Comment: This was the list of outputs that were contained in the funding agreement with the NSW government. Due to problems with recruitment, the legal support team for the BBM did not commence service delivery until January 2023 and so full year data for 2022 was not possible as the project had not commenced.

75* clients

Referrals received.

100 Secondary Consultations

24 Community Development actions^^.

6 Professional Development/CLE sessions

1 Joint HRCLS & AWAHS policy initiatives/advocacy on joint issues.

Comment: It is noted however that these outputs need adjusting. The timelines for the project's start up were postponed until staff could be recruited in December 2022/January 2023. Although the positions were advertised multiple times in numerous forums there was little take up. There was a delay to the project starting up by almost one year. Therefore, the figures of 2023 to 2024 are the relevant activities or KPI's that should be measured. It is noted that recruiting in rural and regional areas is extremely difficult.³⁰ In addition, based on previous research on the IH project the need to have the right personnel recruited for this BBM considering the cultural competency, trauma informed, and specialist skills required also accounted for delay. It was deliberately assumed that the project when staff were installed would still take some time to build momentum which is why the activity numbers or KPIs particularly around numbers of clients seen were expected to increase incrementally each year.

2023-2024

100* clients

³⁰ Curran L & Taylor-Barnett P 'Wellness and going bush' Chapter in *Wellness for Law: Making Wellness Core Business* (ed. Judith Mary Church & Adiva Sifris) Reed International Books Australia Pty Ltd (trading as "LexisNexis") (28 November 2019).

Referrals received.

100 Secondary Consultations

20 Community Development actions^^

5 Professional Development/CLE sessions

1 Joint HRCLS & AWAHS policy initiatives/advocacy on joint issues

2024-2025

150* clients

Referrals received.

100 Secondary Consultations

15 Community Development actions.

4 Professional Development/CLE sessions ^^

2 Joint HRCLS & AWAHS policy initiatives/advocacy on joint issues

Comment: The research indicates once reached clients are likely to have multiple and complex legal need (See Karras et al., 2006³¹) and time to interview takes longer than usual due to difficulties taking instructions.

^^CD actions include stakeholder engagement, network meetings as well as cultural events etc.

Beyond Numbers and Activities: Finding out about Quality and Impact of the BBM HJP

Numbers of referrals, clients assisted and the nature of services that are effective will be included in the measurement of client outcomes and key stakeholders/staff will be involved in a 360° analysis of the service experience. This study, however, is designed to measure impact, namely how this programme makes a difference in the lives of clients, community, service providers, the legal system and its administrators, and the service landscape as well as how innovations in practise such as a HJP look at difference to these. Numbers of services provided are activities and do not necessarily reflect the quality of that service and whether it is in fact making a difference in the lives of clients' mental health and wellbeing some of which have systemic causes. For these reasons, the work is complex and complicated, and numbers alone do not reflect the intensity and overlay of issues and conditions. This builds on the existing evidence base and learnings from previous service evaluations adding rigor.

³¹ Karras et al., 2006 above.

Considering the multiple and complex lives of the client this proposed evaluation will build two innovative elements for the methodology:

1. 'Client journey maps' over time (as this is enabled by the multi-year funding and enables impact to occur). In phase two, TI participants were asked to identify a client that they were likely to have ongoing interactions with over the next two to three years. They have been asked to make a note of the particular client is so that they can track them and answer specific questions designed to elicit a 'client journey map' in each of their future in depth interviews. Details of this client are de-identified by the trusted intermediary and the researchers will never know their identity.

2. Methodology around *avoided costs*. This is difficult to measure according to all the literature but the questions in the methodology's that have been developed across the tools will seek to examine this and tackle this difficult methodological approach which could be ground-breaking. It is noted that author one is not an economist. In this research 'avoided costs' is not limited to consideration of 'cost' in economic terms but rather it is examined in contexts of broader issues around the *social determinants of health outcomes and impact on people's lives*. These interconnect and are the underpinning on which the *UN Sustainable Development Goals* were made, specifically goals 1 (no poverty), 3 (good health & wellbeing), 10 (reduced inequalities), 16 (justice & strong institutions) and 17 (partnerships for the goals). This has been embedded from service start-up and over 3-4 years, enabling longitudinal study to test, over time, value for money, cost effective interventions and impacts as each takes time. This is hard to measure especially in other funded projects which have a shorter time scale.

This programme and its research evaluation methodology goes beyond numbers to measure the difference in the lives of clients, community, service providers and the service landscape that the programme makes. To do this, the benchmarks and indicators mentioned above are utilised in the analysis of data from the qualitative and quantitative research in the field to ascertain how this programme has made a difference an unpack complexity, provide the narrative about what the change looks like and how it occurred, when it occurred and what elements were critical in this outcome.

Data Analysis

The idea of having a multi-method approach (triangulated) to measurement is to test and verify the results across the tools to see if the results are consistent and reduce any bias that might be claimed at HRCLS as it will be administering some of the tools in-house.

Proxies as measures/indicators of effectiveness and impact of the BBM HJP were agreed as follows (based on author ones' previous work and shaped by participatory design input Phase One) and these are used when doing the thematic coding to identify where they occur consistently. This is also scope in doing it this in this way to learn more from the data about what these benchmarks look like if they are effective and responsive in practise:

- Reach - client/patient/professional/organisation and staff
- Engagement - client/patient/professional/organisation and staff
- Collaboration - client/patient/professional/organisation and staff

- Capacity - client/patient/professional/organisation and staff
- Empowerment - client/patient/professional/organisation and staff – it includes giving voice for client/patient/professional/organisation and staff and improved advocacy for client/patient/professional/organisation towards systemic change.

Drilling down other indicators have been developed over time to build up the understanding and unpack complexity and reasons for impact. These include:

- Holistic service
- Impacts on wellbeing and the social determinants of health (including stress, hope, cultural respect, and anxiety levels)
- Transformations in behaviour and changes in practice
- Enhanced decision-making client/patient/professional/organisation/policy makers and administrators
- Expanded reach.
- Changes in practice and behaviours
- Justice and social determinant of health outcomes
- Autonomy and self determination

The use of these benchmarks and indicators are critical for the researcher in enabling the consistent process for data analysis in line with the existing longitudinal study mentioned earlier and have been adopted by other researchers in the impact measurement of multi-disciplinary and integrated service practice over time³²

³² Ball Sue, Wong Cindy Legal Services Board and Dr Liz Curran, 'Health Justice Partnerships Development Report (2016) Legal Services Board and Commissioners, Available at http://www.lsb.vic.gov.au/documents/Report-Health_Justice_Partnership_Development-2016.PDF ; Redfern Community Legal Service and the Royal Prince Alfred Hospital (2015) 'Evaluation of the RLC's Health Justice Partnership with Royal Prince Alfred Hospital' <https://rlc.org.au/evaluation-rlcs-health-justice-partnership-royal-prince-alfred-hospital> Currie A (2019) *Legal secondary consultations: How legal aid can support communities and expand access to justice*, The Halton Legal Service, https://www.haltonlegal.ca/docs/LSC_Report-final.pdf ; Law Council of Australia (2018) 'Justice Project', Final Report, https://www.lawcouncil.asn.au/files/web-pdf/Justice%20Project/Final%20Report/Justice%20Project%20_%20Final%20Report%20in%20full.pdf ; IMCL, 2018; Eastern Community Legal Service (2018) *'It Couldn't Have Come at a Better Time': Early intervention family violence legal assistance*, 7–9, 99, http://www.eclc.org.au/wp-content/uploads/ItCouldntHaveComeAtABetterTime-MABELS_EasternCLC.pdf ; Goulburn Valley Community Legal Centre (2018) *Therapeutic Justice Project Final Evaluation*, 5. Note: hardcopy provided to the author not available online.

RIE Milestones

Preparation, design of tools and meetings and design tweaks for research evaluation & ethics applications pre-field trips Total

Field Trip x 3 each April 2023-2025/6.

Debriefs x 4 after each field trip and data collection phase with Board, advisory, partners & staff.

Draft Final Evaluation Reports x 4-5 to HRCLS & Partners for feedback early June 2023-2025/26

Final Evaluation Reports x 3 14 July 2023-2025/2026

Promotion and Publication dissemination

History of the BBM emerging from the work of the Invisible Hurdles Program and data on benefit to BBM start-up

To understand the BBM RIE it is important to explain the methodology it builds on, namely the Invisible Hurdles Program. This was first funded by the Victorian Legal Services Board and Commissioner, from December 2015 to June 2018. From the program's inception, HRCLS contracted the Australian National University (ANU), with initially two researchers, author one and Pamela Taylor- Barnett as key personnel, to conduct an embedded action-research evaluation of the program from service start-up. An interim evaluation report was delivered in March 2017, as well as a final evaluation report in May 2018 with a public launch in November 2018. A further research evaluation was conducted from 2019- 2020 with a second report in mid-2021. Due to the disbanding of the ANU School of Legal Practice by ANU and it's phasing out, the researchers continued to conduct Stage II research in honorary capacities for ANU and pro bono. In 2021 author one was commissioned to conduct this Stage III of the research evaluation first as a consultant and then in her role as Associate Professor at Nottingham Law School (NLS) at Nottingham Trent University.

It has been established in the previous Integrated Legal Practice (ILP) Research Evaluation reports on IH, that the example of legal secondary consultations is critical to the model, building trust and rapport as the lawyer is visible and approachable and as they are on site, accessible in a timely way for support and advice. . This also enables joined- up services that reach people and engage effectively across service disciplines. 'Integrated' is a term often used when the elements required for it to occur do not necessarily exist. This research evaluation, therefore, as a key feature sets out to, through applying data against pre-set benchmarks determined by research, measure if integration in fact occurs and establish the circumstances that facilitate its occurrence if this is indicated. Another feature of this integrated model is that the partner organisations come to know one another, particularly from a management perspective so that they collaborate for better outcomes. This is also affected into the measurement of this BBM.

Some initial challenges of Stage 1 of the IH included transitioning lawyering styles into best practice integrated justice practice methods, increasing the time spent at each organisation, building organisational trust, and the gradual uptake of secondary consultations. The HRCLS team and the partners were committed to overcoming these challenges though and the various iterations of the Invisible Hurdles Program continue on a strong high note. The final evaluation report found that the model, an integrated justice practice, was effective in reaching the vulnerable young people who were the target group and in achieving breakthrough outcomes for these clients.³³ Further, the report found that the model enhanced decision-making and responsiveness in the organisation due to the secondary consultations.³⁴

Summary of the Tools Phase Two Research Pilot 2023

For the first of three field trips, in April 2023 there were a total of 36 participants (with 9- 11 in the Female Yarning Circle and 11- 14 in the Men's Yarning Circle. The numbers fluctuated due to the nature of Yarning Circles). Some managers and lawyers were involved in more than one tool and so they have not been double counted.

Number of interviews/ Yarning Circles/ Reflective Practice Meetings conducted	
April 2023	23 June and 3 July 2023
2 Yarning Circles AWHS – Participants. with 9- 11 in Female Yarning Circle and 11- 14 in the Men's Yarning Circle.	Reflective Practice Conversations with 4 Managers of 2 Agencies and BBM Research Assistant (Author 2) facilitated by Author 1.
In-depth interviews with trusted intermediary staff x 5	
Interview with 2 Legal Support Staff	
Interviews with 4 Managers (2 from each partner)	
Joint Reflective Practice Meeting with Operational Managers x 4	
Debrief with HRCLS staff x 1	

³³ Above, n 1, p. 11

³⁴ Above note 2021) *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* Produced for the Hume Riverina Community Legal Service; Albury Wodonga Aboriginal Health Service; Northeast Support & Action for Youth & Wodonga Flexible Learning Centre, ANU. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295; Curran, L., 2022. 'Going deeper' - the Invisible Hurdles stage III research evaluation final report. Nottingham: Nottingham Law School, Nottingham Trent University.

'Overcoming the Invisible Hurdles to Justice for Young People: A Final Research and Evaluation Report of the Invisible Hurdles Project (Health Justice Partnership) with Pamela Taylor Barnett, November 2018. http://www.hrcls.org.au/wp-content/uploads/2018/11/DESIGNED_Full-final-Report_October_20181102.pdf

Reflective Practice Conversation (at end of field trip) with 4 Managers of 2 Agencies facilitated by Author 1.	
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The research evaluator estimates that approximately 25 hours' worth of interviews/meeting and is grateful for the time of all the participants.

Open Access

Part B Summary of Data

Quantitative Data (HRCLS)

This is data that is collected and administered internally by the Hume Riverina Community Legal Service and provided to the authors on 13th June 2023.

Reponses to Pre- and Post-Professional Development Survey Feedback

In the year 2023, legal support staff in the BBM were unable to administer the pre and post professional development surveys. This was understandable because at the time of writing this first report the programme was still very much in start-up trust building phase. The legal support staff will be undertaking the pre and post professional development surveys in the year 2024 and the provision of aggregated deidentified data will be provided to the authors.

Data collection from 1 Feb – 31 March

HRCLS is in the process of transitioning their data collection system from CLASS to 'ActionStep', along with other community legal centres in Australia. There have been delays in the migration of data which are beyond the control of HRCLS and so the below figures are manually collated. In 2024 it is anticipated that it will contain more sophisticated indicators of client vulnerabilities and the nature of the services provided however this was not possible in the year 2023. The authors have been advised that the required service aggregated data mentioned above in this report will be able to be provided in future annualised research and impact evaluation reports. It is noted that at the time of the field research in April 2023, the actual service start-up with staff on board had only been operationalised for two full months and so with this first milestone report due in draft form by early June 2023 there are limits as to the nature of aggregated data and numbers that could be provided in such a short time period. Nonetheless, as baseline data this will be useful in making future comparisons in future years of the BBM project.

- i. Context of HJP relationship
 - a. Introduction of lawyer and CLEW to AWAHS on 1 February 2023. It is noted that the CLEW had been on staff at HRCLS for approximately 2 months beginning in this time to make connections/build relationships with AWAHS prior to the formal commencement of the project.
 - b. Launch BBM project at staff meeting on 16 February 2023
 - c. Appointments began on 27 February 2023
 - d. First annual field trip by research evaluator, Dr Liz Curran, NTU - on-site 3- 6 April 2023

February – April 2023

Referrals In

February	14
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March	34
April	7
Total	55

Referrals out to other legal service (advice given but no capacity OR not practice area OR conflict)

February	2
March	11
April	4
Total	17

Legal Work

Advice	31
Legal Tasks	30
Open Files	11
Case Load Total (tasks and files)	41

Legal Problem Type

Debts owed to client	1
Tenancy - Rent	2
Tenancy Other	3
Child protection	3
Divorce	3
Victim of crime	4
Consumer Complaints	4
Government complaints	5
Child contact	5
Child support	5
Property settlement	6
Domestic Violence Orders	8
Debts owed by client	10
Other Misc	12

Secondary consultations

February	5
March	15
April	10
Total	30

Partnership Activities

Community Development Actions	13
AWAHS Staff Meetings	8
PD (Legal to Health)	1
PD (Health to Legal)	1
CLE	1
Total	24

Clients with self-identified Disability and/or Mental health

Disability	1
Mental Health	18
Disability and Mental Health	10
Neither	2
Total	31

Analysis comment on aggregated data from HRCLS: The nature of the client problems reveals a significant number of domestic/family violence), debt, family law, care and protection, victims of crime compensation and consumer protection issues as a vast proportion of the matters experienced in the short period of time that the service had been operating.

In HJPs the usual lag in time to establish referrals and casework that occurs does not appear to have been present in the BBM start-up with client numbers at relatively high levels in comparison to the other studies conducted on multidisciplinary practises including health justice partnerships. There is usually a significant period establishing a service and initiating new staff before referrals and casework lift off in other services of this nature.

This initial aggregated service data where referrals (55), casework (41), secondary consultations (30) and Aboriginal and service engagement activities (24) are already flowing (in a three-month time-period) is suggestive of the leverage that the Invisible Hurdles project has given this new BBM project with levels of trust and familiarity with the partner agency HRCLS being already established.

It is noted that the figures that are indicated as outputs in terms of this activity for the year 2023, even considering the delay in project start-up (due to issues with recruitment discussed earlier and the rollout of the funding)³⁵, will have been superseded if this trajectory is continued by the BBM. Namely:

100* clients

Referrals received.

³⁵ For discussion of issues recruiting and retaining staff in rural areas see Curran L and Taylor-Barnett P ‘*Wellness and going bush*’ *Chapter in Wellness for Law: Making Wellness Core Business* (ed. Judith Mary Church & Adiva Sifris) with Pamela Taylor-Barnett, Reed International Books Australia Pty Ltd (trading as “LexisNexis”) (28 November 2019).

100 Secondary Consultations

20 Community Development actions^^

5 Professional Development/CLE sessions

1 Joint HRCLS & AWAHS policy initiatives/advocacy on joint issues

In addition, it appears that the project is already reaching its target population namely Aboriginal community members experiencing mental health issues with 18 of the total number of clients seen (31) having a mental illness and 10 having identified as having a disability and mental illness (ie: 28 out of 31 clients or 90%) and one person identifying as having a disability only in the data.

Again, when the ActionStep data is available more detailed information on client vulnerabilities will be available which will provide further insights.

It is noted that a significant part of this research design is around the collection of qualitative data. Quantitative data as author one has noted elsewhere³⁶, can often mislead without the qualitative data that explains the complexity that sits behind some of the trends that may emerge in the data and so the next section of this report is critical to get the complete picture.

Quantitative data (collected by the author one during the conduct of the April 2023 field work)

It is important to note, that in 2023, because the BBM project had only just commenced and been less than two months in full operation, many of the participants particularly from the trusted intermediaries were 'neutral'. However, participants wanted this clarified or qualified by saying they were saying 'neutral' in their response and that their actual answer was 'not yet' reflecting the project's infancy. This data and use of a consistent question is needed so that we can provide baseline data that we can compare over the life of the project. In addition, some of the questions received a 'not applicable' response or the response was recorded as a 'no' because participants added a qualifier to this baseline data question by adding their 'no' should be qualified too really be 'too soon' or 'no, because too early.'

Trusted Intermediaries

Total in depth interviews (5 participants)

Note: Numbering is not consecutive as not all questions were quantitative but have been kept for is of data comparison in future years

³⁶ Curran, L 2013, 'Legal Review: Not all in the Statistics', *Law Institute Journal*, vol. July 2013, pp. 36 - 39.

Question 1

If I were to make these statements in relation to the BBM how would you respond?

- i. I can confidently and positively refer (please circle)

Strongly Disagree Disagree Neutral Agree 3 (60%) Strongly Agree 2 (40%)

- ii. The referral process to and from clearly understood.

Strongly Disagree Disagree 1 (20%) Neutral 1 (20%) Agree 1 (20%) Strongly Agree 2 (40%)

- iii. There is a high level of mutual understanding and trust between you and the BBM.

Strongly Disagree Disagree Neutral Agree 4 (80%) Strongly Agree 1 (20%)

- iv. The staff involved in the BBM Project (i.e., the lawyer) recognise and utilise the professional expertise of other staff.

Strongly Disagree Disagree Neutral 2 (40%) Agree 2 (40%) Strongly Agree 1 (20%)

- v. The lawyer/s are responsive to client need.

Strongly Disagree Disagree Neutral 2 (40%) Agree 1 (20%) Strongly Agree 2 (40%)

- vi. I do not only examine the individual client's problems but look to change the systemic causes of problems including the laws and how they are administered.

Strongly Disagree Disagree Neutral 1 (20%) Agree 2 (40%) Strongly Agree 3 (60%)

Question 2

Legal Secondary consultations are when the lawyer offers you legal help or information or advice on the legal processes (what happens at court, giving evidence and writing reports), ethics or your Professional obligations or guides you/or through you, your client through tricky situations.

There is huge value to me in assisting patients/clients due to secondary consultations with the lawyer/s who give me legal advice both to support me assist the client and to guide me in my professional obligations in the context of the legal process and the laws.

Strongly Disagree Disagree Neutral Agree Strongly Agree 5 (100%)

Question 4

Have you participated in training offered by the BBM team?

Yes 2 (40%) No 3 (60%)

Question 5

Has this enhanced your ability to assist clients with their non-legal needs?

Yes No N/A 5 (100%)

Question 8

In your view based on observations does the BBM with its collaborative, multi-disciplinary approach to problem solving does it make an effective in improving social & health outcomes for individuals?

Yes 5 (100%) No

Question 11

Have your received secondary consultations assistance from the lawyer?

Yes 3 (60%) No 2 (40%)

Question 13

SC Do they have value?

Yes 4 (80%) No N/A 1 (20%)

Question 15

Through the BBM have you collaborated on advocating for systemic reform as a joint action by BBM & AWAHS and IH (or the Hume Riverina Community legal Service via the IH)?

Yes 1 (20%) No 4 (80%)

Question 16

Do you think this has an impact?

Yes 2 (40%) No NA 3 (60%)

Question 17

Is it important to take such action, in your view to better support your client?

Yes 5 100% No

Question 18

Is it important to take such action, in your view to better support young people in general?

Yes 5 (100%) No

Question 21

Think of a specific client (do not identify or name them. Have you noticed any of the following improvements in the client since the involvement of the lawyer/s in the inter-disciplinary team of the HJP with the involvement of the lawyer, in any of the following areas:

2023 Not applicable – 4 participants ‘too early’ or ‘too soon’

- ii. Stress
 - i. been reduced x 1
 - ii. stayed the same
 - iii. increased
- iii. Resilience
 - i. been reduced x 1
 - i. stayed the same
 - ii. increased
- iv. Anxiety
 - i. been reduced x 1
 - ii. stayed the same
 - iii. increased
- v. Trust

Explain, if you wish

- i. been reduced
- ii. stayed the same
- iii. increased x1
- vi. Responsiveness
 - i. been reduced
 - ii. stayed the same
 - iii. increased x1

- vii. Engagement
 - a. been reduced
 - b. stayed the same
 - c. increased x1

- viii. Confidence in engaging with the services
 - a. been reduced
 - b. stayed the same
 - c. increased x1

- ix. Knowledge of their rights and responsibilities and the rights and responsibilities of others
 - c. been reduced
 - d. stayed the same
 - e. increased x1

- x. Clients more knowledgeable about where to go for services.
 - Yes 1
 - No

- xi. Clients more knowledgeable about their options and more skilled over time
 - Yes 1
 - No

- xii. Flow on effects for family members of any of the above-mentioned.
 - Yes
 - No 1 'too early to say'

- xiii. Client's sense of hope
 - i. been reduced x 1
 - j. stayed the same
 - k. increased

Question 22

In relation to yourself personally and professionally:

Have you noticed any of the following improvements in your own practice since the involvement with this client & of the lawyer/s in the inter-disciplinary team of the HJP in any of the following areas:

2023 Not applicable – 4 participants ‘too early’ or ‘too soon’

i. Stress.

1. been reduced x 1
1. stayed the same
2. increased

j. Resilience

1. been reduced
1. stayed the same x 1

Note: ‘my response is not meant as a negative thing. I have been utilising the services of the HRCLS through the IH project and so it is part of my practise to do this so when I say ‘stayed the same’ I mean I'm already doing as much of it as I can and couldn't increase it. Please make a note of this as I do not want to come across as a negative in responding to this question and I see that your other questions are similar.’

2. increased

ii. Anxiety

- i. been reduced
- ii. stayed the same x 1

Note: ‘my response is not meant as a negative thing. I have been utilising the services of the HRCLS through the IH project and so it is part of my practise to do this so when I say ‘stayed the same’ I mean I'm already doing as much of it as I can and couldn't increase it. Please make a note of this as I do not want to come across as a negative in responding to this question and I see that your other questions are similar.’

iii. increased

iii. Trust

- i. been reduced
- ii. stayed the same
- iii. increased x 1

iv. Responsiveness

- i. been reduced

- ii. stayed the same x 1
- iii. increased

- v. Engagement
 - i. been reduced
- i. stayed the same
- ii. increased x1

- vi. Confidence in engaging with the legal service lawyer/s
 - i. been reduced

 - a. stayed the same
 - b. increased x1

- vii. Knowledge of their rights and responsibilities and the rights and responsibilities of others
 - a. been reduced
 - b. stayed the same
 - c. increased x1

- m. Sense of hope
 - i. been reduced
 - ii. stayed the same
 - iii. increased x1

 - viii. Confidence in knowing when to seek and seeking legal help.
 - 1. been Reduced
 - 2. stayed the same x 1
 - 3. increased

Note: 'my response is not meant as a negative thing. I have been utilising the services of the HRCLS through the IH project and so it is part of my practise to do this so when I say 'stayed the same' I mean I'm already doing as much of it as I can and couldn't increase it. Please make a note of this as I do not want to come across as a negative in responding to this question and I see that your other questions are similar.'

Question 23

Have you participated in training offered the BBM?

Have you been involved as a worker in or arranging community development, training and legal education offerings by the IH Community Development Worker/lawyer with NSEAY, AWASH and or FLC?

Yes 1 (20%) No 4 (80%)

4. If so, can you recall what it was about? Yes 1 No
5. Were you involved in any way in shaping the topic? Yes 0 No 1 N/A 4
6. If Community Development, were Aboriginal people actively involved in shaping the training? Yes 0 No 1 N/A 4

Question 24

I have participated with BBM partners to improve the law, systems, policies, or their administration.

Strongly Disagree Disagree Neutral 5 Agree Strongly Agree

Question 25

Aboriginal community members were involved in BBM endeavours to improve the law, systems, policies, or their administration.

Strongly Disagree Disagree Neutral 5 Agree Strongly Agree

Question 26

Have you observed during the time you have seen your Aboriginal clients any signs of alleviation or prevention of poor health symptoms such as improvements in mental health or wellbeing?

Strongly Disagree Disagree Neutral 5 Agree Strongly Agree

Question 27

Identify a client (remember them for future interviews about BBM and we will revisit this question over time to create a client journey map) allocate them a random number.

Yes Done 4 (80%) No not relevant in my role x1 (20%)

Question 28

Have you observed during the time you have seen your Aboriginal clients any signs of alleviation or prevention of poor health symptoms such as improvements in mental health or wellbeing?

Yes 1 (20%) No x 4 'too soon' (80%)

Question 29

(In 2023 – this is the question, but it might be too premature as I am asking it in 2023) - Has this research impact evaluation and its evidence base assisted your organisation to improve and grow or change its practice?

Yes 3 No 2 ‘too soon’

Manager Interviews (4 participants)

Note: Numbering is not consecutive as not all questions were quantitative but have been kept for is of data comparison in future years

Question viii

Have you participated in training offered the BBM?

Yes 1 (25%) No 3 (75%)

Have you been involved as manager in or arranging community development, training, and legal education offerings by the Community Development Worker with AWAHS?

7. *If so, can you recall what it was about?* Yes 1 (25%) No 3 (75%)
8. *Were you involved in any way in shaping the topic?* Yes 1 (25%) ‘codesign’ No 3(75%)
9. *Were Aboriginal and Torres Strait Islander community members actively involved in shaping the training?* Yes No 4 (100%)

Question ix

In your view based on observations does the BBM with its model of collaborative, multi-disciplinary approach to problem solving make an effective in improving social & health outcomes for individuals?

Yes 4 (100%) No

Question x

Have you observed during the time you have seen your Aboriginal clients any signs of alleviation or prevention of poor health symptoms such as improvements in mental health or wellbeing?

Yes 1 (25%) No 3 (75%)

Question xi

If I were to make these statements in relation to BBM how would you respond?

ii. Can confidently and positively refer

Strongly Disagree Disagree Neutral 1 (25%) Agree Strongly Agree 3 (75%)

iii. Referral process to and from clearly understood.

Strongly Disagree Disagree Neutral 1 (25%) Agree 2 (50%) Strongly Agree 1 (25%)

iv. High level of mutual understanding and trust between the HRCLS (BBM) and my agency

Strongly Disagree Disagree Neutral Agree 2 (50%) Strongly Agree 2 (50%)

v. The staff involved in the BBM recognise and utilise the professional expertise of other staff.

Strongly Disagree Disagree Neutral Agree 2 (50%) Strongly Agree 2 (50%)

vi. The lawyer/s are responsive to client need.

Strongly Disagree Disagree Neutral Agree 2 (50%) Strongly Agree 2 (50%)

vii. We not only examine the individual clients' problems but look to change the systemic causes of problems including the laws and how they are administered.

Strongly Disagree Disagree Neutral Agree 2 (50%) Strongly Agree 2 (50%)

viii. My agency has participated with BBM partners to improve the law, systems, policies or their administration.

Strongly Disagree Disagree 1 (25%) Neutral 2 (50%) Agree 1 (25%) Strongly Agree

Describe:

ix. Aboriginal People were involved in BBM endeavours to improve the law, systems, policies, or their administration.

Strongly Disagree Disagree 2 Neutral 1 Agree 1 Strongly Agree

Question xiii

Would you like to see the BBM continue to be funded?

Yes 4 (100%) No

Question xiv

(In 2023 – this is the question, but it might be too premature as I am asking it in 2023) Has this research impact evaluation and its evidence base assisted your organisation to improve and grow or change its practice?

Yes 4 (100%) No

TI - SCs x 30 (estimated only in 6 weeks 26 Feb 2023- 4 April 2023). Comment: This figure is consistent with the manual data for the same time-period collected by the HRCLS.

Qualitative Research Data

These case studies have been selected from the qualitative tools namely the Trusted Intermediary Interviews and the legal support staff professional journals. Participant comments are categorised under the key benchmarks that are being used to measure whether the program is effective and having an impact. These comments if not appearing in quotations for participants from author one's handwritten notes which were then transcribed and are extracted as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are generally not used unless verbatim.

CASE STUDIES

Case study 1 Client opened up about one fine and then later they told me about other fines when their car was clamped, and warrants were out already. It was a stressful afternoon and the health worker, and I (BBM legal support staff member) worked together to put the client on a programme to pay off the fine. The Sheriff was giving the client and health worker the wrong information and was abrasive when the information was questioned. Her misinformation and unwillingness to listen and help the client made the matter worse. I tried my best to resolve the problem in the short period of time, however the sheriff refused to return and unclamp the car despite the client taking appropriate steps. The sheriff was giving information based on her general practice and experiences, not what the law actually says. Again, there's a benefit of putting things in writing to hold people to account. I got onto a different sheriff the next morning and the matter was resolved. The second sheriff knew the correct procedure and was apologetic that it was not resolved the day before. The client said, 'next time I get fined I'll come to you immediately.' The outcome was the client got their car back which they needed for essential health and other reasons.

Case Study 2 In this case we (BBM legal support & AWAHS staff member) got children returned to the mother where the department had mental health concerns about the mother. We avoided having to go to court.

Case Study 3 I (BBM legal support staff member) was on the phone to a really distressed client who had previously seen in a domestic violence situation. I didn't know exactly what to do about the situation while in the appointment with the client. Because the two staff on the BBM project team were working in the same office, he was able, while I was on the phone to the

client, to find out all sorts of information by doing some quick research. This meant that while the client was on the phone, I was able to immediately give her some accurate information to avert it's spiralling out of control for the client. This was an amazing way of working together and was very immediate for the client to be able to respond to her heightened mental stress. Our concern was that she might make a bad situation worse if we could not respond with some further research. It was on the spot, it was effective, and after the conversation she clearly had calmed down quite significantly.

Case Study 4 This was a case involving birth certificates. I (BBM legal support staff member) was on the phone to the client and whilst I was understanding the client situation the other worker on this project was doing research. I was looking into it in quite a bit of depth. It's critical for this person to get their first aid registration. This meant that because I had quickly accessed in depth information, I could call the client back immediately. This way of working in an interactive way, particularly where clients have heightened sensitivities and we can alleviate in the any immediate concerns has been great. The way it's working that really excites me about the potential of this project.

Case Study 5 This was a secondary consultation. AWAHS staff came to BBM legal support staff member with this issue, and I set out what steps they could take to ensure the client and a support person understood why the criminal lawyer was advising the client to plead guilty. Someone with criminal charges was being advised to plead guilty and didn't want to. I (BBM legal support staff member) took steps to space the client through what was going on to help them understand. There was a significant risk as there were serious charges. I was concerned that the client was being pressurised to plead guilty and so I suggested they ask their lawyer to put in writing all the reasons why they were suggesting they plead and also to take a support person by way of a worker to assist him in understanding these steps with them to the lawyer. Suggested the AWAHS worker speak with / write to the criminal lawyer and offer their insights into the client's mental health and offer to write a letter of support as it may be helpful for the lawyer's case.

Case Study 6 (BBM legal support staff member) Advising client who was pregnant that if she wanted to move away to another state – she could do it before the child is born, it is more difficult after the child is born. Being able to arm her with this knowledge after the Other Party has been telling her how they are stuck together now was very satisfying. By way of explaining the context as to why there was an imperative in the move, the other party in the matter a perpetrator of domestic violence is important to this case study.

Case Study 7 (BBM legal support staff member) Assisted the client to speak with the mechanic and clear up what was happening with her car – both parties had not been communicating in the 8 months the client's car was there, having me as third party helped the matter progress –

Case Study 8 (BBM legal support staff member) Family law client matter is still in crisis – no contact with children because their mental health has been so up and down, no contact makes their health worse – vicious cycle.

Case Study 9 I (TI) had a woman who was very distressed. No one was listening to her. I referred her to the project. After they talked to her, I could see her anxiety had been

significantly reduced. The team listened to her and helped her. For clients experiencing trauma this is going to be amazing. She came in here with tears, she had trouble telling her story. When I saw her after her interview there were no tears, and I could see that the body language signified that she went from a feeling of having no hope and [sic] that she was going crazy [sic] to being heard and listened to and things being put in a context for her. Her whole presentation was different. She felt she was able to take action rather than feeling she was the victim. She had a previous history of asking for help and not being listened to. This was why she was almost through the roof with anxiety. In my view, this is going to be the critical thing in having the lawyer and the community engagement worker here on-site at the aboriginal community health service. This was a long-term client, and she knows now that she could come in here casually and not feel as if she won't be listened to and heard.

Case Study 10 (TI) First client had issues with family violence and custody and an intervention order. Also had a person where the father was not having much to do with the child, and she wanted to move to Sydney. She learned what steps she needed to take or could take as her supports are in Sydney and so it helped her be ready for the move without compromising her rights to the children or her legal rights. It was so good to get that quick access to the lawyer and their expertise.

Case Study 11 (TI) Breakthrough already: I have a young man who's already had legal advice on some serious matters. The client had been poorly advised previously by the aboriginal legal service. When I got a secondary consultation, it was suggested that the client should ask the other lawyers for responses. This meant that he was able to challenge the advice. It meant a difference in his plea of guilty. It had a huge difference to him. It also reduced the risk that they were exposed to.

YARNING CIRCLES' SUMMARY

These are comments from participants extracted from author one's notes as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are only used where they are verbatim and noted as such in author one's notes.

- **Difficulty to get correct information.**

Participants expressed that they do not have much access to information in terms of what sort of legal support is available. Some found it very useful to be part of the yarning circle because it is the first time, they heard about how they can get help: "This is the first time anyone has come to us to talk about justice meaningfully."

They mentioned word of mouth as the most common method of information gathering.

Some of the suggested ways to promote these services better: Producing pamphlets, attending their morning teas, using the community radio, putting flyers in the grocery stores, attending to regular and routine groups/gatherings.

- **"The need to breakdown information so it's digestible understandable."**

Participants highlighted the difficulty to understand legal terminology.

They addressed a knowledge and understanding gap: “lawyers use big words, court terminology. This is the opposite of empowering. They need to use culturally appropriate language.

- **Distrust in legal system and lawyers**

“Justice is responsible for a lot of our bad experiences.”

“We don’t trust law. Law has done a lot of damage to us. Justice system is part of institutional racism. Lawyers and legal system doing things to us not with us or for us.”

“This is why we need the lawyers, but they must be lawyers who are on our side and who work with the people here at the health service but also who listen and work for us.”

- **Informed consent**

Informed decision is lacking because they don’t understand what is happening or what they are signing.

- **Empowerment, agency**

They would like to be trained on how to advocate for themselves, how to work their way around law, be equipped with skills to manage.

Training in communication – sometimes they get upset, emotional, or traumatised in courts.

“There's a lack of self-determination”.

‘We want a legal service that knows that we should have the authority and power to do what's right for our people and to work with us to advocate for this.’

- **Structural racism**

They need to be more black fellas working with black fellas and getting trained in the law. It's good to hear there are more coming forward, but we need a lot more and we need proper support for these young people.

This suppression of our society. This bias and prejudice in our broader legal system and service. Our young people feel this so rather than preventing a situation or trying to avoid it they just say, ‘let's take another drug or let's take another drink, what the fuck’. This is how our young people end up thinking because time and time again they say the same patterns. Even when they try the systems against them, and they fail.

Yes, what's the point, that's what they think. 'They know the odds are stacked against them they know judgements will be made because their black fellas. They see it to the people they interact with so why even bother'.

IN-DEPTH INTERVIEWS WITH TRUSTED INTERMEDIARY STUFF

This section will summarise some of the key comments made in the 4 depth-interviews with trusted intermediary staff from AWAS. These comments are categorised under the key benchmarks that are being used to measure whether the program is effective and having an impact. These are comments from participants extracted from author one's handwritten notes as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are not used.

- Capacity and capability of trusted intermediary staff

Actually, ironically, this is increased because I've become aware of certain other things that I wasn't aware of prior.

- Collaboration

It's a fantastic programme. Already with these new lawyers **we're finding it more accessible**. We're building on what we learned from the Invisible Hurdles project. Relationships with me and my colleagues were built up already because of this previous project. But now our ability to get help for our Aboriginal clients particularly with mental health issues is so much more available and now it's possible for older clients because the other programme was focused on young people.

- Social determinants of health

Absolutely yes. I had a woman who was very distressed. No one was listening to her. I referred her to the project. After they talked to her, I could see her anxiety had been significantly reduced. The team listened to her and helped her. For clients experiencing trauma this is going to be amazing. She came in here with tears, she had trouble telling her story. When I saw her after her interview there were no tears, and I could see that the body language signified that she went from a feeling of having no hope and ...that she was going crazy to being heard and listened to and things being put in a context for her. Her whole presentation was different. She felt she was able to take action rather than feeling she was the victim. She had a previous history of asking for help and not being listened to. This was why she was almost through the roof with anxiety. In my view, this is going to be the critical thing in having the lawyer and the community engagement worker here on-site at the aboriginal community health service. This was a long-term client, and she knows now that she could come in here casually and not feel as if she won't be listened to and heard.

- Secondary consultations

All five of the trusted intermediaries interviewed saw the value of secondary consultations as being integral to building trust and ensuring quick and responsive support for clients to avert

their relapse or escalation of stress and anxiety levels which might cause increased trauma or trigger mental health problems. The spread was even in terms of whether people had had the benefit of a secondary consultation or not yet. All participants however thought that they would avail himself of this opportunity.

We are discussing what legal identification information is in the joint staff meetings in a designated time slot for HRCLS. We need to clearly explain conflicts of interests so we can do secondary consults well and not prevent staff from getting info to help clients in an informal way.

We have a time slot for our service at all health service meetings. We're going to be doing training at those but also, we acknowledge that it's all got to be ad hoc and so we need to be available to the other parties for quick consultations but also we need to explain clearly as I said earlier the conflict of interest so people realise we're not being unhelpful when we say we can't assist their clients. We're actually trying to protect the clients from, for example, being subpoenaed in court or something else like that and avail them of the legal protections.

Systemic work

All trusted intermediary participants felt there was a need for systemic or policy reform to rectify problems with the law and its administration. All of them indicated those they thought this work was important and most of them indicated that they would like to be involved and receive feedback on these sorts of initiatives.

- Changes in social determinants of health and hope

There were two TIs who had already even though the lawyer had only been in the office for a month, referred clients and had a sense that this programme was going to lead to improvements in their clients' mental health stress and anxiety levels.

One trusted intermediary had already noted some breakthroughs for two clients that had been referred to the HJP. Commented on their own enhanced decision-making.

- Impact of the Research itself in Improving Practice Transformation in service delivery and organisational approaches and ways of working

No, it's not too premature to ask me this question. Even just sitting here today it made me have a think about and talk through some of the things that are already happening for my clients what's progressing and impacts. It makes me mindful of the impacts that this new programme will have on our clients' health overtime. You give us pause to stop and think through the questions you ask in your research. Without it we probably wouldn't do this. This means we not only think about the justice interventions that our own practise and how it can improve or what's going on. We have heavy caseloads and so if you weren't here asking these questions to your research we probably wouldn't think about these things as much. Already, you've made a few prompts to me about what little things we can do to improve the interaction between the two services for our clients to make referral smoother and to enable follow up. This research is helpful. We saw how this research in the invisible hurdles project made us think deeply and

look back on things. Because you been here before and we know you, we're making further strides in relation to this new project so it's great thank you.

GUIDED PROFESSIONAL JOURNALS WITH LEGAL SUPPORT STAFF

This section summarises the key findings in the guided professional journals kept by the two current BBM legal support staff. These are direct quotes from participants extracted as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are not used.

- Reach to Community

Before even officially commencing we are getting referrals from AWAHS. AWAHS staff/clients are calling HRCLS reception directly to make the referral.

Finding it difficult to feel 'at-home' or 'included' in the lunchroom at AWAHS.

Hanging out at the Men's Shed at AWAHS for lunch on Thursday and learning about Aboriginal Services, an independently owned and operated Aboriginal organisation supporting community with support services (NDIS). Gaining a better understanding on the services landscape catering to Aboriginal and Torres Strait islander people.

BBM Lawyer and I attended Bringing Them Home Support Group morning tea at the new Burraja Cultural Centre. We had been asked by one of the support workers to present a CLE on stolen generations reparations schemes to the group. It was a small group setting, and the presentation occurred outdoors. There were no presentation facilities, so slides were printed and handed out to each of the participants.

...Steady stream of referrals coming in. Had an urgent family law one where the client had spoken to 4 other lawyers from HRCLS in the past 3 months, due to our data entry restrictions at the moment this was not realised until they came through to me, the fifth lawyer, and their name was recognised by admin staff.

- Engagement with Community

I have been invited to join the Men's Yarning Circle which is hosted by VACCA and facilitated by AWAHS.

VACCA worker who works in the emergency relief program and Men's Yarning Circle program reached out and showed a keen interest in our service and our catchment area. He reached out to me after I attended 2 sessions of the Men's Yarning Circle and has since invited me to the post session debriefing meeting that he and the other workers are having. He also mentioned that it is good to know that HRCLS is a possible avenue for referral as at the moment he relies solely on Victorian Aboriginal Legal Service for any clients needing assistance with legal issues. He has also mentioned that there would be the potential for HRCLS to use spaces available to VACCA when doing any outreach work in Benalla and Wangaratta, if we needed it.

(As a breakthrough example) “Received approval today from the Principal Lawyer and Operations Manager to provide \$30 gift vouchers to up to 30 people which was a really great outcome and great feeling.”

Meeting the wider community at the Koori Men’s Shed was great. People are starting to take notice of my presence and are curious about who I am and what I do.

We received a referral and found that we have been conflicted out. Client has been referred to Legal Aid NSW. Client has disclosed that they cannot read and write. A senior solicitor from Legal Aid NSW who will be picking up the case has reached out to me and asked if I can assist the client to complete the Legal Aid NSW Application.

Hadn’t seen one of the Elder’s all last week, was feeling a little concerned. Was happy to see him on Thursday. I dropped in for lunch. Gave another Elder a lift Thursday morning.

The client was very happy for me to be assisting him in completing the application form as he does not read and write well. I assisted the client to fill out the application and informed him that there were a few other documents that were needed to be attached to the application before we could send it off.

Face to face client work – giving advice, learning about FV and child protection assistance, services offered by Legal Aid NSW. Navigating HRCLS processes for opening files. Balancing internal meetings with supervisor and broader team with client work needed.

I had some spare time on Thursday afternoon, so I was able to get out into the yard with the youth group and help with their project – doing up an entertainment area at Glenroy. I helped moved pavers with the support worker and talked about my job as a lawyer and the HJP, also talked about what the youth were doing.

I love getting involved in the community projects, doing something that has tangible changes and stepping away from the computer. It is good for breaking down barriers with lawyers – making us less intimidating, and more accessible to people. Also builds trust and something to talk about other than difficult legal issues.

- Collaboration of the partnership

Attending meetings and co-design is all about partnership building and strengthening the partnership, relinquishing some control to encourage buy-in. Having a presence at the Men’s Shed is about relationship building.

Meeting with the SEWB team and co-designing the intake and referral process felt like a big breakthrough. Previously, speaking with IH lawyers gave the impression that the previous referral process at AWAHS was not the best. IH lawyer would turn up and be given a list of clients for the day.

I feel as though there have been some positive breakthroughs in relation to the designing and implementation of the referral and intake process in that it is much clearer now what it may

look and feel like in practice. Also, the referral form is almost in its final and working form, this also feels like a positive breakthrough.

After meeting with AWAHS and discussing many of the logistics of starting appointments, to then giving a presentation at the staff meeting, following a meeting with the SEWB team to co-design the referral process, to then have questions raised about confidentiality in relation to access to AWAHS appointment booking system *Communicare* was quite frustrating.

Coming off of the back of the Invisible Hurdles Project and also how well planned BBM is has made coming into the role feel nice and professional.

Now that we are officially at AWAHS Glenroy, I am learning (in practice) what it means to triage and intake, and appointment booking. There was a team meeting between the Principal Lawyer, Managing Lawyer Generalist Services, BBM Lawyer and I to go over the BBM project plan.

We also had a team meeting between the Operations Manager, Managing Lawyer Generalist Services, BBM Lawyer and I to go over some of the administrative processes in relation to triage and intake for BBM.

Difference between Referral Networks and Medical-Legal Partnerships and the Specific Indicators, I would say that the AWAHS Health Justice Partnership would fall somewhere between Partially and Fully Integrated, closer to Fully Integrated. The impression I have is that AWAHS view is that legal needs are highly connected to patient health, and engagement from the health service to the legal service occurs at the level of management, workers, and admin

There are already a few familiar faces over at the Glenroy location, which gives more of a sense of belonging. The working relationship is different with the Wodonga location, as we have not had much communication from any of the workers there. Our first and only time visiting the Wodonga clinic was when we met the Programs Manager there. We were given a tour of the office and met some of the staff then but have not had much communication since.

My understanding is that AWAHS and HRCLS have had a long working relationship and the way that the two organisations have worked together previously are changing now with the HJP.

In the meantime, AWAHS staff have implemented a workaround. Scanned referral forms are being emailed to one of the staff emails before being forwarded to HRCLS reception.

Building relationship with HJP partner and getting buy in from health service on referral form and booking process. Starting discussions about feedback and working collaboratively.

SEWB team provided really great feedback on the referral form and process. They are excited about the project and want appointments to start ASAP. The form is what they will be using, so want it to be clear and easy. AWAHS contact organised the time for us to do the co-design session after we said we wanted to collaborate on the process – us being open to releasing control.

Asking questions to other staff about processes helped me realise that I was not using correct procedure when trying to reach out to the tech team, once I used proper procedure, this was resolved.

SEWB team co-design session – discussed processes and expectations. BBM answered any questions about what service delivery will look like and how we will collaborate together and provide client focused services. On case-by-case basis, do warm introductions for new clients and debrief session about how to prioritise clients' legal and health needs to get best outcomes for the client.

The planning meetings were challenging in the sense that I think they came too late in the piece – I felt like we were back peddling on HRCLS end as BBM staff had gone ahead with consultation without clear boundaries and expectations from senior and admin staff at HRCLS. This may have been exacerbated by BBM staff both being new to the organisation, so have limited understanding of how things are done on a procedural end at HRCLS – so we were making up our own procedures in collab with AWAHS.

In saying this, both meetings were very productive and helpful to get us all on the same page – getting input from others is always a positive, I only wish it had come earlier, rather than in response to things they didn't like/were causing issues to the status quo.”

Very good reception from AWAHS staff – they want us to come regularly and hope that helps (outreach bus in Wangaratta) bring more people in – they have slowly built up the outreach from no one to a steady 25 – 30 people each week.

- **Referral/trust**

Young person attending the Men's Yarning Circle approached me this week and opened up about some legal issues that he has been facing at work. I brought it up with the Invisible Hurdles lawyers and was able to refer the young person for an appointment. The young person has also requested that I be present at the appointment to support him.

The client had disclosed during their appointment with the IH lawyer that they were autistic, which I did not know beforehand.

- **Impact of the Research itself in Improving Practice Transformation in service delivery and organisational approaches and ways of working**

Reflection and journaling, though they are known concepts, they are not something that I have actively practiced so will take some getting used to.

The higher level of integration is made possible through NLAP funding and the embedded Research and Evaluation.

The reflective journal is a good place for me to look back on the week and record what I have done and how and felt/problem solved things. It will be helpful as time goes on to look back at similar struggles, what works, what doesn't, patterns and see growth in the project.

Just reflecting on my own practices in relation to intake of clients, there was a moment this week where I found myself quite tunnel visioned in wanting to ‘only getting the information necessary’ to complete the intake section of the CLASS advice sheet and suddenly becoming aware that I was acting in a way that was not trauma-informed or sensitive. Moving forward I want to be more aware of this and how it will impact on my practice overall.

- **Reach**

AWAHS & BBM client, had their car clamped by the Sheriff’s Office due to outstanding fines. The AWAHS staff came to our BBM lawyer for urgent assistance. Much of the lawyer’s day was given trying to resolve the situation. An application for a Work Development Plan (in relation to the fines) was put through in hopes of resolving the issue, however the Sheriff’s Office refused to remove the clamp citing that the WDP would only be for their most recent fine and that she would have to pay 20% of the remaining outstanding fines. Next day, when the WDP was approved, another Sheriff removed the clamp and apologised for miscommunication.

AOD Counsellor from AWAHS came to HRCLS to give a talk on AOD support work and AOD counselling work, and their experience working with clients in the capacity of support in court appearances. AWAHS worker shared a wealth of knowledge and experience around drug addiction and the amount of work that goes into supporting someone on their journey to recovery. Big takeaway for me from that session was client “responsibility” and “buy-in” plays a major role in the success of outcomes.

Client felt at ease and supported to find out that previous Driver’s Licence was adequate identification, and that birth certificate was not necessarily needed. Client is looking forward to obtaining his Driver’s Licence again so he can start looking for work.

Still in early stages and trying to find my way, looking for opportunities to test boundaries.

Attending the women’s group yarning circle was an enormous breakthrough for the BBM project. And even better, witnessing the level of engagement from the participants in the research and evaluation process.

However, one client was quite distressed about a housing issue over the phone when I was booking her in, when she arrived at the appointment, she still wanted to discuss the issue, but the urgent aspect of it had been resolved as housing had come to the party when she said she was going to seek legal advice. She was very happy to have a place to live and thought about not coming to the appointment but was glad she did because we talked about a lot of things. She wants to come back in 2 weeks once she is more settled to talk a bit more.

Very happy that we did the co-design session with SEWB about referral form – they had great ideas and what they wanted I much better than what we designed.

The reflective journal is a good place for me to look back on the week and record what I have done and how and felt/problem solved things. It will be helpful as time goes on to look back at similar struggles, what works, what doesn’t, patterns and see growth in the project.

- **SDH (social determinants of health) outcomes**

A client came to see our BBM lawyer about an issue that they were having. Their ex-partner had refused access to see and communicate with their daughter. There are no existing court orders. When the lawyer spoke about what the next steps were, I could see instant relief within the client's outward expression.

However, one client was quite distressed about a housing issue over the phone when I was booking her in, when she arrived at the appointment, she still wanted to discuss the issue, but the urgent aspect of it had been resolved as housing had come to the party when she said she was going to seek legal advice. She was very happy to have a place to live and thought about not coming to the appointment but was glad she did because we talked about a lot of things. She wants to come back in 2 weeks once she is more settled to talk a bit more."

Very happy that we did the co-design session with SEWB about referral form – they had great ideas and what they wanted I much better than what we designed. (Duplicated as relevant to more than one benchmark).

Client getting her housing situation partially resolved just by saying she was going to get legal advice is a big win but opens up questions about capacity building clients to do self-advocacy that doesn't require the threat of lawyers.

After speaking with my clients, they seemed less anxious about their legal issues, although some of the family law matter clients still had lots of things to discuss in follow up appointments.

Clients who were experiencing family violence seemed heard when I told them what they were experiencing was violence and were listening intently when I explained how IVO / AVOs work and how breaches work when there are exceptions for communication about children."

Clients were grateful for the appointment and were eager to return for a follow up.

Clients often thank me for the appointment at the end.

- **Capacity/capability (also theme of growth mindset)**

Men's yarnning circle during evaluation week proved to be a difficult conversation to digest. The men expressed anger and frustration toward the justice system. Initially, during the session I felt that it was quite unfair for the men to 'unload' their frustrations onto the evaluator and legal team. After the session, with some debrief, and time to reflect on my own, I found understanding. After further debrief during external supervision, I was guided to realise the cultural aspect of men standing up for community, to voice and express the strong feelings and sentiments harboured deep within the community. It was very relatable to an idea that was presented to me during a Vicarious Trauma training session that I had recently. That I should see myself as representing the organisation, not myself, therefore I should direct any criticisms toward the organisation, and not take them personally. The guidance from external supervision

and idea from the training were very helpful in my understanding of the experience I had at the Men's yarnning circle.

Finding it challenging switching between many different types of thinking – quickly learning new areas of law and the new jurisdictions, then having to advise clients on this and apply it to their unique situations. Also learning the new organisation's policies and procedures, how they operate and function, file management protocols etc this is also challenging at this time with the transition of HRCLS to Action Step - nothing is being recorded as it should so I am in extra limbo about where my files are and how they should look. Couple this with planning time for BBM processes to be analysed and to dedicate time to develop CLE and PD material. There are many competing tasks to be done and client appointments and work often takes precedent - but I am questioning whether this is best use of time.

Remind myself to maintain a lens that I represent the organisation rather than myself, view things from an organisation perspective rather than a personal perspective.

Time poor to complete all of the above tasks – felt very overwhelming because there were many competing tasks, and all required different thinking and focus.

Conflict training so non-legal staff can ultimately take over intake process and to help BBM lawyer when needed, set aside time to talk about conflict checking.

They then started telling me about where they are from and bits about their culture and their lives.

One man, shared knowledge of bush foods and healing plants. Another talked about his wife's on country birth and the documentary that was held. A third talked about his work in the end-of-life care, his new education role in that space and asked questions about how he might use our service.

Undertook some PD for myself and learnt about the services offered by SSRV for Centrelink issues – very helpful to understand some of the complaint processes and options for clients in this space – also helpful to know they are a specialist service I could refer to if no capacity/too complicated for me.”

Trauma informed practice was a good reminder that structure, boundaries, and distance around client work is healthy for me and for clients. Most information was things I already knew, but a good reminder that they are very important for trauma informed work, and not allocating time to action them / reflect on the information is detrimental to me and clients. The difficulty I find in doing this is that we are always so busy, that to consciously take time out for this practice can seem impossible and not helpful for clients.

Evaluation is tremendously important for the ongoing success of the project / funding in this space. Taking time out of regular duties to ensure the evaluator speaks to all people required and gets honest and accurate information is worth it.

I am looking forward to reading the report and getting an idea of what more AWAHS wants from us. I think the report will be a great tool to do consultation work with AWAHS staff and/or community to re-work the service we are offering to fit what they want (within reason).

I think some of the feedback was brutally honest, not unexpected given the mistrusts and failures of the legal sphere, but it can be hard to balance what they want from the sector, with what they want from us specifically and what we can provide.

I see the report being something that will hold us accountable on the direction we need to go in and consultation with AWAHS on who we do this will help manage their expectations on what we can deliver/achieve.

- Secondary consultation

SC continue to be varied and interesting – from birth certificate questions, out of home care self-placing, to not for profit financial reporting obligations – I like being asked random questions and do my best to answer/find information on the issue to help that staff member. Keeps me on my toes and sparks good conversations with staff that help build trust in relationship.

Really interesting SC about a tenancy issue for land owned by Aboriginal community – wanted to know how the western law can help if someone is not following cultural Lore – house is being occupied by incorrect family member – not following the pattern of how houses are allocated on this land. Land not owned by Gov – Supreme Court decision confirming this.

- Areas that need development, attention or following-up

I recognise that it will probably take some more time in order to build those individual worker-to-worker relationships with staff at AWAHS before feeling comfortable in the lunch-room given that there are a wide variety of staff who use the lunch room and not all are directly involved in the BBM project.

Presenting to the group was challenging. The group had many questions, some of which were not easy to answer. Did not manage to go through all the slides. The questions started coming right after lawyer and I introduced ourselves and our roles and the BBM program. Lessons and learnings from that experience: If I had presented that same information on a screen and there were no handouts, it was too much technical information. It was good that the slides were printed out and handed out to everyone. Might be easier to provide CLE to groups like these in more informal conversation, like how (mentioned below) AOD Counsellor for AWAHS did with HRCLS lawyers on AOD work.

Headed down to the Men's Shed for lunch on Monday and Thursday, on both occasions there was no one present which was disappointing.

I feel like BBM are trying to embrace the giving up of power and control, but we need that to extend to operations in HRCLS as well for it to truly work – they are open to discussions which is great but would have been better had we had these discussions before consultation with

AWAHS. Don't want BBM to unintentionally cause tensions in HRCLS. Operations staff are being open to discussions which is great, but it is hard when it feels like we are taking 2 steps forward and 3 back each decision we make.

Training re-evaluation – painting clearer picture of expectations for project. Less focused on numbers and more on outcomes for individuals and community – merit in putting more focus on CLE and PD to have greater impact - this is where I hope more of our focus can be in the second half of the year.

The BTH group were not particularly interested in our information on the reparations scheme – more interested in why some of their claims were not approved (for deceased family members) and this spurred a lengthy discussion about the scheme not being enough money, not enough support for stolen gen families and into the continuation of the stolen generations that is still happening and what we are doing to stop that – these were very challenging topics and very emotional, was hard to answer the questions satisfactorily.

- **Complexity and MH**

Clients not showing up for appointments – no time to fill with other clients. This is a pro and con, pro is that I can get other work done when I'm too busy to do it on case workdays, con is that you waste time not starting a task thinking the client will be arriving, then they don't and you need to switch thinking to find a task you can do before next appointment.

Mental health issues ... causing ... self-sabotage.... (Note: redacted to protect identity-essential aspects reproduced in data to explain basis for overall analysis/Findings)

Difficult managing clients who seesaw in their instructions and end goals for their legal matters. Not enough time for me, as one lawyer, to always manage the urgency of issues these types of clients get themselves into, whilst balancing other clients and partnership management.”

Tried to connect OC in with social services, including AWAHS DV team, but it is difficult to know if they are getting the level of support they need – due to their behaviour there is risk that they won't engage and the health service will stop following up. Would be better to have multi-disciplinary team to support client – how to implement this is a challenge though.

Some really interesting SC – stolen wages, deceased superannuation, giving evidence in court when subpoenaed, DNA testing options and family pressure around finances. All in person and opened up good discussions with staff, one consistent SC user, but others were new staff to utilise SC service.

Referrals in are slowing down after the initial influx from waitlists etc, still plenty of work to keep us busy.

A case worker from another organisation was supposed to support a client to attend appointment – the client cancelled, and the support worker was meant to let me know – they did not. So, there was confusion between me and the client and the worker. Client couldn't do phone appointment as she wasn't prepared – thought it was cancelled.

Had a very vulnerable client attend appointment with her AWHS support worker – she was talking to support worker rather than me, I accepted this was because she has rapport with worker so took notes but needed to reinsert myself into conversation to give legal advice on AVO, rather than support worker talking to the documentation. Was challenging to get the attention back and make sure the worker wasn't telling her the wrong things.

Difficult managing my family law matter – OP has fair reasons to be difficult to negotiate with, but is also very shut off to reasonable requests – trying to encourage him to get a lawyer because he clearly does not understand the law.

I spoke with the psychologist this week about ways to help me manage clients with serious mental health issues/diagnosis who are sabotaging their legal matter progression. He confirmed that my attempts to put in place circuit breaker thought processes is helpful – but challenging for people to follow in heightened states. I was also horrified to hear about the waitlist to speak to the psychologist or even counsellor at AWHS – list of 30 – 70 people waiting.

- **Reach**

Still having quite a few no-show appointments – it is expected, and why I have the flexibility of 12 appointments a week, knowing likely only 6 will show. I need to get better at productively filling this time.

INTERVIEWS WITH LEGAL SUPPORT STAFF

This section will summarise some of the key comments made in the in interviews with the two current BBM legal support staff. These comments are categorised under the key benchmarks that are being used to measure whether the program is effective and having an impact. These are comments from participants extracted as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are not used.

- **Engagement**

If they can come to me when they have an urgent case sometimes, I can just resolve it simply on the phone and prevent it escalating. There were some initial detriments to the project where clients were getting bounced around and there was some confusion as to how appointments were booked and so this meant that they were double handled, and people had to repeat their story which was what we were trying to avoid. We have now addressed this and learned from it. It's been really great because the other staff member that's been able to do a little bit of assessment and triage which means we can do the conflict checks earlier and so we don't end up messing the clients about. We also had a worker who booked a client in without filling out the form that we had agreed and developed together. The worker was a bit annoyed initially but when we explained why, they understood. It's important that we take the time not to assume

that people understand the different professional obligations and putting this into plain English is always going to be a challenge for a lawyer.

- **Reach to Community**

Yes, I think multidisciplinary practise increases rates of referrals from non-lawyers. What's important about a multidisciplinary practise is sharing of knowledge and it means we're able to reach a wider range and types of people from different backgrounds, professions. By doing this we can fill the gap. But working in a multidisciplinary way we bring unique perspectives and use different lenses.

Yes, I do think working in a multidisciplinary practise such as this one extends reach to clients who would not otherwise get help. If we weren't here the number of clients would not walk into our office that's 100% sure. What I'm realising is a lot of people think they have the knowledge and prefer to deal with problems in their own way and say to find out supports not from professionals. This can be problematic because often they will not know what their options are or that there are systems or pathways out there. The borrowed trust that this programme has the potential to lend using relationships of the mental health staff with the client that's been built overtime and interactions will be really critical.

Working in a multidisciplinary practise extends reach to clients.

- **Engagement with Community**

By hanging out at different events such as football they can interact with diverse people. Finally, someone might be prepared to listen, and this changes everything.

- **Systemic work**

Yes, systemic work is important. Even though it's early days I can see this as already I've been working with a few staff at the health service already, as a collaboration, to try and get some systemic policy work done. There's a big issue that's emerged already in relation to a client who wanted to get some money for a headstone. The deceased person was eligible under the scheme for stolen generations but not the relatives because the person who was the stolen generation applicant was no longer alive. We've done a presentation to the stolen generation group descendants who are not included in the criteria. We are waiting to see if funding can be broadened and a grant made in relation to getting a headstone park. They also want to clean up the burial. We are engaging with other organisations as well on this. We would be talking to the local member of parliament for NSW.

Through the BBM have you collaborated in any systemic reform? "Currently the answer to the question is No we haven't done anything other than identify some of the issues it's too premature.

- **Impact of the Research itself in Improving Practice Transformation in service delivery and organisational approaches and ways of working**

What I'm starting to realise is that even though the outcomes expected may not occur they receive help. They start to understand that things may not work out the way that they thought they would but they're happy that someone is listening and giving support.

Yes, it's already changed my practise. I've learned about action research in my training and also in my profession where I have to sit and listen and ask questions but what I'm learning from this research is that the idea of reflecting and making my practise better can be an evolving and changing process and so the discussions we've been having are really good to make me realise this and to use the evidence or the insights that I gain and the questions are a prompt for this reflective practise and for this change. So yes, already there's been an impact of the research impact evaluation. It makes you stop and think and consider which can only be a good thing.

What's different and similar in this is that in this project it seems more targeted and much more integrated than my previous experience. It's good learning how much the legal issues influence mental health and can provide triggers to its disintegration.

Yes, I have seen and believe that this research impact evaluation and its evidence it's already assisting me to improve grow or change my practise. It's not too early to ask that question. Even the process of sitting down to write the journal and reflect today has helped me. It's helped me identify what I can do to better myself and my work so that I can improve outcomes from my client. It forces me to stop and think about what I can do better. Even today I'm asking myself different questions to clients to avoid the high stakes situation. This research forces me to reflect and this is helpful. I talked earlier about the training I received from the drug and alcohol counsellor. Even reflecting on this is highly beneficial. The information from the health professional is helping make me a better lawyer and I've only just recognised this as I paced through what's happening and this research slows me down. It's making me ask what I need to do, what we need to do and what we need to learn about behaviours. It's a different way of working especially where there are clients who use drugs. This project has opened the door on this.

- **Complexity and MH**

Things can go pear shaped so quickly due to mental health problems. Clients tending not to be able to sit with the matter and do things against the advice and this is the impact of the mental health. I give them the advice and they seem to understand it and want to take it but then when they come back to me again, I find it's all unravelled over the weekend, or it's exploded again. And then this is subsequently changed their legal options and avenues. Already this project has really confronted me with how mental health can affect your ability to refrain from behaviour and that although at times clients understand what the correct course of action is the plan or the backflip which could have solved their problem has gone backwards because of these behaviours. In the last four weeks this happened three or four times. There are so many land mines and this phone calls and emails to undo the trajectory this is particularly the case with family law matters. Another client was not taking my advice. I was concerned that although they understood the advice initially and it seemed to them to be reasonable, they then changed their mind. I'm now putting it all in writing so that they can revisit what they've been advised and look back at it and think about it. Then they have a letter or email that's there and they can refer to it time and time again. The problem with domestic violence is that there are often empty

threats, and they make the client scared and so they react, and they believe the perpetrator over me as their lawyer. This is incredibly frustrating and shows the complexity of what we're having to deal with.

- **Engagement**

It's around the accessibility and training we're getting. The health service staff mean there is some local presence. That is sees someone face to face and they're not one of matters and so they can build their rapport.

If they can come to me when they have an urgent case sometimes, I can just resolve it simply on the phone and prevent it escalating. There were some initial detriments to the project where clients were getting bounced around and there was some confusion as to how appointments were booked and so this meant that they were double handled, and people had to repeat their story which was what we were trying to avoid. We have now addressed this and learned from it. It's been great because the other staff member that's been able to do a little bit of assessment and triage which means we can do the conflict checks earlier and so we don't end up messing the clients about. We also had a worker who booked a client in without filling out the form that we had agreed to try and navigate some of the complex issues and the worker was a bit annoyed initially but when we explained why they understood. It's important that we take the time not to assume that people understand the different professional obligations and putting this into plain English is always going to be a challenge for a lawyer.

- **Capability**

Yes, I have received some training already from the health partners we've also delivered some formal training at staff meetings. I've done training in alcohol and drug with the counsellor. This was really helpful and helping me understand the client and what to do and not to do and to explain some of the clients' behaviours which I would not have otherwise integrated into my practise. It's a huge learning curve and it's making already a difference to how I engage in conversations. What also happened as a result of this one-off training with the counsellor was because I had listened, they were keen to engage and later they referred a client to me. Most Thursdays I'm at the men's shed lunch and the way in which we do that is a form of training so it's informal and we did a bit of a discussion around Voice to Parliament, but it was pretty limited. I'd like to engage in more conversations about the pros and cons of Voice with community.

- **Collaboration & Reach**

Thinking about it there is something I can observe the most interesting thing I've learned about working in partnership is that there is collaboration which was not envisaged during my study.

We talked a lot about co-location of other services working together but in my experience the idea of justice being integrated with health is different. I had no idea previously that this was even within the realm of what was possible and this experience of being involved with justice and health has changed my realm of practise. I never would have envisaged the intersection or

my involvement in either the health or justice system other than from the point of view perhaps of mental health where clients get subjected to justice or have mental health problems.

Yes, I do think working in a multidisciplinary practise such as this one extends reach to clients who would not otherwise get help. If we weren't here the number of clients would not walk into our office that's 100% sure. What I'm realising is a lot of people think they have the knowledge and prefer to deal with problems in their own way and say to find out supports not from professionals. This can be problematic because often they will not know what their options are or that there are systems or pathways out there. The borrowed trust that this programme has the potential to lend using relationships of the mental health staff with the client that's been built overtime and interactions will be really critical.

- Changes in practice

Often when people are involved with the lawyer it's very short term and can tend to be a bit tokenistic. Here because the lawyers [are] on site permanently they can be involved in decisions around raising children identifying what's important working within the circles, joining the dots and listening. By working here with the health service, who have ongoing interactions with individuals and families and where there is often trust; this trust can be borrowed by the justice people overtime to get important messages about what people can access and what their rights are across.

Yes, systemic work is important. Even though it's early days I can see this as already I've been working with a few staff at the health service already as a collaboration to try and get some systemic policy work done. There's a big issue that's emerged already in relation to a client who wanted to get some money for a headstone. The dead person was eligible under the scheme for stolen generations but not the relatives because the person who was the Stolen Generation applicant was no longer alive. We've done a presentation to the Stolen Generation group descendants who are not included in the criteria. We are waiting to see if funding can be broadened and a grant made in relation to getting a headstone park. They also want to clean up the burial. We are engaging with other organisations as well on this. We would be talking to the local member of parliament for NSW. (Duplicated as relevant to more than one benchmark

- Changes in social determinants of health and hope

The only thing I can say is that I observe when they drop in for help when they approached me that they're often quite stressed and present as distracted. This is after the first session all the second session what I see is when they've spoken to the lawyer, and they booked in for advice or they are getting casework in advocacy their engagement seems to change and the body language seems to also change. By way of an example there was this young person who was angry and then after the engagement with the programme he seemed more relaxed and reassured and so if that sign of alleviation then it was certainly evident. If I look at it and compare the experiences when I first see them and then after the lawyer engagement, then if it's about how they look or appear or present then there seems to be some alleviation.

Clear signs of Aboriginal clients being alleviated or having prevented poor health symptoms. I say this when we've had a few good outcomes. They expressed me verbally their satisfaction.

Another sign that they're feeling better is that often initially they wouldn't open-up but then later on, I can't stop them talking when I've stepped through the legal issues and what the steps are I've had a response like 'that's great' or 'I understand and see the difference now'. In the short term I guess this is a signal of an improvement in their immediate mental health, but I have to observe that for many of these clients it's short lived. They feel better certainly after seeing the lawyer but then often they returned to the heightened state really quickly. So, it will need another two years I think before we see a real response or changes in behaviour and proper alleviation.

INTERVIEWS WITH MANAGERS

This section will summarise some of the key comments made in the separate interviews with each of the four managers of the BBM partnership organisations. These comments are categorised under the key benchmarks that are being used to measure whether the program is effective and having an impact. These are comments from participants extracted as pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are not used.

- Reach to Community

As a legal service we would not be able to reach the Aboriginal community without this health service alliance. We are piggybacking on their clients.”

Critical is that we need to make sure that we're more culturally aware in how we deliver our legal services. We hope that day by day there will be a stronger engagement. We are already learning what works and what doesn't work and the integral value of a community engagement worker. Prior to this we wouldn't have had this opportunity to extend our reach to this really important and often neglected community that experience so much trauma and are so excluded.

- Collaboration of the partnership

What I say specifically are the benefits to clients from them at involvement with this partnership - it will be a safe space for clients to see a lawyer as it will be on their own patch. With full time staff will be more available and present and therefore clients are likely to access us. We need to have higher visibility and this availability will enable this. We've already been working with the community health team for some time through the Invisible Hurdles project. We are harnessing this trust, but we hope to build more trust as we're embedded better and deeper into the community health services team. We really already valuing the stronger relationships that we are forging with AWAHS staff. The elders are being really helpful we're building on the health centre's relationship with elders but we're also building our own relationships with the elders and starting and seeking to improve our understanding of their culture.

It's all about funding we need to think about this unique three-to-four-year project and what its implications are. We already know that longer term funding is key to building these relationships.

We'd like to see the relationship move beyond staff trust to organisational and leadership level and building the relationships between the leaders and the two partnerships even further. Particularly would like to see more operational management having relationships between the two organisations. We have learned that such relationships and leaderships come from all of our services and that this will be critical in the long term to sustainable funding.

What I want to see is our teams exchange and come together as partnerships more often in each other's settings and be in each other's spaces, in each other's disciplines. I think this time what we've learned from the Invisible Hurdles Project is it's also about our leaders and their capability and ability to sustain the project beyond its term of funding.

The reflective practise conversations (through the researcher facilitation) with management are signs that we're moving towards a more genuine partnership. We're asking each other questions like 'what do you want?', and 'what do you need?', 'what do you value?' 'what will make it effective?' and we're doing this at management and even Board level.

Next few years of the project will give us an opportunity to do the broader work between the partners that we didn't really do in the Invisible Hurdles project which focuses on youth and family violence.

It has not been going for long and yet we've seen an amazing number of clients on wait list and already as clients. The staff who was spending the time at the community health service have already seen to strengthen their relationships. They know the elders and they've been showing around and had really good trusting conversations from what we can gather. There are certainly more trusts than previously. We've been involved in a multidisciplinary and health justice partnership before the first was with this agency but the other is not with this agency. What I've observed is there's more trust early on in this project than there would have been previously. There's an incredible willingness of the partner to explore options which we previously would not have explored, an unwillingness to share data and shape data. We being the ones pushing back because of the legal issues around privacy protection and client legal privilege but what's encouraging is they're prepared to share and receive willingly. So, this bodes well for the future of the partnership over the next three or four years.

With the Invisible Hurdles project, we had a lot of people in a short space of time, and we know that we lost traction or trust. Because of the lessons from the Invisible Hurdles project, we have been really mindful about delaying and thinking about having the right staff. Key to this was our realisation that we had to have our partners involved in the hiring of staff. They gave us insights as to what was important for the roles that we were hiring for that we would have otherwise not had. Because we built this trust and worked alongside our partner it's already having an impact on referrals and trust.

We're learning all the time about what collaboration is and is not. Both the BBM and Invisible Hurdles project now have a reflective practise process in-built into the research project; this

alongside the data being gathered informs how we work with our partners. What we're seeing now after many years of the project is that we are co-designing with our partners to find solutions.

- **Social determinants of health**

Collaboration to advocate for systemic reform –

... if the lawyers can help with this this will be great it will give clients sense of relief and release. Law is a big thing in the Aboriginal community, and we don't have the answers we need quick answers there's a lot of anxiety and this doesn't help with health issues.

- **Complexity and MH**

Many of our clients that are coming through this new partnership have multiple problems and it's the first time that they've seen anyone about those sorts of problems and because they are experiencing mental health and trauma issues the way in which we get advice and follow through and help them on a continuum is going to require a lot of thought and consideration. We hadn't really realised this I don't think until recently.

With trauma we need to be careful and ensure that the way in which we deliver training is respectful and careful.

- **Engagement:**

The way the elders speak to the new staff and talk and spend time with them. Even giving lifts and driving in a car together is building friendly relationships with community and with the elders.

- **Referrals/trust:**

At the moment, I think the main weakness is manager visibility to staff itself and we need time with elders and staff beyond what we're currently doing. This will help with g. referrals within and h. effective referrals across and within the organisation.

- **Changes in practice**

Considering where the clients that we work with could be assisted to better manage their legal issues with some further capacity building or legal education by the partnership the community engagement officer is still trying to work out from the conversations he is having with different groups and staff. There are lots of different groups and we know that through working with these groups that will get to know the community. We are keen to learn. We are hoping that we can build trust and we want to learn from them not just provide a legal service. Over time will start to become more comfortable to talk about their legal problems with them. It's still a bit of trial and error. This is really quite new to us even though we've done the Invisible Hurdles project, this is much more immersive. I'm starting to realise the huge impact of colonisation and the significant expectations that they will have [of] our legal service. This also is reflected

in their views about the legal system. We need to learn what they are bringing and create opportunities and understand their needs and their desires and what services look like to them. This research impact evaluation is critical to us being able to do this. We need to work on our trauma informed practise. We are already looking at the Stolen Generations reparations scheme. We did a training on this, and it went very differently to how we expected. We need to think about this.

What sets this project apart from other projects that we're involved in already is the buy-in we've had so far and at multiple levels. We already have a lot of traction early on from the Invisible Hurdles project and we're building on this. It's quite unique to get such enthusiasm and co-design, 'from the get go', and bringing the number of referrals we've already had in the recent month so quickly. There was a gap in staffing but with the Invisible Hurdles project we were able to still keep the relationship ticking along and we've managed the path for the new staff differently to the way we would have done it previously because we've learned againhaving the right staff particularly in working with Aboriginal people in a culturally safe way and trauma informed way is absolutely fundamental and we know that this is critical to the project support. This was a key factor in determining who we would hire for this project.

It's been so valuable to us, and we've learned so much through having our partner AWAHS involved in the recruitment process. By having this we took on board things that we would not have otherwise considered. Our partner because of their insights and experience with this client group had to advocate to us to get the right people. If they hadn't been involved, we may have ended up with a completely different staff because we would have been narrowing our concerns. This shows really, really, important role of partners coming from different perspectives and the practical implications of doing this sort of work together.

We're starting to learn that this is going to be a long process where we will have wins and losses along the way. Going to be so complicated already we have a few clients who are regulars of the health service in terms of previous abandonment. We have to do some longer term thinking and use different methods we're seeing this already. We're used as lawyers to dealing with clients almost on a one off dispute basis. What we're realising is that we need to be following up for the client cohort and the breadth of matters an experience that we have is useful but it's only a starting point. This is so hard.

Pre-existing relationship was strong with the health service and so we've been able to springboard into amazing client numbers which we took time to generate in the Invisible Hurdles project.

We learned from COVID that because we had a really good relationship with our partners that the value to enable the service to keep being within reach of clients and trusted intermediaries during the lockdowns and all the to-ing and fro-ing that this created, meant that we were still able to stand our ground with high referrals and continuous contact. This highlights the benefits of funding of a programme over a long period of time. This project and the previous one through Invisible Hurdles meant that because of these relationships we were able to withstand all sorts of instability.

- **Impact of the Research itself in Improving Practice Transformation in service delivery and organisational approaches and ways of working**

Yes 100% we are building on your reports from the Invisible Hurdles Project this has informed how we've moved forward; this has also informed the fact that we went for funding and what we included in our funding submission. This project has been shaped and informed by your research questions. Your questions are asked in day-to-day practise these days and on a regular basis. We are now looking at questions like 'what are the systemic implications?' We would probably not have pushed this so far and thought about it as much if we hadn't been shaped and informed by your questions. What this research does is it reminds us about what this project is about and what we can achieve. The research itself is gold. It's really easy on a day-to-day basis not to reflect on how to improve beyond the churn of clients and by asking these questions and challenging us through your research you are really making us think and improve what we do.

Part C Conclusion

The data collected for this 2023 annual report suggests the BBM is already gaining traction in the Aboriginal community, particularly in comparison to other similar MDP and HJP projects in start-up phase. It is already reaching its target audience namely Aboriginal people experiencing mental health issues and with issues flowing from trauma.

There is a high level of distrust in Aboriginal communities in the catchment area which is shaped by previous experience with the legal system, service system, and implications of colonisation. This project will need to address this for positive outcomes on the social determinants of health and justice outcomes for Aboriginal clients. Despite these challenges, the partners from management level and staff participants in this research and impact evaluation already experience positive changes and emphasise the importance of partnership of agencies.

The Aboriginal community express scepticism about the legal system and legal services, noting consistently as it is exclusionary and not about justice, but is prepared to give the BBM service a go if their feedback integrated into the service model. Significant challenges emerge from the research and this project will need to grapple with that. Overt and covert racism in the data showed the ongoing impacts of colonisation, mental health, exhaustion, and certain levels of exasperation and powerlessness.

The partners including both the management and staff demonstrated higher levels of reflective practise already and a willingness to take on board the implications of the data which bodes well for project. This and progress in Aboriginal perceptions and trust in the BBM will be examined in future evaluations for the BBM project.

Part D Findings

Findings

This section provides the key findings of the first phase of this research:

1. There is a high level of mutual trust and understanding between the individual agencies have also developed these high levels of mutual trust due to groundwork that was laid in the IH Project over seven years.
2. The BBM Project is already reaching its target audience namely Aboriginal people experiencing mental health issues and with issues flowing from trauma. This is probably due to levels of trust between the two partner organisations overtime but which will need to be tailored to this specific target group (see Recommendations) to make further inroads in light of the findings on trust and impact on behaviours or mental illness and prolonged trauma in the community.
3. HRCLS is committed to continually improving its staff's understanding of and appreciation for Aboriginal history and culture and this commitment has directly related to service delivery to Aboriginal clients.
4. There is a commitment of new staff to develop reflective practice skills and by the program partner management team and changes in practice are supported by management.
5. The proxies (used in this evaluation as indicators to measure impact) have received considerable effort in this BBM start-up phase to be met, namely: reach, capacity, engagement, empowerment, reciprocity, and collaboration.
6. The data also suggests that ignorance about the law and perceptions that the role of the law is only when someone has 'done something illegal' rather than in the protection of rights or to enforce those rights. It was clear that this ignorance is seen to be utilised by authorities to suppress the Aboriginal community based on some of the narratives collected during the field trip in April 2023. There is also an element of members of the Aboriginal community identifying concerns about exercising their rights as risking reprisals against them by authorities. This highlighted the great need not only for access to a lawyer but also the need to build legal awareness, capability, confidence, empowerment, and advocacy skills in both the Aboriginal community and among the TIs who support the community.
7. Comments made by staff in the in-depth TI interviews and manager interviews is that the program has moved beyond trusting staff to also including trust in the agency, namely the Hume Riverina Community Legal Service largely due to the work done in the IH project. This has contributed to the seamless and continuous service delivery across to this new BBM project, and to the relationships being built with staff and clients.
8. There is a strong belief that partnership improves the capacity and capability of agencies. Thanks to the IH experience, a holistic understanding is strongly present, and the service change is seen as a crucial part of the work.
9. The ongoing nature of the program, the relationships established and the awareness and visibility of the program and its staff and their availability will need constant work to enable this program to continue to gain traction and to reach more Aboriginal people who fit into the target group.
10. The lawyers desire to develop special knowledge of ways of working with Aboriginal community members and displayed a 'growth mindset' which will be needed if this project is to be successful in its aims. This will be monitored in future evaluations to

- determine if this willingness converts to changes in practise that would be indicative of an impact.
11. The participants in this research have reflected on the value of having had an embedded research evaluation with the same independent research evaluator over the period of the IH longitudinal study moving into the BBM research. It is noted, subjecting the BBM to independent rigor and questioning through research (data from Interview with Managers, Reflective Practice Meeting with Managers, In-depth Interviews with Trusted Intermediary Staff) provides insight to the partners and staff around what works and why and what changes might be necessary including changes of practice. The research participants also reflected the ability of the BBM to receive ongoing funding in this sector, is enhanced with this evidence-based series of reports at each stage of the program which will leverage further funding as it did with IH and continue to make a case for its continuance and the funding of replicable models for service delivery in the sector.
 12. Within the community, there is a high level of distrust in legal system and therefore lawyers. Colonialism and racism are referred to as main reasons for that. This distrust stands out as an important issue to be addressed by legal staff. In order to work effectively they need to build trust over time by approaching them from a trauma-informed perspective. “For example, many of my clients would not want to seek legal help because I would think ‘what's the point in it’. It comes from trauma. Some of the ongoing reasons why they feel trauma have been because of lawyers or the way in which the legal system treats them. The lawyers are going to have to be very careful that this is a factor that they count in their case management. There is incredible distrust of lawyers and the legal system and so you're going to have to overcome that.”
 13. There is an increased awareness of the value of collaboration and multidisciplinary work. Managers express that engagement with the partner is transforming in the sense that it provides insights into the client group that they would have not been able to work through otherwise. “Key is recognising we don't have all the solution and realising we can't help people without the interaction of our partner and their engagement and involvement in our work.”
 14. Most participants in Yarning Circles agree that the justice system and white structures need to be challenged so that racial discrimination, structural racism, and colourised injustices are not perpetuated. To this end, legal services need to acknowledge the agency, authority, and power of the Aboriginal communities and play a facilitatory role by informing them fully about their rights.
 15. The Health Justice Partnership movement ought to consider securing funding for Aboriginal Traineeships.

Part E Recommendations

Where possible these recommendations will be utilising the words of the Aboriginal participants in this project. This is to honour the project and the research’s stated aims around self-determination and providing Aboriginal voices on matters that affect them. Accordingly, where possible, the authors have used the actual words of the research participants in the recommendations themselves.

Community's Recommendations

These are comments from participants extracted from Author one written notes and for this reason quotations are not used.

From women's yarning circle:

Lawyers – you need to know the law and use big words with the courts and to deal with the police but you don't have to use the big words with us; you need to explain things to us so we understand.

It needs to be culturally safe. It needs to be a safe place where there's no judgement and then we might think about getting help. We need justice and health to work together to solve our problems in community. We need to know what we're entitled to as well as what we should have.

Also, lawyers need to keep on track and tell people how things are progressing. Things like government support with electricity, welfare, food hampers, unemployment, pension stuff with Centrelink. We need to know much more.

It's critical that the people who are the lawyers if we're going to seek help are helpful, nice people and they're alongside us not doing things to us. Lawyers need to be in places where we feel comfortable.

Lawyers need to break down information so it's digestible and understandable.

Lawyers need to use simple terminology; I mean for goodness's sake many of us are members of the stolen generation and its intergenerational and its institutional and lawyers were involved in that, so there's a big difference and a huge gulf and we won't trust people because of all that lawyers were involved in all this. It was the laws who took us away from our families and separated us.

Courts need to be less formal they need to explain things fully and understand the emotional stress that comes with being at court that we experience.

No one explains that just tell us we should know. We're not lawyers they are. Isn't part of their job to explain what's going on so that we, the people who they are deciding things on behalf of understand?

Yes, I agree. We need a lawyer who explains things.

This is why it why we need the lawyers, but they must be lawyers who are on our side and who work with the people here at the health service but also who listen and work for us.

(To agencies) You guys need to get out there and publicise this sort of stuff come to our special events. Produce some pamphlets, put them on doors, come to our morning teas, you've got to

get out there and promote this stuff. We don't know that these are the sorts of things you can help with and so we won't be coming to you unless you let us know that it can help.

There's also community radio here. Put Flyers in the grocery shops. It's hard to get information and find this sort of thing out.

Come to our groups they are regular and routine.

(On trauma) We tell our story time and time again to different people. It's about time services came together so that we don't have to keep re telling our stories.

It's hard for us to openly discuss somethings. We need to see a connection and that the collaborations are working for us to trust.

We also need to see services communicating so we don't have to keep going over and over. It's upsetting it's traumatising to tell your story over and over again.

Needs to be a contribution of services to the whole story to avoid us having to repeat ourselves. If we do - it's like no one's listening.

From men's yarning circle:

The community currently feel there's no point when even the lawyers don't fight for them as they are lazy. You need to be our advocates; you need to be on our side.

A lot of what's happening is tokenistic and visual and it's not real. You could put up the pretty pictures of Aboriginal art, you can say it's safe spaces but it's not real. There needs to be real genuine changing how you interact with us and how the systems interact with us. There needs to be a real effort to understand who we are and what we are and to give us a voice.

They need to be more black fellas working with black fellas and getting trained in the law. It's good to hear there are more coming forward, but we need a lot more and we need proper support for these young people.

We need to be represented. We need a justice system of people who fight for us. We need a justice service that helps us come out feeling better about ourselves.

We need a justice service that's here to help us break the circle and the cycle. We still struggle. Even where there's no wrongdoing we get punished.

We need you there for us when care and protection comes calling. We need to know what the police can and can't do and how to navigate through that. Even when kids do know their rights the police will probably come down on them like a tonne of bricks in any event So what do we do in that situation we need more training we need more responsiveness.

We want strong lawyers who are going to represent us and be real.

We want a legal service or justice service that challenges the white structures.

We want a legal service that doesn't perpetuate what's being done to our people over and over again. We want a legal service that knows that we should have the authority and power to do what's right for our people and to work with us to advocate for this.

We want legal service who looks out for our kids in care. We have no pull and decisions are made; they're stereotypes.

We want a justice system that challenges discrimination and colourised justice. (X 9 participants agreed).

More Broadly (and informed by Aboriginal community views noted above)

1. The funding bodies and the policy makers need to recognise that collaborations and partnerships need to be adequately supported and funded on an ongoing basis rather than a short-term basis or fragmented funding models. Integrated service is critical.

This is in recognition of the findings of this study that building trust needs to be sustained and genuine. Once trust is tested and has been built up overtime, it enables the relationships to traverse and overcome difficulties together. This was evidenced in the Invisible Hurdles Research where it identified services were strengthened between partners overcoming the odds such as those presented by Covid lockdowns and border discrepancies because they had built trust and tested it over time. This project because it has the two common partners in the BBM has meant usual start – up issues in HJP's have been overcome or quickly resolved due to these established relationships of trust.

2. Secure and stable funding overtime, partners with similar values, and the focus on client- centred and holistic service provision places partners on the trajectory to break through policy impediments building collective voice for changing unfair, inequitable, or unjust laws and policies.
3. Research evaluations that are embedded from service start up that include and incorporate in their model participatory, iterative, and reflective opportunities are immensely invaluable. They enable services to think about what they are doing, how they are doing it, what is effective, and what measures are required to make an impact. This evidence can then assess impact and can shape and inform services to recalibrate, reassess and adapt their service delivery models so that they can be more effective and have a greater impact.
4. That the legal profession (more broadly) takes up the opportunity to hear from the Aboriginal community. Symbolism is important but services and institutions must go beyond the symbolic to match these with practice. Otherwise, it is perceived as institutional 'hypocrisy' and diminishes trust and faith in institutions. This includes the courts, the police, and so on moving beyond rhetoric to real positive cultural respect and non-discriminatory practice. See the following quote that illustrates the importance genuine efforts:

“A lot of what's happening is tokenistic and visual and it's not real. You could put up the pretty pictures of Aboriginal art you can say it's safe spaces but it's not real. There needs to be real genuine changing in how you interact with us and how the systems interact with us. There needs to be a real effort to understand who we are and what we are and to give us a voice.” (Yarning Circle April 2023)

5. Lawyers need to use a more accessible, digestible language and a simpler terminology. “Break it down into small bits and use smaller simple words and be aware of the need for cultural safety. Be kind - that's key to cultural safety.” (Interview with TIs, April 2023)
6. In recognition of the Aboriginal community’s distrust in the legal system and therefore lawyers, the legal professional need to make sure they have enough time and space to build trust and approach clients with a trauma-informed approach.
7. Delivery on promises needs to occur, managing expectations and being clear and transparent about what is on offer to Aboriginal community, as, if this does not occur trust suffers.
8. Recognition of systemic issues such as racial bias, institutional racism, and the impact of colonialism ought to shape and inform responses to Aboriginal issues if they are to be effective.
9. Institutions need to be transformed in a way that challenges structural racism. Representation for the Aboriginal community is key. One way to address this might be to explore Aboriginal traineeships within HJPs, particularly those that are integrated within ACCHOs (as per Recommendation 11 below). See below for the community’s views on this point:

“We need to be represented. We need a justice system of people who fight for us. We need a justice service that helps us come out feeling better about ourselves.” (Yarning Circle April 2023)

“There need to be more black fellas working with black fellas and getting trained in the law. It's good to hear there are more coming forward, but we need a lot more and we need proper support for these people.” (Yarning Circle April 2023)

10. Human Ethics Approval requirements of government departments, universities and other agencies ought to consider the audience for their participant information sheets and consent forms. They need to be able to discern complications emerging from trauma -informed practice and oral traditions that are critical for cultural safety as a part of ethical practice. The feedback from the Aboriginal people in relation to the Yarning Circles was that consent cannot be truly informed if the forms are incomprehensible and are written in a language that is academic, complex, and informed by Western colonial ways that do not align with culturally safe practices. It was seen by Aboriginal participants ‘as another form of colonisation’ and problematic where oral traditions are strong, and literacy may be an issue.

BBM Specific (and informed by Aboriginal community views noted above) 11. 11. Greater effort is required to communicate that law is not only about ‘unlawful’

activity or for you when you do something ‘illegal’. A more concerted campaign is needed in communities to demonstrate clearly and simply that the law is an important tool for making authorities accountable, realising rights, protecting people from abuse of power or ineptitude. The data suggests that Aboriginal community and TIs often see law as about criminal law or child removal rather than seeing the law as an important tool for enforcing their rights when their rights are breached.

12. Continuity of care should be central in BBM type projects where mental health and trauma can affect client behaviours and readiness an ability to act in their own interests due to the intervention of their mental health condition.

13. Lawyers need to be constantly and consistently there for this client cohort of people with mental health and trauma issues, not only when an urgent legal issue arises.

14. BBM will need to be transparent and open about limitations (funding, not having staff to deal with criminal law, for example).

Future Work that is required to make an effective BBM intervention for the Aboriginal Community

15. This section informed by the findings of this research in 2023 and should inform the identified strategies for the BBM project to operationalise its aims in future years of the project. This will be discussed in the reflective practise conversations in June and July 2023 and any agreements reached will inform the future RIE in its assessments on effectiveness.

Elements identified in this section will be examined in future annual field trips to see whether progress has been made by the partners in these realms. The data collected in relation to this progress will also shape and inform the impact evaluation.

The key elements identified for this work in progress are summarised as follows:

- a. Training in trauma-informed practice and cultural safety, Aboriginal history, and operationalisation of this awareness in the day-to-day practise of the BBM staff and managers is an ongoing need.
- b. Enabling Aboriginal community voice in community development programmes, policy work and enabling them to drive the decision around what this looks like so that they have a voice in how programmes are designed to be more responsive to them and in decision making on matters that affect them.
- c. The legal support team need to focus on developing active listening skills with the Aboriginal community. BBM Legal support staff need to be trained in being aware during a client’s narrative of when they are in a heightened state and able to interpret body language and withdrawal. The lawyers will need training and an awareness of how-to pick-up cues from the community so that they do not further traumatise them. Lawyers’ traditional legal training tends to mean that in taking client instructions they are focused on organising material, chronology and placing the circumstance of the client into a legal context. Whilst this is an important legal skill, with this client group it can translate as being unconcerned

about the client's dilemma and disrespectful. The lawyers will find that if they can build this skill set the clients will feel safer and they will have greater disclosure which means that we'll be able to help clients in tricky situations. This accords with the notion of client centred practise and skills development suggestions have been written up which can support the legal support team.³⁷

- d. The lawyers and the legal service operations for this particular project given its focus on Aboriginal community and clients with mental health, trauma and well-being issues, will need to move away from the traditional lawyering approach that tends to intervene when there is a current legal matter and try to develop a continuity of care model as befits clients experiencing mental health problems and with behavioural issues that can provide blockages and impede readiness for decision making.
- e. The community engagement activity of the project is its critical component. In initial stages of the project, the assessment in triage of clients has assisted in averting delays and problems created due to the need to undertake a conflict check and to make appropriate referrals if necessary. This includes warm referrals or preparing material to assist the lawyer for the client. This is a good starting point. Another key component in the community engagement is the role of community organising in empowering the Aboriginal community.
- f. While the BBM is about gaining access to legal support for immediate legal problems it is also about legal empowerment, so the Aboriginal community have their voices heard in decision making and civic participation. The current further marginalisation of the Aboriginal community because of the negative media connected to the referendum on acknowledging prior occupancy of Aboriginal Australians and the role of a *voice to parliament* in the *Constitution* needs remedial action. The impact on mental health and well-being if the referendum fails needs to be considered. There is an important role for the legal support team in informing the Aboriginal community of this historical and significant proposed legislative change. This is so they can make informed choices on their vote and potential future role in informing policy on their own issues. Identified in the research is a low level of engagement and understanding by the local Aboriginal community on what the referendum is about or even awareness of there being a referendum.

Additionally, social media has led to an increase in racially abusive commentary. This charged atmosphere could have the effect of disempowering community and marginalising further. There is a role given the expertise of lawyers in ensuring accurate information and improving understanding of the law reform processes and working with the health service to ensure that whatever outcome occurs in the referendum vote the Aboriginal community is prepared. A strategy is being developed by the health service partner to better position the Aboriginal community in the current debate so that they can make informed voting choices. The BBM legal support team and the legal service can

³⁷ Curran L (2021) *Better Law for a Better World: New approaches to law practice and education*, Chapter 5 Client-centred Practice, 63-78 (Routledge UK Abingdon).

engage in movement lawyering to galvanise and prepare the community but ensuring they have the confidence, capability, and skill sets needed to be advocates on their own issues.³⁸

- g. Considering the data which challenges the colonised way in which the legal system operates and the lack of trust in the legal system and legal services, including Aboriginal legal services, means that the way in which the legal service operates needs to be driven by Aboriginal self-determination, autonomy and actively seek to address racial discriminatory practises either formal or informal on which the legal system is based. This will be challenging so checking in with AWAHS and community about what works and does not work will be key in navigating this complex terrain.
- h. Policy work is needed is as a significant component of BBM. The issues identified to date (& including through the field trips) include: the inadequacy of the Stolen Generations Reparations Scheme; the way in which the care and protection system is administered³⁹ to disadvantage people impacted across generations by colonisation; dislocation and institutionalisation. It also includes poor culturally informed practise - problems with the judiciary and their treatment of Aboriginal people appearing in their courts which is not culturally informed, presumptions around a level of understanding that many Aboriginal community do not hold, changing the way that other legal professionals interact with Aboriginal clients, and promoting the model that the BBM project will seek to exemplify.
- i. At an organisational level, the managers and board members also need to continue to build on and engage in cross partnership opportunities. This includes interaction by the management of HRCLS and their Boards with Elders and with training provided by or through AWAHS on trauma and cultural safety. It also includes attending each other's staff meetings, board members meeting together across the partnership, joining together as appropriate on policy and law reform initiatives, and attending community events. It includes ensuring cultural safety and trauma informed training occurs not only at a staff level but across boards and managements. Also, looking at opportunities for board members to work together to promote and champion this project and encourage replicable models to better reach Aboriginal people who do not have the benefit of the BBMA key challenge for both partners will be the capacity of having only two legal support staff and the significant levels of identified need in the Aboriginal community. This needs to be managed very carefully and mindfully using the reflective

³⁸ For materials and reading on community organising see <https://actbuildchange.com/blog/10-books-every-community-organiser-needs-tool-kit/?cn-reloaded=1>; Maloney J (2014) 'I feel Empowered, I Know my Rights: Communities empowered by peer educators and para legals'; Curran L (2021) *Better Law for a Better World: New approaches to law practice and education*, Chapter 11 'Community development and professional development', 180-200; chapter 12 'Policy research, submission writing an advocacy for change', 202-219 (Routledge UK Abingdon); Curran L, Taylor-Barnet P and Vernon A (2019) '*Reflecting on community development practice: Working with communities for effective change by enabling access to justice*' with P Taylor Barnett and A Vernon, 19 (1) *Flinders Law Journal*, (July 2017).

³⁹ Yoorrook Justice Commission Victoria (May 2023) public hearings to examine the child protection and criminal justice systems. <https://yoorrookjusticecommission.org.au/hearings/>

practise model that this RIE insists upon as a measure of ensuring positive impacts. The legal system is driven by court dates and timelines and time frames which do not necessarily accord with the mental health and well-being of Aboriginal people. These pressures can lead to further re-traumatisation and relapse in mental health recovery. This is a minefield where lawyers are trying to use their legal skills to alleviate and empower people who have experienced trauma, ongoing impacts of colonisation, discrimination (as identified by all the Aboriginal participants in this research). Combining with this is the view expressed by Aboriginal participants around what the measures are that will lead to the establishment of trust in BBM legal support team and how easily this trust can be lost once gained.

- j. It is going to be incumbent on this BBM project for the legal support team to be clear about what it can and cannot offer. This is to manage expectations whilst at the same time not emulating the sorts of legal support services that the Aboriginal participants have indicated they have lost faith in and will not work with. This is going to be a significant challenge for this project alongside delivering its legal services in a way that challenges structural inequality and racism. This research will be monitoring its progress over the next three years in this area very carefully to honour the programme stated commitment to make a difference and empower and alleviate conditions which lead to poor mental health and well-being outcomes for the Aboriginal community. This includes addressing the social determinants of health and justice outcomes.

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APENDIX 1: Summary of the Literature - mental health service provision and trauma informed practise in general and specific to Aboriginal service delivery

General tips for trauma/mental health-sensitive approach to legal services:

- Integrate a trauma-informed approach to your practice.⁴⁰
- Enhance your mental health and trauma awareness.⁴¹
- Get trained in mental health first-aid.⁴²
- Develop empathy, patience, compassion rather than being judgemental about potential miscommunication.⁴³
- Provide more time than usual and allow for breaks.⁴⁴
- Create a trustworthy and safe environment.⁴⁵
- Be transparent about what legal service can offer.⁴⁶
- Prioritise face to face communication.⁴⁷
- Check in with your client about their emotions and wellbeing.
- Check in with your client's health care provider.
- Inform the client fully so that they can have control and ownership over the process.⁴⁸
- Be mindful about the client's cultural practices.⁴⁹
- Benefit from cultural rituals when available.
- Make space for community support (e.g., support persons can be present during client-lawyer meetings).⁵⁰
- Take the key decisions in close partnership with the client – make them the decision-makers.⁵¹
- Involve community members in your organisation's board, as well as design and implementation of services.⁵²

⁴⁰ Atkinson, J. (2013) "Trauma-informed and trauma-specific care for Indigenous Australian children" *Closing the Gap Clearinghouse*

⁴¹ Golden Eagle Rising Society. (2020) "Trauma-Informed Legal Practice TOOLKIT"

⁴² Mental Health Commission of New South Wales & Mental Health Commission of New South Wales. (2014) "Living well: a strategic plan for mental health in NSW 2014-2024"

⁴³ Golden Eagle Rising Society. (2020) "Trauma-Informed Legal Practice TOOLKIT"

⁴⁴ Karras, M., Mccarron, E., Gray, A., & Ardasinski, S. (2006) "Access to Justice and Legal Needs: On the Edge of Justice" *Law and Justice Foundation of New South Wales*

⁴⁵ Atkinson, J. (2013) "Trauma-informed and trauma-specific care for Indigenous Australian children" *Closing the Gap Clearinghouse*

⁴⁶ Jenkins, C. (2021) "What does it mean to be a trauma-informed lawyer? How can we help?"

⁴⁷ Pleasence, P., Wei, Z., Coumarelos, C. (2013). "Law and disorders: illness/disability and the response to everyday problems involving the law" *Updating Justice*

⁴⁸ Jenkins, C. (2021) "What does it mean to be a trauma-informed lawyer? How can we help?"

⁴⁹ Atkinson, J. (2013) "Trauma-informed and trauma-specific care for Indigenous Australian children" *Closing the Gap Clearinghouse*

⁵⁰ Joundi, T. (2021) "Trauma-Informed Lawyering" *Hameed Law*

⁵¹ Golden Eagle Rising Society. (2020) "Trauma-Informed Legal Practice TOOLKIT"

⁵² Mental Health Commission of New South Wales & Mental Health Commission of New South Wales. (2014) "Living well: a strategic plan for mental health in NSW 2014-2024"

(Source Mental Health Commission of New South Wales & Mental Health Commission of New South Wales. (2014) “Living well: a strategic plan for mental health in NSW 2014-2024”)

- ◆ Services should be respectful to the person’s autonomy and make space for self-agency which contributes to a therapeutic relationship.
- ◆ Services should have a trauma-informed approach and staff should have an understanding of the impact of trauma and have the capacity to accommodate the specific vulnerabilities and sensitivities of trauma survivors/those affected by mental health issues.
- ◆ Mental health, wellbeing and resilience are maximized through social and economic participation, education, employment, and stable housing.
- ◆ Self-agency – Clients should have access to tools to support self-agency.
- ◆ Aboriginal people struggle with racism, discrimination, pervasive disadvantage and the continuing grief and trauma. As a culture, they honour ancestors, but they still experience the early and preventable illness or loss of family members.
- ◆ For Aboriginal people, social and emotional wellbeing goes beyond mental health. It reflects a more holistic view of health and includes the importance of connection to land, culture, spirituality, ancestry, family and community.
- ◆ Effective and meaningful partnerships with Aboriginal communities
- ◆ The relationships between agencies and Aboriginal communities should be a central concern for all services and senior leaders and should be monitored in assessments of agency performance.
- ◆ A substantial and growing body of evidence shows that services designed in collaboration with those who use them are more efficient and less expensive. Effective ways to engage everyone need to be found, such as those offered through co-design.
- ◆ Public sector employees whose day-to-day work requires frequent engagement with people with mental illnesses need to be trained to support mental health first-aid training that includes therapeutic approaches in justice services.⁵³

(Source: Karras, M., Mccarron, E., Gray, A., & Ardasinski, S. (2006) “Access to Justice and Legal Needs: On the Edge of Justice” *Law and Justice Foundation of New South Wales*)

- ◆ People with mental illness have distinct legal issues resulting from their economic and/or social disadvantages/marginalisation. Accessing legal assistance presents individual and structural barriers.
- ◆ Individual barriers could include a lack of awareness of their legal rights, being disorganized and falling to address the legal aspects of their problems, being overwhelmed, and frightened to ask for legal assistance, and being mistrustful or frightened of exposing their personal information to legal service providers, difficult behaviour making it challenging assisting them, communication problems, and the absence of mental health care or treatment. These could hinder the legal service providers’ effective assistance.
- ◆ Structural barriers may entail the limited availability of affordable legal services, time constraints on behalf of legal service providers, the lack of affordable services in rural, remote, regional areas, and legal service providers’ inadequacy to identify mental health

⁵³ Karras, M., Mccarron, E., Gray, A., & Ardasinski, S. (2006) “Access to Justice and Legal Needs: On the Edge of Justice” *Law and Justice Foundation of New South Wales*.

issues/mental illnesses, lawyers' perception of people with mental health issues as less credible, and the physical environment.

How to address barriers to justice?

- ◆ To overcome stress and miscommunication, allowing for breaks and more time for explanations in service delivery could be helpful.
- ◆ “Therapeutic jurisprudence-based approach” to courtroom processes, involving the person as much as possible, having a less adversarial approach and more direct interaction with judges.
- ◆ Legal service providers including judges, magistrates, police, custodial officers, court staff should be trained in mental health issues and disability awareness.
- ◆ Lawyers, as well as many other professionals need to have better training in how to deal properly with people having mental illnesses. Many lawyers are unequipped to deal with people with mental health issues, which negatively impacts the effective service delivery.⁵⁴

(Source: Pleasence, P., Wei, Z., Coumarelos, C. (2013). “Law and disorders: illness/disability and the response to everyday problems involving the law” *Updating Justice*)

- ◆ Turning to mode of communication with advisers, Karras et al.’s (2006, p.103) study suggested that people with a mental illness ‘often have difficulties communicating with lawyers over the phone and prefer face-to-face communication.’ This result accords with large-scale evaluation findings that people less able to communicate effectively can be unsuited to telephone advice (e.g., Hobson & Jones 2003; Pearson & Davis 2002).
- ◆ The finding that those with a mental illness/disability only were more likely than people with no illness/disability to rely solely on in person communication with their main adviser provides some support for past findings that they prefer face-to-face communication and advice. It suggests the potential utility of integrated service delivery models for people with a mental illness that facilitate face-to-face legal advice and assistance, such as models where a lawyer is present on-site at a mental health facility.⁵⁵

(Source: Southwestern Sydney Local Health District. (2016) “People with Disability in Southwestern Sydney”)

- ◆ Disadvantage and multiple disadvantages can compound. For people with disability, lower educational attainment, fewer housing options, unemployment, transport barriers and discrimination amplify physical, mental, intellectual and health problems and may result in social isolation.
- ◆ Reports on assessment and care of people with disability recommend:
 - Comprehensive health assessments and medication reviews by General Practitioners, which include physical health, oral health, and mental health needs.

⁵⁴ Pleasence, P., Wei, Z., Coumarelos, C. (2013). “Law and disorders: illness/disability and the response to everyday problems involving the law” *Updating Justice*

⁵⁵ Southwestern Sydney Local Health District. (2016) “People with Disability in Southwestern Sydney”

- Partnerships between people with intellectual disabilities and support agencies (including health services)
- Use of visual and other aids to support communication.⁵⁶

(Source: Health Justice Australia (2018) “The rationale for health justice partnership Why service collaborations make sense”)

- ◆ While common across the community, legal problems are particularly prevalent among people experiencing social disadvantage, particularly those with chronic ill-health or disability, single parents, the unemployed and people in disadvantaged housing.
- ◆ Public health literature points to the key role of services and infrastructure beyond the health sector and the importance of integrated approaches to address health and wellbeing (e.g., WHO, 2013).
- ◆ Thus, people are coming into health services with problems which may have health symptoms but broader social causes (Caper & Plunkett, 2015; Iacobucci 2014a & b; Popay, et al, 2007).
- ◆ Populations that are particularly at risk of poor health and justice outcomes include people living with disability or chronic health conditions, people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and people experiencing poverty.

Trauma-informed practice:

- ◆ A trauma-informed practice sees the practitioner adjust their practice approach to be responsive to a client’s traumatic experiences.
- ◆ Rather than judging a client who seems incapable of answering a question directly or who is speaking in circles, a trauma-informed lawyer will use empathy to assist the client to refocus the conversation.
- ◆ Rather than becoming frustrated with a client who appears perpetually forgetful, the trained lawyer will understand trauma’s impact on recall, avoid unnecessary questions, and provide breaks.
- ◆ An interdisciplinary approach to legal representation– where a client is given both a file number and an accessible support system – is one-way to mitigate (re)traumatization.
- ◆ There are ample ways that social service providers and lawyers can mutually support each other with more complex relational, emotional, and mental health problems faced by their clients. Consider simple periodic check-ins with a client’s treating health care providers and support network.
- ◆ to ensure that lines of communication remain open and that the health team and support network is aware of what litigation will entail.
- ◆ Community support: the lawyer may be separate from the client’s community support network, but it is helpful for them to be aware of its existence. This could take the form, at

⁵⁶ Health Justice Australia (2018) ‘The rationale for health justice partnership. Why service collaborations make sense’

the behest of the client, of having support persons present at client meetings, or having the lawyer be present at a community event.⁵⁷

(Source Joundi, T. (2021) “Trauma-Informed Lawyering” *Hameed Law*)

10 practice tips that centre client safety:

1. Re-assess the physical space in which you are meeting
2. Use open body language when communicating
3. Roadmap. Explain things in advance as much as possible.
4. Offer breaks periodically
5. Be thoughtful about note taking (balance with eye contact, active listening)
6. Make appropriate referrals. Use support workers when available.
7. Ask how you can make a client feel comfortable
8. Encourage personalized/practical safety plans
9. Collaborate when possible. Involve them in the process.

(Source: Atkinson, J. (2013) “Trauma-informed and trauma-specific care for Indigenous Australian children” *Closing the Gap Clearinghouse*)

Service providers need to account for their client’s traumatic experiences. Thus, services need to be trauma-informed and:

- *understand trauma and its impact on individuals (such as children), families and communal groups.*

This is critical to prevent miscommunications between clients and service providers, and related traumatisation. Supervision for and staff self-care opportunities could help providers.

- *create environments in which children feel physically and emotionally safe.*

This could be done through creating child-friendly spaces with play materials, feeling children welcome, explaining thoroughly what the service process entails, and being responsive their needs.

⁵⁷ Joundi, T. (2021) “Trauma-Informed Lawyering” *Hameed Law*

- *employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds.*

This could include allowing clients to engage in cultural rituals, offer specific foods, and speak in their native language.

- *support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey.*
- *share power and governance, through recruiting clients to the board including involving community members in the design and evaluation of programs.*
- *integrate and coordinate care to meet children's needs holistically.*

bring together different services and supports that assist individuals and communities in enhancing different aspects of their wellbeing.

- *support safe relationship building as a means of promoting healing and recovery. Peer to peer support can be a way of achieving it.*

Approaches informed by Indigenous culture have the potential for supporting recovery and healing.

- *Enable recovery, by focusing on client's capabilities to solve specific problems and issues.*

Trauma informed services look at all aspects of their operations through a 'trauma lens'. Their primary mission is underpinned by knowledge of trauma and the impact it has on the lives of clients receiving services (Harris 2004). Every part of the service, management and program delivery systems are assessed and modified to include an understanding of how trauma affects the life of individuals seeking support and the workers delivering the care (SAMHSA).

Trauma-specific care:

Practitioners and service providers, through consultation and feedback with trauma experts and clients, need to identify the strategies and practices best suited to the needs and circumstances (including geographic location) of the individuals, families and communities they seek to support.

Developing Indigenous-specific tools

Perry argues that Indigenous healing rituals have are capable of promoting healing and recovery because they "assuredly provide the patterned, repetitive stimuli—such as words, dance or song—required to specifically influence and modify the impact of trauma, neglect, and maltreatment on key neural systems".⁵⁸

⁵⁸ Perry BD 2008. Forward. In: Malchiodi CA (ed.). Creative interventions with traumatised children. New York: The Guilford Press, ix.

- ◆ Trauma-informed practice is important to the practice of law because trauma is common amongst the population that frequently engages with the justice system.
- ◆ The principle of do-no-harm must guide the trauma-informed legal practice.
- ◆ Becoming trauma-informed requires that legal practitioners undertake training in the neurobiological effects of trauma on speech, memory, and behaviour; identify traumatic symptoms when they are present; and adapt their interview approach to accommodate trauma.
- ◆ You can begin client interviews by asking the opening question: what happened to you? It is important to recognize and promote resilience.
- ◆ Apply a strengths-based approach to working with traumatized people as it can help draw out, identify, and build on people's abilities and positive attributes.
- ◆ Empathy, patience, consistency, transparency, and reliability are crucial for establishing a trusting relationship with a client who experienced trauma.
- ◆ Ultimately, a trauma-informed approach to the practice of law can help people who experienced trauma to successfully navigate the justice system; feel in control and safe; minimize the risk of re-traumatization; and hopefully, diffuse the effects of a traumatic incident.

Traumatised clients may show the following conditions:

- Disassociation in the form of not being connected to the present moment or the conversation.
- Numbness or reduction/absence of pain otherwise associated with the traumatic experience.
- Confabulation as a symptom of memory disorder.
- Egocentricity (especially in children – this can be seen as blaming themselves for the bad experience)
- Negative bias, as in being overly alert or sensitive to any potential threat.
- Shut down, which can also lead to memory loss or distortion.
- Attachment disorder
- Poor self-esteem
- Learned helplessness, which may result for one to believe they don't have the control or capacity to change a situation. They may end up remaining passive even when there is an opportunity to act and challenge the circumstance.
- Depersonalisation, meaning the sense of being detached of oneself.
- Inability to read social clues.

By integrating trauma awareness and competency into our practice, we can avoid re-traumatizing clients, help them engage more fully in their case, and ultimately contribute to their safety, recovery, and healing.

A framework for trauma-informed lawyer – client relationship (this can be applied to other staff in legal services):

1. Being trauma aware
 - a. Understand what trauma is and how it can be recognised.

- b. Appreciate that trauma is everywhere and each individual respond to it differently.
 - c. Know that trauma can be personal or complex (family history, Race, gender, class can all play a role)
2. Placing an emphasis on safety and trustworthiness in the relationship
 - a. “The experience of your client in dealing with you is just as important as providing good legal advice and competent services.
 - b. Make time to build trust and rapport before determining the facts of the case.
 - c. Prioritise wellbeing of yourself and the client
3. Providing opportunity for choice. Collaboration and connection
 - a. Create opportunities for the client to make personal choices about the case and the service.
 - b. Make sure the client feels that they have ownership over the case and the whole process reflects those goals.
4. Championing and building the client’s own strength and skills.
 - a. Help clients identify their own sources of strength, support, and healthy coping.
 - b. Leverage client strengths and supports towards managing triggering experiences in the legal process and engaging actively in their case.

Concrete tips to build safety and trustworthiness in client interactions:

- Be fully transparent about the legal case.
- Be clear about boundaries, expectations (from the case and the client-lawyer relationship)
- potential outcomes
- follow through on commitments and appointments.
- Do not make promises you may not keep.
- Tell clients when they should expect to hear from you and how long each step may take.
- Be patients with yourself and your client – it is okay to make mistakes and learn from them in case of complex and challenging legal problems.
- Create a non-threatening physical space.
- Provide your client with clear information about policies and procedures.
- Work with a clear meeting agenda/outline
- Be open to providing more time than usual if necessary.
- Check in with the client about how they are feeling.
- Offer to take breaks during your meetings.
- Let your client drive the plan and listen to them.
- Give them choice in decisions that affect them and the case.
- Make processes explicit and transparent for your clients.⁵⁹

(Source: Jenkins, C. (2021) “What does it mean to be a trauma-informed lawyer? How can we help?”)

⁵⁹ Jenkins, C. (2021) “What does it mean to be a trauma-informed lawyer? How can we help?” <https://www.hja.net/expert-comments/blog/general-crime/what-does-it-mean-to-be-a-trauma-informed-lawyer-how-can-we-help/>

- ◆ Being trauma-informed requires building trust with clients.
- ◆ Feeling powerless is a common trauma trigger. Therefore, it is essential to be transparent to reduce feelings of powerlessness. It includes explaining your role clearly and informing the client about what you can and cannot do for them.
- ◆ Court processes can take long periods of time. It is important to inform your client about when a decision may be made.
- ◆ Building connection and trust takes time. There is a need to be patient, respectful, and compassionate. It is also important to stay present and available to the client even when the client may be pulling away.

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