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Strength and Uniqueness -The ripple effect of the BBM Health Justice Partnership sharing of knowledge and increasing empowerment:

Second Research and Impact Evaluation Report of a Health Justice Partnership – Bagaraybang bagaraybang mayinygalang (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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The author acknowledges the Traditional Owners of the lands, including the Dhudhuroa, Waveroo, Wiradjuri and Yorta Yorta people. She pays respects to their Elders, past, present, and emerging. She acknowledges that the research for this report and the program to which it relates was undertaken on stolen land where sovereignty was never ceded.

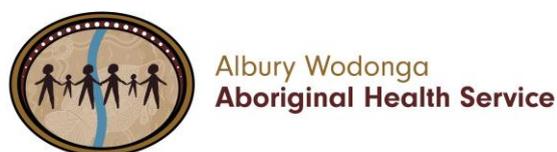
Acknowledgements

Importantly the researcher wishes to acknowledge the Aboriginal communities of North-East of Victoria & Southern NSW and the Elders who gave so much to this research project and were so honest and brave. They have expressed their views on what good justice interventions should and can look like. The report's author hopes this report, findings and recommendations provide their voices and enables justice and improved life outcomes to occur.

The researcher wishes 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 not only been significant, but timely.

Thanks to the program's Cultural Advisor, Dr Judith McDonald of Watnanda Consulting for her ongoing insights, input, and wise suggestions. In addition, thanks to the NSW NLAP Legal Assistance Fund (mental health funding stream) for funding the BBM until 2025. Also, for the ongoing support from Upper Murray Family Care (UMFC) of which HRCLS is a program. Thanks to Professor Jonathan Doak, Associate Dean & Head of Research, Nottingham Law School Nottingham Trent University for his unerring support and commitment to social justice research such as this. Thanks to the AWAHS Board Members and the NTU Ethics Committee. Also, thanks to Dr Nisan Alici who was research assistant in 2023 and co-author of the First BBM Research and Impact Evaluation Report and Joseph Godfrey for assistance in Endnote styling and Anthony Nguyen for assistance in formatting.

Service Partners and Participants in this Research.



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Report Title - Strength and Uniqueness - The ripple effect of the 'Bagaraybang bagaraybang mayinygalang Health Justice Partnership sharing of knowledge and increasing empowerment: Second Research and Impact Evaluation Report

REPORT TO ABORIGINAL COMMUNITY OF ALBURY WODONGA 2024

'Bagaraybang bagaraybang mayinygalang (BBM) is a service project aimed at Empowering & Alleviating: A Health Justice Partnership (HJP) by offering legal support for social & emotional well-being to the local Aboriginal community through the partnership 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 at the Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, particularly those impacted by poor mental health, and to work collaboratively with AWAHS staff to support client wellbeing. This project is funded by the National Legal Assistance Partnership under its mental health funding stream.

The key findings of the second year of this three-year study highlighted (see Full Report for all these findings):

BBM Specific:

- Members of the local Albury/Wodonga Aboriginal community that the researcher spoke to indicated that they recognised that the legal service through the BBM project team could not address the systemic injustices, discrimination and colonised practises that still exist. Nonetheless, in the data for 2024 discussed in this report, the local Albury/Wodonga Aboriginal community reported feeling that the BBM team was trying its best to work in ways where this could be tackled and was getting better at providing them with a voice. This is a significant finding as in the first report there was scepticism about the role of the law in assisting them and about engaging. There is a marked difference in this perspective on the role of the law in their lives after participants had engaged with the BBM staff team in data until end April 2024.
- There were high levels of trust in the BBM team expressed by management, staff at AWAHS and Aboriginal participants. This is quite remarkable given that this is the first full year of the BBM project. This was greatly assisted, according to participants, with traction and trust gained in the groundwork done through its sister program the 'Invisible Hurdles Program' in which AWAHS has been a significant partner and other long term service relationships between HRCLS and AWAHS. This has allowed time for the relationships of trust needed to reach the most excluded groups, to become embedded.
- The critical aspect in this research is that the bridge formed by the HJP has been critical in reaching the target groups. Across all the key measures: reach, engagement, capability, empowerment, and collaboration used in this research, it is shown that the HJP model at BBM is demonstrating effectiveness and impact thus answering the key overarching research question in this study. This report, its findings and identification of what is working how and why should form an important evidence base for other HPS and forms of integrated practice.

- Aboriginal participants in this research felt that the staff were approachable, visible, and understood their dilemmas and tried their best, often against difficult odds, to assist members of the Aboriginal community not only navigate the barriers presented by the legal system but that BBM staff would go the extra mile.
- There was some concern about some of the limitations around what the service could offer but it was recognised that these flowed from a lack of capacity, and a large number of clients with multiple and complex needs to be addressed. This shows the need for the BBM program and ongoing funding and expansion. Recommendation 15 of the recent (March 2024) Report by Dr Mundy for the Australian Government reviewing the National Partnership agreement in Australia urges secure, consistent baseline funding for service already the subject of evaluations. This author suggests this is critical as a measure in a program such as this BBM which is Closing the Gap in Aboriginal Inequality and unmet legal need.
- The bravery of staff from the BBM in accepting the findings from the data in 2023 is noted. For example, changes to approaches in engagement, community development and continuity of client care acknowledging impacts of poor mental health on readiness of clients to act. The 2024 data (across all the tools used to measure progress) shows growth and continuity with staff willingness to listen and respond. This finding is the benefit from multiyear evaluation which enables such comparisons over time. This approach reveals in the data that the voices of the Aboriginal community through an operational plan and service redesign are being increasingly incorporated. This is an inspiring and a model for other health justice partnership and other services.

Findings from data on future work for HRCLS, AWAHS and Other Entities

- There was a call for a greater focus on the legal issues of the elderly in community, specifically in relation to knowing people's legal rights (particularly cultural aspects and self-determination) in palliative care. This has been recommended as a future area for work for HRCLS and AWAHS in community education, liaison with palliative care programs and service delivery focus. It is noted that this may go beyond the scope of the currently funded BBM model and so should be firmly on the agenda for future exploration by AWAHS and HRCLS in their other work or be drawn to the attention of those with funding and existing obligations to work in this space.
- The other area Aboriginal community members expressed some dismay about was the treatment of Aboriginal parents by the Care and Protection authorities. The Aboriginal community members identified their lack of knowledge of their legal rights and options at the earliest phase and before children (including infants) were fast tracked for child removal. There was a sense of parents being overwhelmed by a system that was set against understanding the implications of poverty, discrimination, and inequity as well as the struggles of young parents. Many participants, both staff and community, identified concerns with Departments on both sides of the border. It was perceived that rash decisions to remove, or not remove, or to start the permanent care process were being undertaken in an absence of evidence. Of concern is that in some cases there was evidence to suggest such removal/non-removal was unwarranted. This included evidence from qualified medical, mental health and social supports. This was seen as routine with practice based on stereotyping by departmental personnel. This was not only identified by the younger participants in this research but also by their parents and grandparents. This has been recommended as a future area for work in law reform in the Recommendation. Noting, however that that child protection issues currently fall broadly outside the scope of this BBM project and funding. Legal Aid is funded to provide early intervention programs and representation services in care and protection and so this finding may be pertinent to their consideration for further action by them and in partnership with HRCLS and AWAHS.

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



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.

The two detailed reports (2023 and 2024) will be available after July 2024 on the website, of the Hume Riverina Community Legal Service and the Albury Wodonga Aboriginal Health Service that you are most welcome to read. www.hrcls.org.au and www.awahs.com.au

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Executive Summary of the Report:

Strength and Uniqueness - The ripple effect of the Bagaraybang bagaraybang mayinygalang Health Justice Partnership sharing knowledge and increasing empowerment: 2024 Second Research and Impact Evaluation Report -

Title of Service Program being studied - Empowering & Alleviating: 'Bagaraybang bagaraybang mayinygalang (BBM): 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.'

This Nottingham Trent University (NTU) BBM research and report entitled, *Strength and Uniqueness - The ripple effect of the 'Bagaraybang bagaraybang mayinygalang Health Justice Partnership sharing of knowledge and increasing empowerment: Second Research and Impact Evaluation Report* examines the effectiveness of this Health Justice Partnership.

For this study, the researcher, Dr Liz Curran 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 second of three planned field trips, 25-28 March 2024 there were a total of 34 participants including 24 Aboriginal participants (from AWAHS staff and with 14 in the Female Yarning Circle and 5 in the Men's Yarning Circle – noting that the number fluctuated due to the nature of Yarning Circles). The research and its background in literature are provided in more detail in the [First Report](#). This second report adds to the understanding and presents new literature relevant to developments since 2023 or through further exploration and critical analysis required due to the data emerging and the field trip in 2024.

Bagaraybang bagaraybang mayinygalang (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 National Legal Assistance Partnership under its mental health funding stream.

This report commences with its 'Report to Aboriginal Community of Albury Wodonga 2024'. It is critical in Aboriginal research and in respect for data sovereignty that the participants in the research receive a report on the outcomes. This ensures the prominence of their voice in this study about services being delivered to them for and with them in their local area.

Part A provides the introduction and background to the research with an exploration of the ethics procedures and processes undertaken for the study and grapples with some of the challenges in this sort of research, including ensuring trust and cultural safety, not only in the way service is delivered but the way in which the research itself is conducted. This part also discusses the Context for the Research and Impact Evaluation and the Service Being Evaluated and explains in more detail the nature of the service program and its origins. It also canvasses the methodology for the research, namely co-designed, participatory action research which is underpinned by a model of continuous reflection, development, and improvement. It also unpacks the methodology for this Research and Impact Evaluation including its use of key benchmarks and indicators of those benchmarks which have been used and tested in previous research by the author, namely examining the reach, capability,

empowerment, collaboration of the program to gauge its effectiveness and impact. It also explains some of the indicators used to measure whether these benchmarks have been attained and the tools used which combine a combination of yarning circles, professional journals, in depth interviews with members of the Aboriginal community who received services from AWAHS or linked into it as well as some internal HRCLS secondary data, some quantitative and qualitative data collected by the author.

The overarching question for this research is whether the BBM Program as a health justice partnership is effective and impactful in *Empowering & Alleviating Aboriginal community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)*.

The Benchmarks for this study are also the underlying research questions to answer the overarching research question that this RIE which is seeking to answer. *The further question is whether the BBM and more broadly health justice partnerships demonstrate effectiveness and impact requiring some level of changes in behaviour, practice and policy or practice*. The indicators or elements that lead to this have been determined to be present if the following benchmarks are met using indicators suggestive to support this and tools in analysis.

Benchmarks/ Research Question: Is this BBM Program extending/building:

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (includes voice)

Part B contains a Summary of the Data including the Primary Quantitative and Qualitative data (collected by Curran during the conduct of the April 2024 field work) as well as the Summary Secondary Quantitative Data (HRCLS) for the Period 1/4/2023 – 31/3/2024 and the Qualitative Research Data collected by Dr Curran in 2024 and comparisons of this to the 2023 data collected in the start-up phase of this Health Justice Partnership research and evaluation. This part contains some of the data most pertinent to measuring whether the benchmarks mentioned above have been met and in what degree.

Part C draws the final conclusions. These include in summary that the BBM is already gaining traction in the Aboriginal community, particularly in comparison to other similar Multidisciplinary or Integrated Practices and HJP projects in start-up phase. BBM is already reaching its target audience, namely Aboriginal people experiencing mental health issues and with issues flowing from intergenerational trauma and unresolved historical grief due to the impact of government policies and administrations. The levels of engagement and energy around being visible at Aboriginal community events, approachability, and responsiveness of the BBM staff has led to significant buy-in by AWAHS staff with the common cohesive goal of providing holistic service.

Whilst there is room for improvement, which includes not forgetting cultural protocols when diving in with commendable energy and enthusiasm, BBM staff are continuing to refine and adapt their practice through experience, reflection, and feedback. This was evidenced in the data over time. This is illustrated by the way in which they have adapted their approaches leaning into co-design and collaboration and being responsive to feedback (evidenced in their very thorough Community Development Report).

The huge strides made since the commencement of this embedded research and impact evaluation at project startup is best described as significant. Curran comes to this conclusion as she has strong comparison points to other programs endeavouring to achieve similar outcomes as HRCLS and AWAHS and considerable research, practice, and evaluative experience over three decades on how to best reach the socially excluded and disadvantaged in the delivery of legal assistance services. This includes her work in Australia, Canada, and the United Kingdom. Curran has been measuring and examining effectiveness, and good practice including integrated legal practice.

This BBM program has had the benefit of the groundwork being laid in the previous eight years by the Invisible Hurdles Program in which both partners in this health justice partnership were involved. This program built on existing relationships and by the time the BBM team started in early 2023 there was a significant awareness which was built on by the IH program previously.

When Curran conducted the first field trip in April 2023 there was considerable scepticism within the Aboriginal community about whether the legal service offered through the BBM could be trusted, would make a difference in their lives, or would have any relevance. This stemmed from their previous experience with both lawyers and the legal system including the conduct of judicial officers.

When Curran returned in April 2024 the shift in perceived relevance of the staff at the BBM program had been significant. Aboriginal community members, whilst many from the broader community/who had only seen BBM around AWAHS and at cultural events did not even realise the BBM personnel were legally trained, but felt that they were approachable, trustworthy, helpful, and responsive. This confidence was also reflected by Aboriginal staff who were interviewed in April 2024. The quantitative data on referrals, high numbers of secondary consultations (see definition section of this report) and legal matters undertaken, and the spread in the nature of the problems is also evidence of this engagement of the BBM program.

The BBM program is also achieving huge gains in reaching members of the Aboriginal community who would otherwise not turn to legal services for help. This emerged in the qualitative data as significant. This indicates that the BBM program is critical in enabling access to justice for the local Aboriginal community but there are still some missing out. With time and increases in resources including staff (see recommendations) this will only improve.

The BBM program has been reaching its target group with the high levels of Aboriginal people with poor mental health, at risk of homelessness, family violence and other risk factors in client circumstances that have been gathered through secondary data routinely collected by HRCLS (and provided to Curran to inform part of the data analysis in this research).

This reach has been aided by the willingness of trusted intermediaries (see definitions section) at AWAHS to work with the BBM staff to identify legal issues capable of a solution or options to support people with mental health and trauma issues. What is also encouraging is the range of disciplines that the primary data reflects are engaging with the BBM project. The other aspect of reach is that the BBM project is seeing clients outside the age group that is catered for by the Invisible Hurdles Program (IH). The BBM team is working alongside and in collaboration with the Invisible Hurdles Team, the latter with a focus on young people and which is also taking referrals from BBM to its own team. IH continues to use the same integrated approaches and methods around reach, capability, empowerment, collaboration, and voice; features from which the BBM emerged. What is evident is the presence of the BBM team, their visibility, responsiveness, approachability, willingness to have a go, clear explanation of risks and limitations of what the service can do, is acknowledged.

The value of continuing to run these community events and being present in activities that Aboriginal community members engage in is critical. The data revealed a depth and breadth of community engagement work and not to be overlooked significant inroads made by their sitting and engaging with examples including working side by side community making a possum cloak, sharing, and telling stories, making a didgeridoo and combined staff from BBM and IH at the 'ochre ribbon' Day. This includes community activities such as the weaving circles and the Men's Shed. The BBM team need to maintain this visibility if they are to continue to have this traction.

To a legal outsider such work of a legal support team might seem peripheral, but it is in fact critical. It is especially important for the cultural safety that is needed for problem disclosure and sufficient information to best support Aboriginal clients with legal issues who might not identify issues as having a legal dimension and thus limiting their options for resolution. Put more simply if there are no disclosures then legal problems will remain invisible and client options limited. This community development approach has been proven to be essential and successful (refer IH evaluation report Stage 2)

In the first research report it was made clear that trust can easily be lost if this activity is not integral and sustained as noted in the IH research and evaluation reports, 2018, 2021 and 2022.¹ The BBM team is making significant inroads. It is also noted that the staff have unwavering support from the management teams of both HRCLS and AWAHS, each of whom have developed a problem-solving approach as problems arise and a willingness to change or adapt their systems to be more flexible for Aboriginal community. This must be continued.

Whilst Curran is impressed by the gains made in such a short period of time by the BBM project this could be easily lost if the momentum is not kept. This can put incredible pressure however, on the two staff members in the BBM program. This was a point noted repeatedly in many of the trusted intermediary in depth-interviews. Management is aware of this.

Closing the Gap on the inequities and different social determinant of health outcomes that exist for Aboriginal communities in Australia is a priority of the Federal and State governments and local councils across Australia. This health justice partnership is making inroads and is seeking to close the gap and address entrenched inequalities not just provide legal services but by working with the Aboriginal community to develop legal empowerment, confidence, and capability. This means the community in the catchment area for the project in the regions in Victoria and NSW increasingly have their voice heard.

Part D discusses the findings. Indicators for the Key Benchmarks were demonstrated in the data. These findings include improvements in:

- holistic service
- confidence
- capabilityⁱⁱ
- 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) - empowerment
- autonomy and self-determination - empowerment.

BBM is on track to improve the experiences of Aboriginal clients and address inequality through earlier intervention by legal support services that avoids problems arising in the first

place or by intervening in a timely and responsive way to ensure problems don't escalate. If legal problems are left, as the data indicates, this leads to stress, relapse, and escalation of health and associated problems and poor decision making caused through poor information and anxiety - which BBM are countering.

Importantly BBM has been found to have created a safe, cultural environment where community members are made to feel comfortable, and where legal support, advice and strategic action is occurring. This includes options that are tailored for the health and social circumstances of the community members.

Part E contains the Recommendations; these were divided into sections with Aboriginal Community Recommendations. Some but not all of the final recommendations are included below. See Full Report for all recommendations).

This report has also unpacked in detail, in each of the sections 'Analysis and Comment' a breakdown of what elements lead to such effective and impactful practice or policy. These sections should be referred to for more detail and guidance should the reader of this report wish to inform potential replicable models of integrated practice including health justice partnerships and policy or funding decisions of government or other instrumentalities. These instrumentalities include philanthropy and corporate practices, for example companies and private rental in consumer issues that affect clients.

Aboriginal Community's Recommendations

Community Legal Education

- a. There was a call for a greater focus on the legal issues of the aged people in community specifically in relation to knowing people's legal rights particularly cultural aspects and self-determination in consumer issues including palliative care and in dealings with My Aged Care instrumentalities and private companies. This has been recommended as a future area for work for HRCLS and AWAHS in community education, liaising with palliative care programs and service delivery focus as it may fall beyond the scope of the current BBM project. HRCLS and AWAHS might also explore what other entities might be able to do to support such work where it falls in their remits.
- b. BBM continue to empower staff & community to understand their rights and to help them use the law to protect and advance those rights and to use their voice to hold governments and agencies accountable when those rights are breached.
- c. Aboriginal community members expressed some dismay about the treatment by Aboriginal parents by the Care and Protection Departments This stemmed for the lack of knowledge of their legal rights and fear of reprisals. Options at the earliest phase and before children (including infants) were fast tracked for child removal are seen as a key point for intervention by justice agencies to empower and advocate. This is qualified by funding constraints and so funding is key There was a sense parents were being overwhelmed by a system that was set against understanding the implications of poverty, discrimination and inequality which ignores rather than supports the struggles of young parents. Many participants, both staff and community identified departments on both sides of the border as problematic. It was perceived that rash decisions to remove or not

remove or to start the permanent care process were being undertaken in an absence of evidence, and in some cases where there was evidence to suggest such removal/non-removal is unwarranted. This included evidence from qualified medical, mental health and social supports. This was seen as routine practice based on stereotyping by departmental personnel with unconscious bias, lack of cultural competency and on the legislation in place. This was not only identified by the younger participants in this research but also by their parents and grandparents. Noting, however that that child protection issues currently fall broadly outside the scope of this BBM project and funding. Legal Aid is funded to provide early intervention programs and representation services in care and protection and so this finding may be pertinent to their consideration for further action by them and in partnership with HRCLS and AWAHS.

- d. The delivery of bite sized relevant information in formats and in online platforms. This could be a whole new project and would need funding and is out of scope of the current BBM project but could be explored as a future project that interfaces with BBM or as an expansion in funding might allow. This would be executed in ways that have meaning to Aboriginal community members. It should be culturally appropriate, which is adapted to suit this audience. It needs to be pithy, clear and have humour. Strategies for knowledge mobilisation and penetration into Aboriginal communities are needed so it can be shared, considering the importance of the Aboriginal community (Koori) grapevine. This often means that only information from trusted organisations and people be acknowledged and acted upon. Too often poor information from unreliable sources such as Facebook or Google are relied upon. The Community Engagement Worker in their interview conveyed several ideas as to how this could be done. It may involve training of Aboriginal staff including identifying an Aboriginal community member keen to develop and share their skills. Together such staff can provide relevant insights into how information is framed that will have resonance with different sections from the Aboriginal community for example Elders, young parents, young people, the older aged people grandparents, men, women, LGBTQ, and other cohorts within various groupings. Such an initiative would also train up a member of the Aboriginal community.
- e. Continue to develop CLE/PD in collaboration with staff & community, embracing the story-telling approach and developing resources (including using technology) to expand the reach.
- f. Continue to work with CLCNSW to promote their cadetship and hopefully recruit someone to work with AWAHS/HRCLS (See recommendation #8 from 2023 BBM First Report).

HRCLS & AWAHS

- g. The critical aspect in this research is that the bridge formed by the BBM HJP has been critical in reaching the target groups. Across all the key measures: reach, engagement, capability, empowerment, and collaboration used in this research, it is shown that the HJP model at BBM is demonstrating effectiveness and impact thus answering the key overarching research question in this study. This report, its findings and identification of what is working how and why should form an important evidence base for other HPS and forms of integrated practice.

- h. HRCLS and AWAHS continue to forge growth in collaborative work/case management (in appropriate circumstances cs) - See BBM 2023 report recommendation around continuity of care.ⁱⁱⁱ
- i. Identify funded indigenous cadetships and mentoring opportunities and explore how these positions might be funded in the long term. Noting the work that HRCLS and AWAHS have done in response to the recommendation for last year's report in this regard, including working with CLCNSW cadetship program to advertise and promote these opportunities. It is to be hoped that this opportunity will be taken up by someone in the coming year.
- j. Workload in the context of complexity & trauma needs to be considered. Given BBM exceeded targets, consideration should be given to how to manage demand going forward, how to manage saying no and turning clients away, building further referral pathways with other agencies (Victorian/NSW Aboriginal Legal Services /Legal Aid etc).
- k. Trauma training through a cultural lens by AWAHS staff might be a possibility for HRCLS staff and management. Also, mental health (MH) training and further development of understanding of impacts of MH should occur.
- l. Growth of CD work/role through co-design of empowerment of the local Aboriginal community -Continue to build relationships with stakeholders who work alongside AWAHS and explore identified areas of need in the Aboriginal community the project services and develop appropriate development, engagement, and capability in community to empower them in line with project aims building confidence, trust, capability, voice and preparedness and readiness for taking action when able and ways in which they can do so. Curran is happy to assist in such further development.
- m. Continue to explore ways of developing law reform (2023 BBM Report Recommendation #07) on matters and funding to enable the community's wish. This is consistent with Recommendation 22 of the Federal Government's Mundy Report (March 2024) mentioned earlier. More needs to be done on issues elder people's legal rights and the care and protection system and how it treats young people and their parents. Noting focus and outcomes for this currently funded BBM program is on mental health (& the CP is mostly out of scope). This care and protection work from the BBM team is difficult as they have limited capability to do this in their case work and this recommendation might be taken up by legal aid who do this work as something that the Aboriginal community in this study have identified as needed an improved response.
- n. Keep a roving brief on concerning trends in poor laws and poor administration on other topics and prioritise and develop strategies co-designed with staff of each of the partner agencies using their combined expertise and also with Aboriginal community to enable voice. This is critical as it directly affects the local Aboriginal community. Their insights ought to be part input and co-design in solutions from the Aboriginal community and AWAHS staff.
- o. Whilst it is good to see the BBM staff availing themselves of cultural and trauma training this should be a requirement for all staff at HRCLS in the coming year (2024-2025) and for HRCLS's Management Team. AWAHS is happy to facilitate this training. Both of these are part of HRCLS training of staff, and both are done regularly. What could be done is more local specific cultural training with AWAHS that BBM staff have undertaken. Inquiries have been made in this regard with AWAHS over the past year.

- p. More Board to Board and Manager to Board/Executive interaction between the partner agencies. Noting that HRCLS doesn't have a Board but reports to UMFC executive as a program of UMFC, who in turn report to UMFC's Board. This is to strengthen the partnership and ensure a clear feedback loop on the findings in this report and to enable strategic action of the partnership and address the future sustained funding of this health justice partnership in the longer term.
- q. Take steps to secure ongoing funding for BBM beyond 2025 including a launch and engagement with policy makers and funders from September 2024.

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

- r. There was some concern of participants about some of the limitations around what the service could offer but it was recognised that these flowed from a lack of capacity, and a large number of clients with multiple and complex needs to be addressed. This shows the need for the BBM program and ongoing funding and expansion. Recommendation 15 of the recent (March 2024) Report by Dr Mundy for the Australian Government reviewing the National Partnership agreement in Australia urges secure, consistent baseline funding for service already the subject of evaluations. (It is also noted that Mundy references the three IH evaluation reports and the value of integrated practice models on page 184 of his report). This author suggests this is critical as a measure in a program such as this BBM which is Closing the Gap in Aboriginal Inequality and unmet legal need.
- s. Government (NSW, Victoria, and Federal including Health and Attorney General and Justice Departments) continue to fund this BBM Program beyond 2025 with a continuation and commitment of stable ongoing, long terms funding with evaluation embedded to ensure good service is sustained. It would be desirable for it to consider expanding funds for an Aboriginal evaluator to work alongside Dr Curran on this BBM Evaluation.
- t. Government expands the funding to include a family lawyer, a staff member who can assist in care and protection information prior to court proceedings. Noting that NSWLA is currently funded to provide C&P (including early intervention) work. This is something that legal aid is currently funded to do, and it might be better placed. However, a lawyer with some criminal expertise and one who might be able to provide advice to individuals in mental health facilities and their families and a further solicitor who has experience to supervise such practice. This would involve extending the funding to cover the two existing staff members and expanded to include three other members of staff. This was strongly urged as a need in AWAS participants' data.
- u. Legal professionals including members of tribunals and the judiciary to accord dignity and respect and to engage in trauma informed practice in their deliberations and how they conduct proceedings and the way in which they deliver information to Aboriginal members appearing before the courts. This was a request from Aboriginal participants and TIs in the 2023 and 2024 data. This should be the norm for all people involved in the justice system but for Aboriginal community members. This would go a long way to improve confidence in the integrity of the legal system and assist Aboriginal communities who are extremely alienated from the process to feel that it is something for them and not just something for the elites. (Also, in the first report) HRCLS and the BBM team can play a role in this with

local judicial and tribunal members. This was also a recommendation in the 2023 BBM Report but emerged again in data from 2024.

- v. The recommendations from the Yoorrook Justice Commission^{iv} be honoured especially with regards the care and protection system.^v The latter which the Victorian government has accepted. This now need to be monitored by an external body independent of government for effective implementation by a respected Aboriginal organisation such as Djirra.
- w. The Government at State and Federal level action the recommendations of the Dr Mundy Review^{vi} (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report^{vii} below:

The experiences of HJPs are similar to those of integrated services highlighted above, where fragmented and time-limited funding are barriers to effective service delivery. One example is Invisible Hurdles HJP which involves four agencies: Hume Riverina Community Legal Service, Albury Wodonga Aboriginal Health Service, North East Support and Action for Youth, and Wodonga Flexible Learning Centre. This HJP has operated since 2015. To continue its work has required five funding applications over eight years. A program for young people, it was evaluated in 2022 under five impact measures: reach, capacity, engagement, empowerment, reciprocity and collaboration. Despite funding barriers, the evaluation found that:

...by involving lawyers in sorting out problems alongside other support people, significant inroads can be made into improving the lives of young people. For example, young people got support with housing, and prevented eviction, got out of irresponsible loans, understood their rights in terms of family violence, and found pathways to employment through understanding their legal position by having the lawyers negotiate in tricky situations.

Submission, Hume Riverina Community Legal Service, sub. 38, p 11

As an aside, this program is a living example of the problems with short-term funding discussed in section 7.1.2. It should be rolled into this CLC's baseline funding in accordance with the discussion in section 7.2.1. It is certain others require similar treatment. The Reviewer encourages officials to commence identifying all such instances across all four service provider types, as soon as possible.

Selected extracts from the data that convey key messages from this study:

In my personal experience, having used the services of this BBM as a worker, it's a relief to finally be listened to and heard. I've often thought previously that no one can help. Now, when I see the clients leave their offices, I see a kick in their step, they finally feel they're being listened to. (In-depth interview with Trusted Intermediary 20).

Often at my end I'll get a client making a panicked call, and I say, 'don't panic I'll call legal'. Because of previous client experiences with legal, they are immediately relieved, as am I. (In-depth interview with Trusted Intermediary 21).

The fundamental part of this health justice partnership is it requires a real humility especially in leadership. We must work on the assumption that we don't have all the answers. When a problem presents itself, it's about working through it together, rather than an attitude of 'we fix this'. We constantly must think and reshape through our partnership and frank and honest discussions. (Interview with a Manager)

Being here in Albury/Wodonga presents a lot of the same challenges that I experienced when I was working with remote Aboriginal communities in the Northern Territory. It is perceived that the challenges facing this Aboriginal community are different and somehow better. Whilst they are similar, even though it's regional, it's made me realise it is still remote from Melbourne and Sydney. The perception that people are not remote ignores these challenges and the implications of being a border town with multiple jurisdictions operating. We must advise on

all of this, making it complex. I've come to learn that they have significant struggles, and the system can work as equally against them. (Interview with a BBM Staff Team Member)

When multiple professions come together to solve clients' problems and explore the issues, the options increase and solutions become quicker to find or more suggestions are put on the table. I realise that we all bring different lenses, including culture, values and positions and diversity. This is incredibly rich and powerful if we want to make a difference in the lives of the community. (Interview with a BBM Staff Team Member)

This Health Justice Partnership is remarkable. Just in a year in we are seeing how quickly the community is using the service. It was critical to build on the work in building trust that was done previously with the Invisible Hurdles project for over seven years. I think BBM's strength and uniqueness is that we've all been involved in the co-design from funding, to recruitment, the research and evaluation and the operation. This program is out of the ordinary and we need to celebrate it. The incredible client recognition with immediate referrals and the relationships that are being formed at events and its cultural safety is building trust. Not only in terms of the community and staff, but at organisational level. It's an incredibly special program and it's been my privilege to observe this and I'm looking forward to the future years of this project. It is so embedded and seamless for clients in the way we do business it would be impossible to unravel. It would have dire consequences for the community if this program were not to continue. There are areas we need to continue to work on in the partnership, but it is already having a ripple effect with the sharing of knowledge and increased empowerment. (Reflective Practice Conversation, Health Partner Manager Participant)

Open Access

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>
Capability	The ability of the citizen to be informed of their legal rights and position in law and to have the wherewithal to make informed choices and take next steps. It includes (but is not limited to) awareness and identification of problems as having a legal dimension. A lack of capability amongst certain groups (often created by systemic conditions or ill health and a lack of resources) leading to a susceptibility to inaction. ^{viii}
FV	Family Violence
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 the clients are likely to disclose to support in problem identification and action.
HRCLS	Hume Riverina Community Legal Service
ILP	Integrated Legal Practice in a community agency setting with legal and non-legal services working alongside each other. Lawyers and other community service professionals work together to respond to the needs of community members. The seamless integration of practitioners' skills and expertise across disciplines enables a more holistic service response.

IH	Invisible Hurdles
Justiciable	A problem capable of a legal solution.
LANSW	Legal Aid New South Wales
LAS	Legal assistance services -Direct legal services that are delivered in Australia by Legal Aid Commissions (LACs), Community Legal Centres (CLCs) /Law Clinics including Community Legal Services (CLS) and Indigenous services (namely Aboriginal and Torres Strait Islander/First Nations Legal Services) in collaboration in civil, family and criminal legal aid. This work is performed by salaried inhouse public legal service providers and private lawyers funded by legal aid targeting unmet legal need and focusing on communities known to have limited access to justice.
MAC	Mungabareena Aboriginal Corporation
MDP	Multidisciplinary Practice
MH	Mental Health
Mixed model	A mixed model is a variety of <i>direct legal assistance service providers</i> catering to different communities and areas of law. The 'mixed component' is that they are publicly salaried staff (as opposed to charity sector funded by government). These salaried staff deliver legal services (with core funding that includes information, advice, early intervention, public legal education, case work, advocacy, and policy reform) providing general and specialist offerings. The idea is to ensure a 'one stop shop' (with strong referrals in areas outside legal expertise). Many can provide generalist advice in multiple areas of law with few demarcations on legal matter service areas. This is to minimise clients having to have their legal problems resolved in more than one location or changing personnel too often. Each have developed specific expertise and knowledge about the needs of their client communities. They then work alongside private lawyers using a <i>judicare</i> model alongside this mixed model.
NSW	New South Wales, Australia
OP	Other Party
RIE	Research and Impact Evaluation
RPC	A 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. Usually in this research approach a data report is presented to the participants. The RPC opens a space for participants (with the significant data presented to them from

research) to pause and reflect on the data and a range of elements that can be tailored to the needs of the programme. 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. It enables consideration of unexpected outcomes, lessons learned, growth and insight and what might be needed to be effective in future service delivery and strategic approach.

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
WDO	Work & Development Order
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.

Part A Introduction and Background to the Research

This report, entitled *Strength and Uniqueness - The ripple effect of the 'Bagaraybang bagaraybang mayinygalang Health Justice Partnership sharing of knowledge and increasing empowerment: Second Research and Impact Evaluation Report's*, key concern is with the data collected in 2024 from April 2023- March 2024 and key learnings, progression, achievements, and areas for action as well as findings and conclusions. These shape the recommendations for this second report. The overarching question for this research is to test if the BBM Program is effective and impactful in *Empowering & Alleviating Aboriginal community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)*.

A further question explores what the lessons are, to support other Integrated Service Programs and HJPs models that are envisaged, in start-up phase, are underway and other lessons for improved legal service delivery to ensure reach, engagement, capability, empowerment and collaboration to improve access to justice and social determinant of health outcomes to address inequality so often entrenched in systems that impede access to equality before the law and desirable human rights outcomes in the lives of those who are the most disadvantaged..

For more detail the 2023 report^{ix} contains the detailed background including the literature upon which this research is based. This informed its methodology and approach. This 2024 report does not reinvent the wheel but, rather reports on data from the 2024 research and comparisons and progression since the BBM's project start-up when the research was embedded and piloted in early 2023 as well as some discussion of the new literature and a critique of it in the context of this data. Accordingly, reference to the foundation report from early 2023 for the readers' reference provides the further detail if they wish to know more.

Ethics

Ethics approval for this BBM research and impact evaluation (RIE) was on 30 January 2023 by the Business, Law, and Social Sciences Ethics Committee of Nottingham Trent University (Ethics Committee). In relation to issues which emerged in the pilot in April 2023, Curran asked the Ethics Committee to revisit some of the processes. This request was informed by recent literature on Indigenous research (this was broader than Aboriginal research as some of it was international best practice), the on-the ground experience and advice from the Aboriginal community, including data sovereignty and decolonisation.^x In light of this material a revised Data Management Plan was approved. These refinements were submitted to ensure good practice and cultural safety. On 6 December 2023 the Ethics Committee delivered a favourable opinion to the adjustments made which included approaches to provision of information, oral consent, and data sovereignty adjustments. This includes embedding the co-design model and a report to the Aboriginal Community which is contained in this report. This occurred in the first report but has become part of the ongoing report back to Aboriginal Participants. The AWAHS Board granted Ethics approval in early 2023. Curran attended the AWAHS Board meeting on Monday 2 April 2024 and sought guidance on the research from the Aboriginal members of the Board.

This research and impact evaluation (RIE) has a cultural advisor Ms Judith McDonald of Watnanda Consulting. Ms McDonald is an Aboriginal Elder. She advises and looks at draft

reports and data results, finalises tools and recommendations to make sure they are culturally appropriate. She was also involved in the project's co-design. There is also an Advisory for the BBM research project which includes senior management from HRCLS and AWAHS. Co-design input for this RIE include the AWAHS CEO, Operational Manager and the Manager of the Health and Wellbeing Team (HWBT) and the HRCLS BBM & Invisible Hurdles Program Manager, Operations Manager and the HRCLS Service Manager. Legal Support staff (CLEW and BBM lawyer) may sometimes attend meetings as well to provide data, reports and case studies and updates but in line with legal professional client confidentiality requirements.

HRCLS in its service delivery 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*.

Context for the Research and Impact Evaluation and the Service Being Evaluated

This Nottingham Trent University (NTU) BBM research examines the overarching research question on the effectiveness of the *Bagaraybang bagaraybang mayinygalang* project, '*Bagaraybang bagaraybang mayinygalang (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)*).

Street et al and Bowman et al^{xi} suggest a personal statement should be included in all research evaluations where the people doing research are not from an Aboriginal background disclosing their own backgrounds, biases and the approach that has been taken to ensure cultural respect and cultural safety. This is not only for the purposes of transparency, but also is to make a reader explicitly aware of biases, conscious or unconscious that different backgrounds of the researchers and evaluators bring with them in working with colonised populations and the importance of being transparent about this to establish positionality.

Positionality Statement

Dr Liz Curran (Curran) is Australian working for Nottingham Law School (NLS) Nottingham Trent University (NTU) in the United Kingdom which was commissioned by HRCLS to undertake this research in 2022 with her as 'key personnel'. Curran is a non-Aboriginal person. She was born in Hobart Tasmania, educated in Victoria, and has spent most of her adult working life working as a community lawyer, teacher, academic and for non-government organisations. Since commencing as a junior lawyer in 1992 on Gunditjmara lands also known as Dhauwurd Wurrung), in Southwestern Victoria, Australia, she has been working alongside Aboriginal people, Elders and Aboriginal organisations. Since then, Curran has worked on a range of Aboriginal studies and undertaken work with and for Aboriginal communities as well as worked with Aboriginal community members as a legal practitioner for three decades. Her practice is to have Aboriginal cultural advisers, work with participatory methodologies for her research and training, checking in at regular intervals to ensure her process, conduct, behaviours, and practice are culturally appropriate and safe and to constantly recalibrate and learn. Ideally, were funding to permit, there would be an Aboriginal researcher as part of the team. The first report goes into detail about the cultural methodologies that informed this study's research plan, design and its conduct and report on outcomes (including the report back to the Aboriginal community for data sovereignty).

For this study, the researcher, (Curran), met with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. Information and consents were obtained from the

participants. She also gathered feedback from the lawyers on the program and the managers who run each of the services mentioned.

About the Service Program

Bagaraybang bagaraybang mayinygalang (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 National Legal Assistance Partnership under its mental health funding stream.

The data collected in the 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.

Methodology for the Research and Impact Evaluation in a Nutshell

Summary only; see detail in 2023 Report.^{xii} The overarching question for this research is whether the BBM Program is effective and impactful in *Empowering & Alleviating Aboriginal community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)*. A further question explores what the lessons are, to support other Integrated Service Programs and HJPs. The research questions that this RIE are seeking to answer is whether the BBM and more broadly health justice partnerships demonstrate effectiveness and impact which all require some level of changes in behaviour, practice and policy or practice.^{xiii} Benchmarks have been developed to test and measure this. Most importantly these benchmarks are to determine whether this effectiveness and mode of practicing leads to justice interventions that improve outcomes in the day to day lives of the people the service assists. This can include justice outcomes and improvements to social determinants of health (the conditions needed for good outcomes such as stable housing, income, health, resources, autonomy) or the sustainable development goals (such as reducing inequality, improving accountability in government, addressing poverty, collaboration). The indicators or elements that lead to this, have been determined to be present if the following benchmarks are met, by using indicators suggestive to support this and tools in analysis.

Diagram A below provides the key elements/benchmarks or proxies this HJP seeks to achieve (consistent benchmarks were used in the previous longitudinal study over seven years which included HRCLS and AWAHS as partners in the Invisible Hurdles (IH) study) and improve and includes the values important to AWAHS and HRCLS that drive its work. Diagram B shows how these benchmarks connect to impact. Namely:

- Reach
- Engagement
- Capability
- Collaboration

- Empowerment
- Voice

Diagram A © Dr Liz Curran

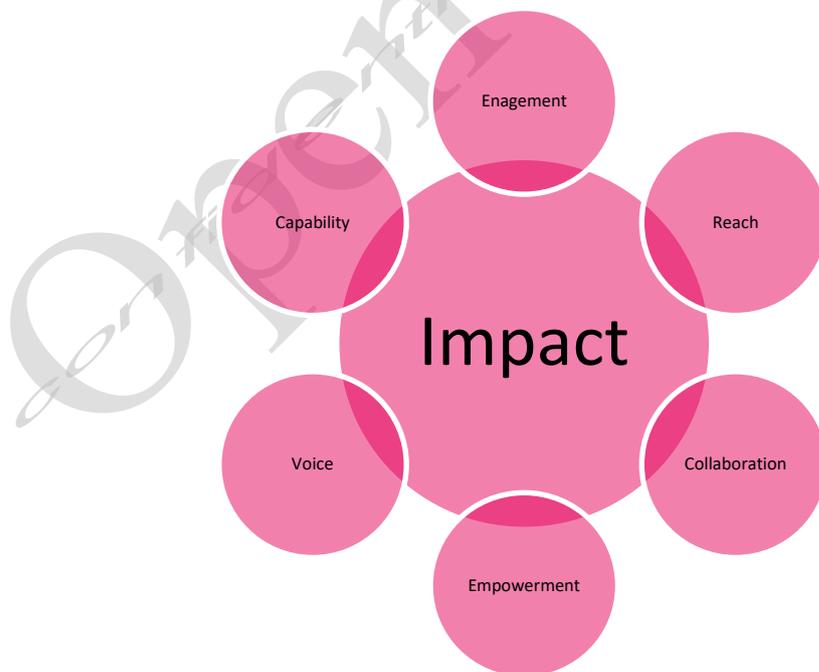
Proxies - Indicators of Success



Linking the community with the law

Based on methodology designed by © Dr Liz Curran, Nottingham Law School, Nottingham Trent University.

Diagram B RIE Connections to Impact



Indicators for the Key Benchmarks above

- Holistic service
- Confidence
- Capability^{xiv}
- 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) – empowerment and voice
- Autonomy and self-determination – empowerment and voice

These key benchmarks and the indicators that are used help Curran answer the overarching research questions by tracking and measuring 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 AWAS and HRCLS partnership.

Diagram C BBM Desired Impacts with Outcomes and Change © Dr Liz Curran

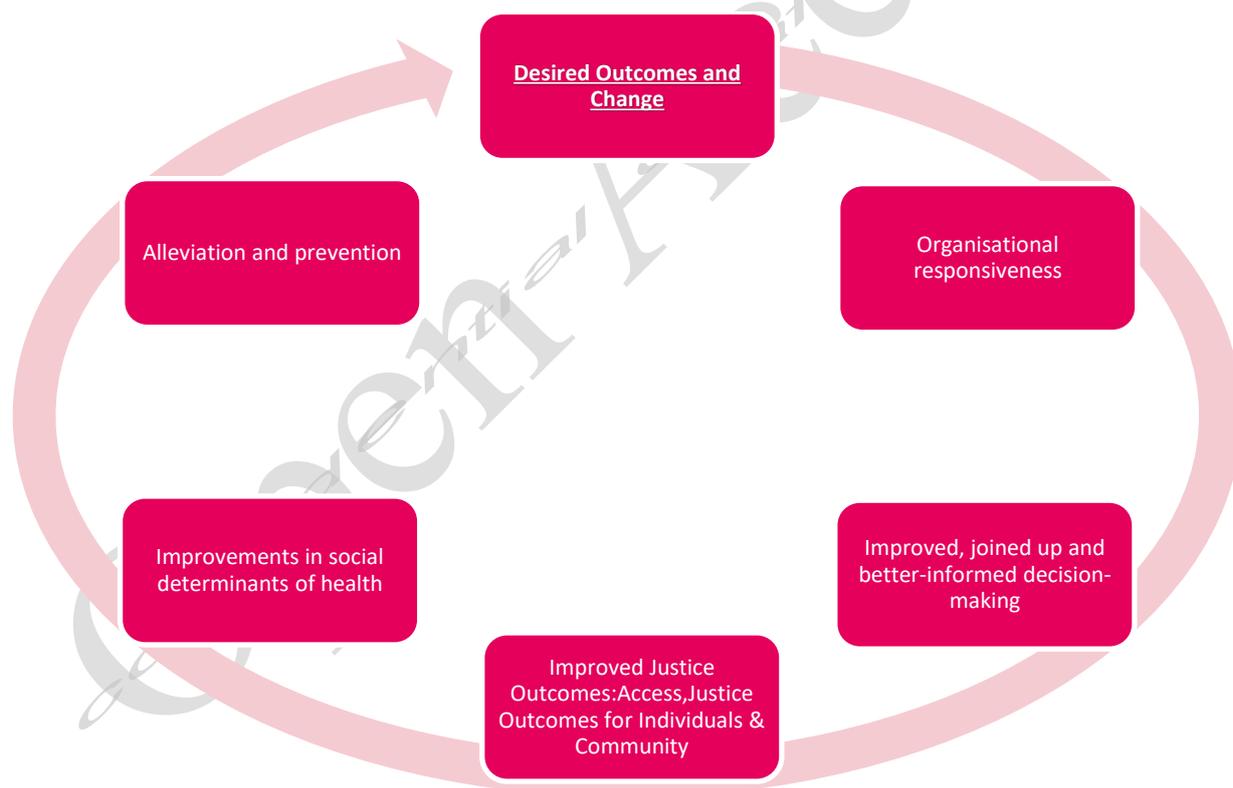


Diagram C (above) summarises the desired outcomes and change. Through early intervention and integrated service delivery it is envisaged that alleviation and prevention of some of the conditions that see people's mental health deteriorate will occur because of greater support with their civil law and 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. The data in this

report supports the contention. The desired outcomes and change intersect with the benchmarks at the following levels:

- 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.

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 health^{xv} (including stress, hope and anxiety levels) and specific to this project, enhanced decision-making (at an individual, community, organisational and policy & decision-making levels). It also enables the program 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. The author continues in BBM with the similar methodology to the IH longitudinal study. In the 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 BBM research has been recalibrated and further examined through the lens of trauma informed practice and cultural appropriateness. A further literature review was undertaken in 2024 in recent best practice in Aboriginal evaluation and research, Mental Health (MH), trauma, Aboriginal cultural safety, and methods to extract deeper narratives from these perspectives.

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

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

The following tools are used annually in April each year:

1. Yarning Circles with local Aboriginal Community x 2 (each field trip).
2. Guided Professional Journal kept by the legal support staff (the BBM project team – lawyer and Community Legal Engagement Worker (CLEW)). The legal support staff use 'guiding questions' developed by Curran 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).

4. A Professional Development Evaluation Tool Pre and Post (designed by Curran with a refresh due to proactive input from BBM staff in 2024) on professional training provided by HRCLS to AWAS administered by HRCLS with results aggregated into percentages and responses to questions summarised and then provided to the researcher Curran word document by email.
5. A 45-minute interview with Managers
6. A 30-minute Interview with legal support staff
7. Reflective Practice Conversations with managers, and operational leaders
8. BBM HJP 'Research & Evaluation Community Development Impact & Outcome Measurement Tool' (administered by Curran in data analysis).
9. 'Integrated Multidisciplinary Practice Evaluation – Collaboration Measurement of Progress Tool' (administered by Curran in data analysis)
10. HRCLS Service Aggregated Data - Yearly Data Collection
11. Existing, relevant inhouse HRCLS Data Collection including the Community Development Report 2023-2024 requested by Curran to supplement existing service data and relevant to the HJP RIE

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 the 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 and reduces the data burden on HRCLS.

Part B Summary of Data

Summary: Primary Quantitative and Qualitative data (collected by Curran during the conduct of the April 2024 field work)

For the second field trip, 2-6 April 2024 there were a total of 34 participants in the primary data. There were 24 Aboriginal participants.

There were 14 participants in the Female Yarning Circle (out of 24 who were present) and 5 in the Men's Yarning Circle (noting that the number fluctuates due to the nature of Yarning Circles). An Elder was present at each of the Yarning Circles. There were 9 Trusted Intermediaries in the in-depth interviews (3 of whom participated in the research in 2023 and 6 new participants). This was an increase from 5 participating TIs in 2023. There were 2 BBM Staff participants (professional journals and interviews) and 4 Management participants from the two partner agencies AWHS and HRCLS (each in the interviews and again in the Reflective Practice Conversation).

Summary: Secondary Quantitative Data (HRCLS)

This secondary data is data collected and administered internally by Hume Riverina Community Legal Service and the 2024 data was provided to Curran on 27 April 2024. HRCLS data collection system is 'Actionstep', along with other community legal centres in Australia. Primarily Actionstep is used, noting that some data (such as secondary consultations and referrals) still needs to be collected manually.

It is noted that this was the first time in over a decade that a service, being evaluated by Curran, has provided the data early in the data analysis phase for it to be considered holistically for the synthesis phase. HRCLS is to be commended for this timeliness. Some of this data is service data ordinarily collected however as noted above, some data has been requested by Curran to be collated, di-identified, and aggregated in house by HRCLS for BBM such as Professional Development Surveys and data on secondary consultations and referral practice.

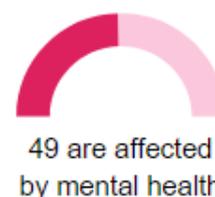
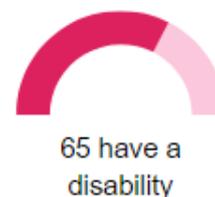
HRCLS Secondary Quantitative Data for the Period 1/4/2023 – 31/3/2024

Note this data is provided for the period since the 2023 field trip.

Client Demographics:

99 clients seen during the period:

- 65 have a disability (incl. mental health/all disability indicators – physical, psychological, intellectual, and other)
- 49 are affected by a mental health problem (psychological & intellectual only)
- 74 are experiencing or at risk of Family Violence (FV)
 - 71 clients indicate 'yes'
 - 3 indicate they are 'at risk'
- 97 are experiencing financial disadvantage.
- 87 identify as Aboriginal and/or Torres Strait Islander



- 29 Male, 70 Female

Age range:

- 18-24 = 9
- 25-34 = 28
- 35-49 = 69
- 50-64 = 36
- 65+ = 19



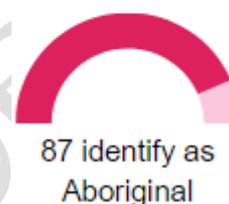
Family Type:

- 31 Not living in a family.
- 46 single parent family with dependent children.
- 8 two parent family with dependent children
- 12 family type Other



Homelessness:

- 2 Unknown
- 71 No
- 19 At risk
- 10 Yes

Services to clients

251 services provided to the 99 clients for reporting period:

*includes those already open at the beginning of reporting period.

Service Type	Count
Court/Tribunal	1
Legal Advice	139
Legal Task	78
Other Representation	33
Grand Total	251

Open during reporting period:

Service Type	Count
Court/Tribunal	1
Legal Advice	119
Legal Task	67
Other Representation	28
Grand Total	215

Closed during reporting period:

<u>Service Type</u>	<u>Count</u>
<u>Court/Tribunal</u>	<u>1</u>
<u>Legal Advice</u>	<u>117</u>
<u>Legal Task</u>	<u>63</u>
<u>Other Representation</u>	<u>20</u>
<u>Grand Total</u>	<u>201</u>

Note: files/cases = Court/Tribunal + Other Representation

Problem types (closed matters)

90 Clients* receiving 201 services (closed) presented with 327 problem types (= average of 3.6 problems per client) broken down as follows:

Civil law: 237

Criminal law: 16

Family law: 74

This is based on service type provided:

- *Legal Advice*
- *Legal Task*
- *Other Representation/ Court/tribunal*

* Noting that 99 clients received services during the period = 9 ongoing matters (not closed within period)

Top 10 problem types:

1. Parenting	(37)
2. Fines	(34)
3. Credit & debt	(32)
4. Consumer	(31)
5. Government /administrative complaints (incl. police & schools)	(30)
6. Housing	(25)
7. IVO/AVO/PSIO (family violence orders)	(25)
8. Victims Compensation	(20)
9. Child Protection	(15)
10. Child Support	(15)

Comment and Analysis

The HJP is hitting its target group in line with its funding and accountability frameworks with high rates of people experiencing mental health issues (45%) or with a disability (69%) and from Aboriginal backgrounds (87% identifying).

The secondary data on the nature and number of problems also indicates risk factors including risk of family violence, in precarious housing, complex family relationships and monetary pressures (97%). The majority of cases involve civil and family law problems. For just over a first year of the operation of the HJP the referral rates (176), number and consistency of secondary consultations (108) are unusually high by comparison to other HJPs in their first year or so. This is suggestive of the power of the existing relationships and trust formed during the partnership for the Invisible Hurdles Program which has meant that the program right from the commencement had trust established or borrowed from IH (TI interviews indicated this) and traction.

The age spread is broader than the young people (aged 12-25 years of age) targeted by the Invisible Hurdles Program and so is not duplicating this service, rather expanding its client reach to a spread of age groups.

The nature of the work (251 services) suggests while there is advice work directly to clients there is a significant amount of ongoing case work flowing from the advice work and supports other research that indicates many of the client group, have not accessed legal services before (evidenced in the primary data). The clients have not only one legal issue but multiple and often cascading legal issues, in a context of multiple social and health problems. It is not uncommon for one client to reveal five or more legal problems as trust builds, many of which had been unidentified or unactioned for a range of complex reasons compounding inequality and leading to poorer outcomes in health, housing, and income security as well as increased parental pressures. This is a factor that needs to be considered in programs of this nature and underscores the needs and complexity where services are provided to groups who do not normally access legal support services. All of this data on multiple, cascading and intersecting problems in disadvantaged groups is consistent with the literature examined in the first BBM Report and also new research referenced in this report.^{xvi}

There have been 7 community legal education sessions, including professional development of health service staff by the BBM team. It is important to also view these as connected to the secondary consultations, which are critical on the job training for staff who are under time pressure and who often need to have information in a time effective manner at critical stages in the clients' lives. This provides the link back to methodology graphics (Diagrams A, B and C) provided in the Methodology section namely that CLE/PD leads to SC leads to referrals which leads to legal advice and hence the benchmarks set to test effectiveness and impact. Namely, engagement and reach.

Such secondary consultations (in the primary data) were seen as expanding reach of the HJP, as this information is shared with teams and undertaken at staff meetings in short, bite size, digestible ways due to the abovementioned time pressure. It is also noted that in looking at the secondary data, Curran has also been provided with other data including the Operational Plan for 2023-2024 (emerging from the Reflective Practice Conversations in the April 2023 field trip); Progress and implementation reports and the very detailed Community Engagement Workers report on BBM activities that the CLEW role of also leading to referrals. This report not only includes a list of events, engagement, and training activities in CLE in many forms, beyond the traditional 'community legal education' sessions, that are so critical in building the cultural safety and trust that are crucial for this HJP's success but also focuses on the

program’s proxies as well as reflection, learnings, and feedback on each event/activity. These are important particularly in light of the alienation and scepticism in Aboriginal community that was evidenced in the First Report (2023). This report shows the learnings, adaptation and growth of the BBM team and their own analysis of impact and willingness to continue to change and reflect. This document evidenced articulation of community development principles of co-design and collaboration, focusing on the program’s proxies as well as reflection, learnings and feedback on each event/activity and next steps to be taken. Then the CD Report later revisited progress and implementation showing adaptation and recalibration by BBM staff in response to this feedback.

This material has all been considered in the data analysis and conclusions for this report, including co-design of the community legal education with Aboriginal people engaging with AWHS or its events and AWHS staff, which, in itself, are learning opportunities for all involved in this planning. Alongside this co-design is a significant and critical presence at a large number of community events. The BBM Team and at times senior management of HRCLS have been present.

This visibility at these events is critical and cannot be underrated in enhancing trust among Aboriginal community members; visibility establishing the BBM staff team’s relevance in their lives and in solving problems and presents opportunistic opportunities to improve legal literacy and awareness. This increases trust, confidence and in turn a willingness to disclose which means they have enhanced options available to them to make informed choices that include justice-oriented possibilities. These would otherwise not form the repertoire and risk poor decision making as clients are missing what could be crucial pieces in the jigsaw that helps them resolve many of their problems. This includes minimising risk of eviction, access to income support that is incorrectly denied to them, reducing debts, ensuring access to utilities, obtaining childbirth certificates in order to enable schooling and social supports and so on. All of these outcomes have been identified as a result of the BBM support (see interviews with TIs with the data from Client Journey maps) and case studies later in the report.

Visual Representation

Data (1st April 23 - 31st March 24)



Linking the community with the law

Based on methodology designed by © Dr Liz Curran, Nottingham Law School, Nottingham Trent University.

Reponses to Pre- and Post-Professional Development Survey Feedback

In the year 2024, legal support staff in the BBM administered the pre and post professional development surveys. Data collection from 1 Feb 2023 – 31 March 2024

Fines (WDO's NSW & WDP's Victoria)

Date: 21/09/2023

Pre-training survey

Questions

- Question 1 I am aware of the BBM Project and how it can help me in my role.
- Question 2 It is an important part of my role to identify social, financial or legal issues that impact on a client's health and wellbeing.
- Question 3 I am confident in my knowledge and awareness of how legal problems impact on the health and wellbeing of clients.
- Question 4 I believe I have the required skills and knowledge to effectively identify legal issues experienced by clients.
- Question 5 I know that lawyers have an important role to play in ensuring better health outcomes for clients.
- Question 6 I think this training will be practically useful to my work.

Responses

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total answers
Q. 1	2 (22.2%)	1 (11.1%)		3 (33.3%)	3 (33.3%)	9
Q. 2	1 (11.1%)	1 (11.1%)	1 (11.1%)	1 (11.1%)	5 (55.5%)	9
Q. 3		2 (22.2%)	1 (11.1%)	2 (22.2%)	4 (44.4%)	9
Q. 4	2 (22.2%)	2 (22.2%)	1 (11.1%)	2 (22.2%)	2 (22.2%)	9
Q. 5			2 (22.2%)	2 (22.2%)	5 (55.5%)	9
Q. 6			2 (22.2%)	1 (11.1%)	6 (66.6%)	9

Comments and suggestions

Participant 7	Not sure of how this will be in my program - CRISIS
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Post-training survey

Questions

- Question 1 I am more aware of the BBM Project and how it can help me in my role.

- Question 2 It is an important part of my role to identify social, financial, or legal issues that impact on a client's health and wellbeing.
- Question 3 I am more confident in my knowledge and awareness of how legal problems impact on the health and wellbeing of clients.
- Question 4 I have improved my skills and knowledge so that I can effectively identify legal issues experienced by clients.
- Question 5 I understand more about the role lawyers play in ensuring better health outcomes for clients.
- Question 6 This training will be practically useful to my work.

Responses

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total answers
Q. 1		1 (12.5%)	2 (25%)	2 (25%)	3 (37.5%)	8
Q. 2			2 (25%)		6 (75%)	8
Q. 3		1 (12.5%)	1 (12.5%)	3 (37.5%)	3 (37.5%)	8
Q. 4			1 (14.28%)	3 (42.86%)	3 (42.86%)	7
Q. 5			1 (14.28%)	3 (42.86%)	3 (42.86%)	7
Q. 6			2 (28.57%)	1 (14.28%)	4 (57.14%)	7
					Yes	No
Are you more confident in identifying legal issues?					8 (100%)	
Are you more confident in referring to BBM?					8 (100%)	
Do you know more than you did before?					7 (87.5%)	1 (12.5%)

Comments and suggestions

Participant 2	Very interesting
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Questions

- Question 3 Did you know more than you did before? If so, what did you learn?
- Question 4 Will you be better able to help clients/young people and/or put this training into practice? If so, how?
- Question 5 Will you be better able to help others in your team help their clients? If so, how?
- Question 6 What else would you like to know more about?

Participant 2

Q. 3	Fine lifecycle, ways to deal with fines other than paying, NSW 50% waiver if on Centrelink
Q. 4	
Q. 5	Impart new knowledge
Q. 6	Specifics on WDO what it involves, types of work that can be done

Participant 4

Q. 3	About fines
Q. 4	When to refer
Q. 5	Know when to refer
Q. 6	n/a

Participant 5

Q. 3	Yep
Q. 4	Yep
Q. 5	Yes
Q. 6	Yes

Participant 6

Q. 3	Recent changes – NSW residents only
Q. 4	More confident on giving advice
Q. 5	I think so
Q. 6	

Participant 7

Q. 3	
Q. 4	Yes, more understanding
Q. 5	Yes, cheat sheet
Q. 6	All

Participant 8

Q. 3	
Q. 4	
Q. 5	Yes
Q. 6	

Participant 9

Q. 3	More in depth knowledge on how and who can get WDP/WDO help
Q. 4	More confident to refer into WDP/WDO program
Q. 5	Share knowledge shared in today's presentation
Q. 6	

Support for victims of crime (in NSW & Victoria)

Date: 8/02/2024

Pre-training survey

Questions

- Question 1 I am aware of the BBM Project and how it can help me in my role.
- Question 2 It is an important part of my role to identify social, financial or legal issues that impact on a client's health and wellbeing.
- Question 3 I am confident in my knowledge and awareness of how legal problems impact on the health and wellbeing of clients.
- Question 4 I believe I have the required skills and knowledge to effectively identify legal issues experienced by clients.
- Question 5 I know that lawyers have an important role to play in ensuring better health outcomes for clients.
- Question 6 I think this training will be practically useful to my work.

Responses

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total answers
Q. 1		2 (13.3%)	6 (40%)	5 (33.4%)	2 (13.3%)	15
Q. 2			3 (20%)	6 (40%)	6 (40%)	15
Q. 3		1 (7.1%)	2 (14.3%)	9 (64.3%)	2 (14.3%)	14
Q. 4		1 (6.6%)	8 (53.4%)	5 (33.4%)	1 (6.6%)	15
Q. 5			1 (6.6%)	6 (40%)	8 (53.3%)	15
Q. 6			2 (13.3%)	7 (46.7%)	6 (40%)	15

Comments and suggestions

Participant 5	They support my clients with legal issue. This assist with help physical & mental health of clients. Secondary consults are also very useful in my support with clients.
Participant 7	Not sure if it relates to my role but if it does I'd be happy to do the training
Participant 8	Would be great to invite lawyer & community engagement officer as guest speaker to a BTH Event
Participant 11	Mandanguwc.

Post-training survey

Questions

- Question 1 I am more aware of the BBM Project and how it can help me in my role.
- Question 2 It is an important part of my role to identify social, financial or legal issues that impact on a client's health and wellbeing.
- Question 3 I am more confident in my knowledge and awareness of how legal problems impact on the health and wellbeing of clients.
- Question 4 I have improved my skills and knowledge so that I can effectively identify legal issues experienced by clients.
- Question 5 I understand more about the role lawyers play in ensuring better health outcomes for clients.
- Question 6 This training will be practically useful to my work.

Responses

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total answers
Q. 1	1 (7.7%)			4 (30.7%)	8 (61.6%)	13
Q. 2			3 (23.1%)	3 (23.1%)	7 (53.8%)	13
Q. 3				6 (46.2%)	7 (53.8%)	13
Q. 4				6 (46.2%)	7 (53.8%)	13
Q. 5				6 (46.2%)	7 (53.8%)	13
Q. 6			1 (8.3%)	3 (25%)	8 (66.7%)	12

	Yes	No
Are you more confident in identifying legal issues?	13 (100%)	
Are you more confident in referring to BBM?	13 (100%)	
Do you know more than you did before?	13 (100%)	

Comments and suggestions

Participant 4	Case study was more informative
Participant 5	Always learning new and updated information
Participant 7	Brochures are easy to read
Participant 8	Great presentation. Case study was very useful.
Participant 11	Mandanguwc

Additional comments & feedback in conversation after session

Want available in foyer.

Easy to understand.

Checklist is simple for patients.

Will use with clients.

Thought case study was a good addition, easier to follow, more engaging.

Comment and Analysis

Across all the surveys undertaken in the Professional Development sessions there is a significant agreement (87% and most often 100%) that after the training by the BBM staff they were more confident referring, more confident about identifying legal issues and knew more than they knew before the session occurred. For example: *They support my clients with legal issue. This assist with help physical & mental health of clients. Secondary consultations are also very useful in my support with clients.* There is also data suggesting things that worked and suggestions around improvements and topics that the TI staff would like. For example, *Case study was more informative.* This is an extract from the most recent training session surveyed.

The Community Development Report by the Community Engagement Worker contained credible differences in later professional development sessions to tailor them to their audiences, use less lecture style, didactic formats, be less ambitious about content to be covered and develop more story-telling approaches and fact sheets. This is in line with effective adult learning theory shared with the BBM staff after the 2023 field trip by Curran. This ability to take on board feedback of staff about their training, adapt and be responsive by the staff team is commendable. It is the quality of the training rather than the pushing of content that is critical in assessing effectiveness. If the way the training is delivered is timely, relevant, practical, useful and can be recalled during case work and client interactions by TIs, this is key to such effectiveness. Progress will be revisited and tested again by Curran in the 2025 field trip.

Primary Data Collected from Curran

Trusted Intermediaries - in depth interviews.

(9 participants - an increase of 4 participants from 2023) This number could be indicative of an increase in TI participant involvement with the BBM over the past year and/or their willingness to participate in the research. 3 Participants participated in 2024 and 6 are new participants.

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

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.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/9 (0%)	0/9 (0%)	0/9 (0%)	0/9 (0%)	9/9 (100%)

ii. The referral process to and from clearly understood.

Strongly Disagree 0/9 (0%)	Disagree 0/9 (0%)	Neutral 0/9 (0%)	Agree 2/9 (22%)	Strongly Agree 7/9 (77%)
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iii. There is a high level of mutual understanding and trust between you and the BBM.

Strongly Disagree 0/9 (0%)	Disagree 0/9 (0%)	Neutral 0/9 (0%)	Agree 0/9 (0%)	Strongly Agree 9/9 (100%)
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iv. The staff involved in the BBM Project (i.e., the lawyer) recognise and utilise the professional expertise of other staff.

Strongly Disagree 0/9 (0%)	Disagree 0/9 (0%)	Neutral 0/9 (0%)	Agree 0/9 (0%)	Strongly Agree 9/9 (100%)
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v. The lawyer/s are responsive to client need.

Strongly Disagree 0/9 (0%)	Disagree 0/9 (0%)	Neutral 0/9 (0%)	Agree 0/9 (0%)	Strongly Agree 9/9 (100%)
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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 0/9 (0%)	Disagree 0/9 (0%)	Neutral 2/9 (22%)	Agree 2/9 (22%)	Strongly Agree 5/9 (55%)
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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 0/9 (0%)	Disagree 0/9 (0%)	Neutral 0/9 (0%)	Agree 0/9 (0%)	Strongly Agree 9/9 (100%)
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Question 4

Have you participated in training offered by the BBM team?

Yes 8/9 (88%) No 1/9 (11%)

Question 5

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

Yes 9/9 (100%) No 0/9 (0%)

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 9/9 (100%) No 0/9 (0%)

Question 11

Have you received secondary consultations assistance from the lawyer?

Yes 9/9 (100%) No 0/9 (0%)

Question 13

SC Do they have value?

Yes 9/9 (100%) No 0/9 (0%)

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 5 /9 (55%) No 2/9 (22%) No idea 2/9 (22%)

Question 16

Do you think this has an impact?

Yes 7/9 (77%) No 0/9 (0%) No Idea 2/9 (22%)

Question 17

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

Yes 8/9 (88%) No 0/9 (0%) No Idea 1/9 (11%)

Question 18

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

Yes 7/9 (77%) No 0/9 (0%) No Idea 2/9 (22%)

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,

Yes 7/9 (77%)

No (0%)

No Idea 2/9 (22%)

in any of the following areas:

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

- a. Stress
- | | | | |
|------|------------------|-----|-------|
| i. | been reduced | 7/9 | (77%) |
| ii. | stayed the same | 0/9 | (0%) |
| iii. | too soon to tell | 2/9 | (22%) |
| iv. | increased | 0/9 | (0%) |
- b. Resilience
- | | | | |
|------|------------------|-----|-------|
| i. | been reduced | 7/9 | (77%) |
| ii. | too soon to tell | 2/9 | (22%) |
| iii. | stayed the same | 0/9 | (0%) |
| iv. | increased | 0/9 | (0%) |
- c. Anxiety
- | | | | |
|------|-----------------|-----|-------|
| i. | been reduced | 7/9 | (77%) |
| ii. | stayed the same | 2/9 | (22%) |
| iii. | increased | 0/9 | (0%) |
- d. Trust
- | | | | |
|------|-----------------|-----|-------|
| i. | been reduced | 0/9 | (0%) |
| ii. | stayed the same | 3/9 | (33%) |
| iii. | increased | 6/9 | (66%) |
- e. Responsiveness
- | | | | |
|------|-----------------|-----|-------|
| i. | been reduced | 0/9 | (0%) |
| ii. | stayed the same | 1/9 | (11%) |
| iii. | increased | 8/9 | (88%) |
- f. Engagement
- | | | | |
|------|-----------------|-----|-------|
| i. | been reduced | 0/9 | (0%) |
| ii. | stayed the same | 2/9 | (22%) |
| iii. | increased | 7/9 | (77%) |
- g. Confidence in engaging with the services.
- | | | | |
|------|-----------------|-----|-------|
| i. | been reduced | 0/9 | (0%) |
| ii. | stayed the same | 2/9 | (22%) |
| iii. | increased | 7/9 | (77%) |
- h. Knowledge of their rights and responsibilities and the rights and responsibilities of others

- | | | | | |
|------|-----------------|-----|-------|--|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 1/9 | (11%) | |
| iii. | increased | 8/9 | (88%) | |
- i. Clients more knowledgeable about where to go for services.
- | | | | | |
|------|---------|-----|-------|--|
| i. | Yes | 7/9 | (77%) | |
| ii. | No | 0/9 | (0%) | |
| iii. | No Idea | 2/9 | (22%) | |
- j. Clients more knowledgeable about their options and more skilled over time
- | | | | | |
|-----|-----|-----|-------|--|
| i. | Yes | 7/9 | (77%) | |
| ii. | No | 2/9 | (22%) | |
- k. Flow on effects for family members of any of the above-mentioned.
- | | | | | |
|-----|-----|-----|--------|--|
| i. | Yes | 9/9 | (100%) | |
| ii. | No | 0/9 | (0%) | |
- l. Client's sense of hope
- | | | | | |
|------|-----------------|-----|-------|--|
| i. | been reduced | 2/9 | (22%) | |
| ii. | stayed the same | 0/9 | (0%) | |
| iii. | increased | 7/9 | (77%) | |

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'

- | | | | | |
|-----|-----------------|-----|-------|---|
| a. | Stress. | | | |
| i. | been reduced | 8/9 | (88%) | |
| i. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| ii. | increased | 0/9 | (0%) | |
- b. Resilience
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | increased | 8/9 | (88%) | |
- c. Anxiety
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been reduced | 8/9 | (88%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | increased | 0/9 | (0%) | |

- d. Trust
- | | | | | |
|------|-----------------|-----|--------|--|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 0/9 | (0%) | |
| iii. | increased | 9/9 | (100%) | |
- e. Responsiveness
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been increased | 8/9 | (88%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | reduced | 0/9 | (0%) | |
- f. Engagement
- | | | | | |
|-----|-----------------|-----|-------|---|
| i. | been reduced | 0/9 | (0%) | |
| i. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| ii. | increased | 8/9 | (88%) | |
- g. Confidence in engaging with the legal service lawyer/s
- | | | | | |
|------|-----------------|-----|--------|--|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 0/9 | (0%) | |
| iii. | increased | 9/9 | (100%) | |
- h. Knowledge of their rights and responsibilities and the rights and responsibilities of others
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | increased | 8/9 | (88%) | |
- i. Sense of hope
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | increased | 8/9 | (88%) | |
- j. Confidence in knowing when to seek and seeking legal help.
- | | | | | |
|------|-----------------|-----|-------|---|
| i. | been reduced | 0/9 | (0%) | |
| ii. | stayed the same | 1/9 | (11%) | (used the service anyway still reassured) |
| iii. | increased | 8/9 | (88%) | |

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 BBM Community Development Worker/Lawyer with AWAHS?

Yes 3/9 (33%) No 2/9 (22%) Not comfortable answering at this stage 4/9 (44%)

a. If so, can you recall what it was about? Yes 3/3 (100%) No 0/3 (0%)

- b. Were you involved in any way in shaping the topic? Yes 3/3 (100%) No 0/3 (0%)
 c. If Community Development, were Aboriginal people actively involved in shaping the training? Yes 3/3 (100%) No 0/3 (0%)

Question 24

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

Strongly Disagree 0/3 (0%)	Disagree 0/3 (0%)	Neutral 1/3 (33%)	Agree 1/3 (33%)	Strongly Agree 1/3 (33%)
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Question 25

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

Strongly Disagree 0/3 (0%)	Disagree 0/3 (0%)	Neutral 0/3 (0%)	Agree 1/3 (33%)	Strongly Agree 2/3 (66%)
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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 0/3 (0%)	Disagree 0/3 (0%)	Neutral 0/3 (0%)	Agree 0/3 (0%)	Strongly Agree 3/3 (100%)
-------------------------------	----------------------	---------------------	-------------------	------------------------------

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 8/9 (88%) No not relevant in my role 1/9 (11%)

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 8/9 (88%) No 'too soon' 1/9 (11%)

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 4/9 (44%) No 'too soon' 5/9 (55%)

Analysis and Comment

The comparison was undertaken by Curran with the start-up data that was collected in April 2023 when the programme had been in operation for only three months. Whilst the initial 2023 data was favourable, there were some neutral, agree and too early to say data emerging from the in-depth interviews with the trusted intermediaries (see link to the [First Report](#) for the full 2023 data).

In the 2024 data, after a year of operation of the BBM programme, there has been a clear shift. There were almost no 'neutral' responses and the number of 'agree' responses was reduced and took the form of being translated into the 'strongly agree' category. This is suggestive of the fact that the Trusted Intermediaries are turning to the BBM project staff more often and are receiving significant on the spot training for clients at point of need. It suggests TIs are making referrals and are confident in making referrals.

The data also suggests a significant increase in capability of the Trusted Intermediaries and their engagement and willingness to collaborate.

Areas for further work include more inclusion and understanding by the BBM staff of the desire of Trusted Intermediaries to be involved in law reform either indirectly or directly. The qualitative data collected in the in-depth interviews also reinforces this but goes further with staff acknowledging that being involved in law reform and policy input would give them improved job satisfaction. Even if AWHS could not be named in the law reform activity for strategic reasons, the TIs felt that this would still add to their work satisfaction.

There was clear evidence in the data collected that staff felt empowered. They also felt there had been a demonstrable change in the social determinant of health outcomes for clients. The data suggests this for those who have received justice interventions from the 'legal department' namely BBM, and in some cases HRCLS more broadly, if referred for capacity or specialist reasons (this is noted in some of the qualitative data discussed below from the TI in-depth interviews).

The quantitative data extracted from the in-depth interviews suggests high levels of trust, responsiveness, speediness, and a willingness for BBM staff to follow up.

If further work was required or BBM did not have answer BBM staff would research and get in touch with TIs at timely intervals. This also supported by SC data and professional journals.

The role of secondary consultations, as with the Invisible Hurdles program, has continued in BBM and is valued by 100% of TIs interviewed. It is providing capability and a sense of confidence in TIs. TIs report being able to better respond to legal problems but also to provide their clients with further options. TI – 118 SCs (estimated only 31 March - April 2024). Comment: This figure is consistent with the manual data (which was 108 SCs) for the same time-period collected by HRCLS.

In relation to the impacts of justice interventions in SDH outcomes for a specific client identified for this question by each of the TIs, TIs (Question 21) not only note visible reductions in stress and anxiety but also note significant levels of increases in confidence, hope, common knowledge of legal information, confidence, engagement, and trust. The majority of participants in 2024 also note that engagement with BBM has increased client resilience.

These same levels of impact on clients' levels have been reported in the further question (Question 22) relating to the TIs own personal and professional experiences.

In other words, and in the summary 9/9 TI participants felt that the process was 'seamless', 'reliable', 'efficient', and 'responsive', and that it was already having a significant impact through the justice interventions on the social determinants of health of clients. Where there was some reticence to report impacts on social determinants of health (in a minority of cases) the reason given for this was not related to the service itself but related to the ongoing entrenched experience of distrust by the Aboriginal community. This is based on the qualitative data (collected in April 2023 and 2024). This derives from long experiences of discrimination and poor previous experiences with justice and those in authority or is it was just too soon to gauge in the first year of the BBM project? TIs identified the ongoing client to be tracked for the 'client journey maps' in 2025 with eight of the nine TI participants agreeing to this longitudinal assessment. Three TIs reported on the clients they had selected in 2023 for this purpose. One TI participant did not do ongoing case work therefore, and so could not nominate a client for the client journey mapping and a second changed the client she nominated in 2023 for the study as this client had disengaged from both AWAHS and HRCLS due to personal circumstances due to their mental health but might return to the service/s with time.

Manager Interviews (4 participants)

Question 8

Have you participated in training offered the BBM?

Yes 1/4 (25%)

No 3/4 (75%)

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

- | | | |
|------|--|----------------|
| i. | <i>If so, can you recall what it was about?</i> | Yes 1/1 (100%) |
| ii. | <i>Were you involved in any way in shaping the topic?</i> | Yes 1/1 (100%) |
| iii. | <i>Were Aboriginal and Torres Strait Islander community members actively involved in shaping the training?</i> | Yes 1/1 (100%) |

Question 9

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 4/4 (100%)

No 0/4 (0%)

Question 10

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 4/4 (100%)

No 0/4 (0%)

Question 11

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

i. Can confidently and positively refer.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 0/4 (0%)	Strongly Agree 4/4 (100%)
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ii. Referral process to and from clearly understood.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 0/4 (0%)	Strongly Agree 4/4 (100%)
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iii. High level of mutual understanding and trust between the HRCLS (BBM) and my agency

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 0/4 (0%)	Strongly Agree 4/4 (100%)
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iv. The staff involved in the BBM recognise and utilise the professional expertise of other staff.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 1/4 (25%)	Strongly Agree 3/4 (75%)
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v. The lawyer/s are responsive to client need.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 1/4 (25%)	Strongly Agree 3/4 (75%)
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vi. 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 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 2/4 (50%)	Strongly Agree 2/4 (50%)
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vii. My agency has participated with BBM partners to improve the law, systems, policies or their administration.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 1/4 (25%)	Strongly Agree 3/4 (75%)
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viii. Aboriginal People were involved in BBM endeavours to improve the law, systems, policies, or their administration.

Strongly Disagree 0/4 (0%)	Disagree 0/4 (0%)	Neutral 0/4 (0%)	Agree 3/4 (75%)	Strongly Agree 1/4 (25%)
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Question 13

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

Yes 4 /4 (100%)

No 0/4 (0%)

Question 14

) *Has this research impact evaluation and its evidence base assisted your organisation to improve and grow or change its practice?*

Yes 4 (100%)

No 0/4 (0%)

Analysis, Comparison and Comment

One of the management participants is Aboriginal. This insight is important in light of this research into Aboriginal experiences of BBM as not only are they a staff member/manager at AWHS but also an Aboriginal community leader.

There has been a continuous level of consistency in the data responses when the figures for 2023 were compared with 2024 from the quantitative data emerging from the interview with managers. Where there was some variation, it was found to be in relation to the levels and involvement of BBM staff and the management of the two organisations. Their involvement with Aboriginal community members has increased since 2023 through their participation and visibility at events and also through clear co-design of some of the training materials which integrated an Aboriginal lens and input.

The data suggests that from service start up in 2023, there were already high levels of existing commitment, trust, and confidence in the BBM program. This has continued to build. There is a view that this kind of collaborative multidisciplinary approach to problem solving is an effective way of reaching the most vulnerable. There was also confidence in the referral process as being effective, efficient, and responsive. There were some limitations noted in the qualitative data, specifically in the interviews with managers and the reflective practise conversation discussed below, but these related largely to areas of law that were beyond the current capacity of the BBM program. The managers were unanimous in their view that further support for people in mental health facilities, family law service provision and support in care and protection cases would be a wonderful addition to capability that BBM could offer its clients were these funded. This is particularly in light of the 2024 data that was presented at the Reflective Practice Conversation in the last day of the field trip in 2024. All managers indicated that this was a matter of funding and recruiting lawyers with expertise, noting that supervision was also something that needed to be addressed to ensure that the relevant experience to support Aboriginal community members in these complex areas would be required, but is beyond the scope of the current funding and model.

Areas identified by the managers for improvement were around reciprocity, in terms of valuing the professional expertise of the Trusted Intermediaries. While this was ranked high by most managers, some managers felt that there was more work to be done as they were providing responses to the quantitative questions.

Similarly, the issue of progressing work on law reform and the involvement of Aboriginal community voice in this was raised. Two of the managers in responding to the quantitative questions would like to continue to see progress in. These were identified in terms of cultural aspects, including ongoing focus on trauma-informed and self-determination. This is important given the BBM focus on mental health and wellbeing, alleviation, and empowerment. It was acknowledged that this was something that could only happen with time. The law reform activities arising out of case work, also now linked to IH work with young people are noted. These are important to the local Aboriginal community and staff participants. This includes work on spurious funeral insurance schemes and the shortcomings of the current Reparations Scheme. However, due to the longitudinal nature of the research this would be fostered through its being informed by the work and the changes in practise which had been developed and built on because of the Invisible Hurdles Program. It was also noted that it was still early

days because of the ingrained systemic disadvantage and distrust in Aboriginal communities. With the ongoing visibility and engagement by BBM staff at community events with Aboriginal community it is hoped this will lead to increasing voice and tangible efforts which will be gauged by Curran in 2025 (and hopefully beyond). The managers had an appetite for Curran to come back in 2025 and assess, using the tools of ongoing measurement, whether there is progress in relation to this involvement of the Aboriginal voice in law reform and community development work by BBM and the results of such work.

Qualitative Research Data

Case Studies

These 20 case studies have been selected from the qualitative tools namely the Trusted Intermediary Interviews and the legal support staff professional journals. The client case studies are client stories referenced in the tools, namely the BBM professional journals and other interviews with TIs and BBM staff team and are to be read in conjunction with journal data, as there is more detail about the work/struggles/challenges/barriers/breakthrough and impact of client lives or outcomes in the legal matters. They have been kept intentionally very brief, undergone extensive deidentification in line with the research Data Management Plan and have not been duplicated where the case study appeared in more than one tool.

The further processes to prevent identifiable details involved a process of the case studies being vetted by the solicitors and management of HRCLS and Curran. This ensures accuracy and the identification in line with the accountabilities of HRCLS as a regulated practice and its risk management practices, duties to its clients in relation to confidentiality and in line with the NTU and AWAS ethics approval and as noted the NTU Data Management Plan.

Client Case Study 1

The client connected with BBM Community Legal Engagement Worker (CLEW) and then was booked in for an advice appointment. They had several physical and psychological disabilities. They were homeless and did not have strong social networks. The client was trying to navigate multiple legal issues on their own which was challenging given their circumstances. This client was connected with Invisible Hurdles youth legal team by the CLEW. IH provided ongoing assistance with some of the legal issues. HRCLS was not able to assist with all legal issues due to funding/expertise restraints, meaning the client had multiple lawyers. On several occasions this client has contacted BBM/IH team when they need support with referrals or further legal guidance. BBM or IH teams have helped the client navigate the complex service structures and helped with these matters, for example, understanding contracts.

Client Case Study 2

The client attended an appointment for help to uncover answers about legal issues from many years ago, having previously not had appropriate legal support. This was exacerbated as they had poor physical and mental health issues. After the first appointment, the client expressed their gratitude to have someone take the time to sit and listen to their story, on their terms, outside in an environment that was comfortable for them. This gratitude was conveyed even though BBM had limitations in how it could assist. This client returned many months later and BBM is assisting with other matters that the client can address now due to improvements in mental health. For example, the client has secured temporary housing and BBM assisted in provision of relevant information to ensure the client could progress their housing from temporary to a more permanent situation.

Client Case Study 3

The client was referred by the AWASHS Counsellor. The client, whilst not Aboriginal, is accepted within Aboriginal community due to their upbringing/background/connection. It was highlighted the client does not engage with new workers due to their literacy struggles. BBM relied heavily on the 'borrowed trust' with the counsellor and their recommendation of the BBM service. Although the legal issue was beyond HRCLS' expertise, this was communicated with the client from the very beginning. BBM supported the client in an appointment with the appropriate legal firm and at the client's request agreed to be the point of contact for any follow up information. This provided the client with great relief that they could get legal supports in a manner that suited them – face to face, and with someone who they trusted.

Client Case Study 4

The client has both physical and mental disabilities which contribute to significant struggles with literacy and technology. These challenges made it difficult for the client to give instructions as they were themselves confused about what happened and when. As their comprehension of what had occurred was limited, the debt related legal issues were convoluted and lacked clarity.

The stress of the debts and subsequent anxiety led the client to accept an offer to finalise the debt matters quickly, despite legal arguments around issues of validity and clarity on how the debts arose. BBM was able to get the matters resolved at no further cost to the client. This was a win for the client as drawing out the matter to gain further information for a potential reimbursement would have imposed a great burden on the client's health.

Client Case Study 5

The client had experienced significant childhood trauma, is a survivor of family violence and was homeless for about 8 months. They finally secured a private rental despite it being more expensive than hoped, relying only on their Disability Support Pension. The client sought legal advice due to issues with the rental. The landlord had leased the two units on the property to single women, both on the DSP. The landlord regularly attends upon the properties unannounced for 'gardening and maintenance' work and conducts themselves in a manner making the client uncomfortable. The facilities in the property are very old, inefficient, and potentially faulty. The client has cold showers, going to bed early to reduce the need for lights and sleeping with many blankets for warmth in the colder months. Due to 'No Grounds' eviction legislation, the client has not exercised their legal rights, however, did assist BBM with a client story for an advocacy letter to the NSW Premier some months later to advocate for changes to the 'no grounds eviction' legislation. The circumstances have greatly impacted on the client's mental health and trigger traumas from their past. Being able to use their story in law reform input re-empowered the client. This positive feedback is based on the client's feedback to TIs and BBM.

Client Case Study 6

The client falls through the gap of service provision by legal aid or private practitioner, despite having limited funds to raise their family and doing their best to recover from a long Family Violence situation that left them with significant trauma. The client ultimately self-represented at the first family law court mention, with BBM guidance on what to do and reasonable/unreasonable things to agree to in negotiations with the other party's lawyer. This experience empowered the client to advocate for themselves and tell their story in their own

words. With the initial urgency gone, BBM were able to secure a referral for the ongoing court matter.

Client Case Study 7

This is another client who falls through the gap of service provision from legal aid or private practitioner. This client was stressed and infuriated about an alleged child support debt that had been raised against them by conduct of the other parent. By Children's Court orders, the other parent was not meant to be in contact with the child. The client did not consider the other parent to have provided *any* care to the child, the client alleged that the other parent had caused further harm to the child in the period in question. BBM reviewed the material so it could assist the client to provide the tribunal with a clear chronology as to the client's version of events and flag information of significance.

BBM wrote the document from the client's perspective, so it was easy for the client to follow. However, BBM used language that also helped guide the tribunal member through the appropriate legal principles in the hope of a favourable decision. The simple chronology communicated the client's arguments across in paper form, taking away the burden of extensive verbal submissions from this client. The client ultimately got the best possible legal outcome based on the applicable legislation.

Client Case Study 8

An aged client was upset with restrictions imposed by a doctor during a routine driving assessment. The client had been assisted by a duty lawyer to file a court application to have the decision overturned but was struggling with providing the right evidence to the court. BBM did a Secondary Consultation with the AWAHS doctor to see what the normal process for these assessments is and how they are discussed with patients. This discussion led to an internal follow up that brought the doctors attention to a mistake in the original assessment. The doctor then wrote a letter correcting this error. This was then provided to the relevant transport authority leading to a revocation of the more onerous restrictions on the driver's license. The restrictions were impacting the client's social engagements significantly, resolving this license issue was therefore important for the client's wellbeing and connectedness critical aspects for mental health improvement.

Client Case Study 9

The client needed assistance having their only mode of transport returned after it was stolen by her ex-partner who drove it in a way that resulted in police impounding it. The Family Violence (FV) perpetrated against the client was significant, putting her and her child at risk. BBM went directly to a Senior Sergeant for FV in the region to advocate for the vehicle's release. There, due to the subsequent client's engagement with police regarding FV the police were receptive to the request and released the car to the client at no cost.

Client Case Study 10

A second client required assistance having their car released due to their ex-partner stealing and driving the car when impounded by police. BBM took the same steps as the previous case study. However, due to the lack of reporting by this client, police were initially less receptive to the request. The client complied with police directions to make a report. Due to the busy end of year period and Christmas leave, police did not action the release of the vehicle in time. To avoid the car being possessed by the State, the client had to get a friend to pay. BBM are advocating for the client to be reimbursed for these costs.

Client Case Study 11

An aged client was in dispute with their local council, who were their rental provider. They had kept receipts for payment of rent however due to some hospital admissions and ill health, the client had support workers assist them to pay their rent, which was sometimes paid in cash. There was confusion about how and when rent was paid. An added element was the cancellation of direct debits. Due to a poor service from Foxtel, the direct debit cancellations were intended to prevent further funds being taken. It is suspected that this may have impacted the client's rental direct debits. Technology literacy played a significant barrier in this matter. Also, the client's insistence on paying some rental transactions in cash made it difficult to prove the payments were made without receipts to back up their version of events. BBM worked with the client's support worker to help sort out the client's position to achieve housing stability.

Client Case Study 12

An aged client was taken advantage of by an old acquaintance. The person used their previous relationship to steal the client's driver's license details to falsely nominate them for fines incurred by the acquaintance and their child. The client had their daughter assist with the online dispute process for the nomination, however the information they provided was insufficient and the nomination was rejected. BBM were able to assist in the preparation of a statutory declaration and in bringing the dispute application to the attention of the relevant body. The document was accepted, the fines were re-issued and BBM believes the police are pursuing the acquaintance with charges for the false nominations.

TI Case Study 13

A client was extremely stressed as the birth of the child was not registered. This affected the schooling for her child and issues in relation to services through the National Disability Insurance Schem (NDIS). BBM were able to secure this certificate. Without the birth certificate, and the assistance of BBM, the client could not go further with the process to get her entitlements.

TI Case Study 14

This client has an acquired brain injury. As a result of the BBM's intervention the client was able to secure return of their licence and so they can work again. BBM kept the client motivated, and they are now very optimistic. Prior to this the client was terribly distressed, however after the BBM explained his position and was able to deal with the fines through the court system, the client's behaviour settled down.

TI Case Study 15

This client was a young client with fines on both sides of the border. This client was given clear information and was then able to go on a Work & Development Order (WDO), His mental health was declining and because of taking the fines off his plate we were able to take the burden off him. He is now under less pressure and has improved in his health. In reflecting on the service, he received from BBM he told the TI: 'This service is really rewarding'.

TI Case Study 16

BBM has been providing support to this client who was struggling. Their engagement has increased since the BBM staff have intervened. There was a real risk the children will be

placed in care. This client believed the department was out to get her. As a result of this pressure from the department, she was behaving in ways that were not wise. BBM has worked with her to clarify letters. It is still a matter that is in progress, but the client indicated that now she feels supported and has a better idea of her rights than she did previously in relation to the actions of the department and the expectations upon her.

TI Case Study 17

This client was being scammed. The client needed to be provided with information that would assist them to deal with this situation. The client was able to talk to the BBM lawyer over the phone and then the referral occurred. 'There are so many clients with alcohol and drug issues. In cases like this where I (TI *sic*) can just ring the lawyer and have a good consultation and even include the client in this conversation. This made both me and the client feel better, and the client could better understand the risks associated with such scammers.'

TI Case Study 18

This client was in a family violence situation and as a result had precarious housing, having recently moved in and then broken up with their partner, they felt they could not leave the home. They had a good conversation with the BBM lawyer who provided information on what different scenarios might look like. As a result, the client will be more confident in future 'if I get a situation like this again... I will definitely be referring to the BBM team.'

TI Case Study 19

This client was involved with police and had fines. The department in care and protection seemed to be targeting her as a young mum as experiencing family violence. After a referral to the BBM team, they were able to secure a letter from the Royal Children's Hospital about the child as the child's health was material in her case with the Department. It was only through trust in AWAHS staff and the BBM that she managed to explain her management regime around her baby's oxygen support. She was very scared until the BBM offered to help.

TI Case Study 20

This client's children had been removed by child protection. She was referred to the lawyer who went through the process which calmed her down. The legal team also gave the TI a step-by-step explanation of the process so when the client became alarmed or concerned, TI could also assist. This intervention in a care and protection case was punishing for the client. It had been very difficult for me to manage the stress the client felt under. Since seeing the BBM team the client 'has not snapped at me and has calmed down'. 'The storm has abated'. 'Before this she had refused and was guarded in meetings. The benefit of this is that the legal matters were no longer the focus of the client's life as they were being handled well. For this client she needs to be focusing on her day-to-day life. This intervention by the justice folk has now dealt with other issues as well. The clarification that BBM provided according to the TI got care and protection off her back and allowed the client to be heard and the department became more reasonable'.

Analysis and Conclusion

Many of the case studies demonstrate, despite some service constraints, BBM staff have found ways of working with clients to build trust, manage expectations and ensure honesty. Not only this, but the justice interventions have clearly been linked to improvements in the client's social determinant of health outcomes. For example, return of a license so they can

work and have an income, reductions in stress, registration of birth certificates to enable disability support for children, ensuring safety from family violence, and ability to secure housing there in the absence of BBM support there would have been a risk of eviction and homelessness. These, whilst tricky at times, for example in some cases even though BBM could not do the case work at times they with the help of the IH team were able to navigate complex systems for the client and offer support. This has seen clients return to BBM, even though previously such constraints could have been a deterrent in future engagement. The case studies demonstrate that BBM, despite this, is trusted and a 'go to' place for clients with legal problems who would otherwise not gain or seek legal support.

Another element is the continued development of a practice which understands that for this client group experiencing poor mental health, whilst there may be legal options available, these might be cumbersome, overwhelming and take a toll on the client. The BBM team increasingly over the course of the year are considering the readiness and capability and mental health of the clients in seeking resolution or avenues and explores options that are tailored to minimise poor health outcomes in partnership with the clients and TIs. This shows high levels of engagement, collaboration, empowerment, capability building all of which are extending reach of the BBM who would otherwise not seek legal help. What is key is the demonstration of the holistic service that means previously unmet legal needs are being addressed. This means both staff and their clients are recognising other impacts beyond the legal therefore seeing the client as a "whole person" and as an expert in their own situation. This is in line with the indicators of self-determination and autonomy discussed in the methodology section of this report.

Many of the case studies reveal that with the legal support the burdens, stress, anxiety, and confusion of the client which had previously affected them and created further problems are allayed through BBM support and legal expertise. It has also led to clearer communication with authorities effectively conveying the client's voice, their obligations under law as well as providing evidence to support the client's situation and context. In some cases, this has led to improved finances, clarification, and stability in housing, returns to employment and addressed poor conduct of those in authorities, particularly in care and protection cases.

Other Qualitative Data

Participant comments were noted and after a thematic analysis across all the tools were placed under relevant headings. These form the format for the presentation of this data below. This is the data collected from participants in response to the questions posed through to the various tools e.g. interviews and the Yarning Circles (mentioned above in the methodology section) that are used to extract the primary (i.e. data collected by the independent research evaluator Curran) qualitative data. In the discussion below these are categorised under the key benchmarks that are being used to measure whether the program is effective and having an impact.

These comments not appearing in quotation marks, and those in quotation marks (noted down as verbatim) from participants are all extracted from Curran's handwritten notes. They are not italicised to reflect that some are not verbatim but summary only. These handwritten notes were then transcribed and are extracted as representative and pertinent to the benchmarks and themes emerging for baseline data and analysis purposes and for this reason quotations are generally not used unless verbatim.

The number of participants is only sighted where they were a number of participants. Where there was a small cohort such as the two BBM team members or four managers who were interviewed or provided professional development journals no participant number is provided.

This is to deidentify the participants in line with the ethics approval. By allocating a participant number where the grouping is so small it would risk identifying the participant.

The extracts appear as headings but are referable to each of the Benchmarks and indicators for good practice. In addition, other emerging themes identified have been populated into headings. The extracts are not exhaustive but have been filtered to ensure a concise and readable, digestible report.

To ensure full transparency, the filtering process occurred after a full analysis of all the data. The selection of extracts for this report examined across all the qualitative tools are used because they are:

1. Representative of responses across all the tools used to extract the data.
2. Provide new insights or convey the complexity of the work or client experience.
3. Show how integrated service delivery through health justice partnership has affected the lives of clients or improved practise both in the legal and health service context or led to changes in practise and responsiveness.
4. Provide lessons and insights to inform and shape policy, funding or if improvement in best practise and for the development of potential replicable models adjusted according to local knowledge and understandings in different settings.
5. Inform the program as to improvement needed and areas for focus.

Benchmarks

Reach Benchmark

It's good as the BBM personnel go to informal events which we go to and they're just there (*sic*). It's a free legal service and they just get up and get it done an example of this is their work they've done for our community on birth certificates. (Yarning Circle with Women, Participant 6).

The legal system is not helpful. The community will come to days they put on (like Wills Days). These engage me and make me feel more comfortable and at home as these are community events. The more informal it is the more we feel comfortable, and we might share information if the legal department (BBM) are approachable, and they are. (Yarning Circle with Women, Participant 3)

I don't like asking for help. I worry about people who don't have advocates, a lot of people are in the same boat. I have a care package and I don't see My Aged Care. Mum has dementia. I've tried to make a difference but nothing changes. 'The issue is no organisation can do it, but a white organisation and they don't get us more often than not. It's so hard'. (Yarning Circle with Men, Participant 29)

The Men's Shed used to be open more often including on a Saturday. This was good for those of us who work so we can also come. Saturday used to be well attended with 30 people and it included the young fellows. I'd like to see this reinstated. (Yarning Circle with Men, Participant 29)

'We see the team jump in.' It has so much value. It's such a strong partnership we all learn from each other, and the knowledge is being spread downstream. There's a lot of peer-to-peer learning going on. One person shares their experience with three and 'we're seeing a ripple effect with this relationship sharing and the empowering of community'. The staff of the BBM

enlighten us, as managers about cultural issues that we need to be aware of. We know we can progress systemic change and we're trying to feed back into the system. For example, we know our risk management strategies need to be trauma informed and to consider cultural safety. (Reflective Practice Conversation with Managers, Participant 35).

Engagement Benchmark

'I wasn't aware of the legal department until I met the lawyer at these yarning circles' (Yarning Circle with Women, Participant 10)

It's very important that any service gives us self-determination and choice. (Yarning Circle with Women, Participant 10)

'I was alert to the fact that this could have been a crisis moment. I decided to take the call. The client presented quite distressed, in tears, asking if I could pick him up as he is being kicked out of where he was staying temporarily.' (Professional Journal of BBM Staff member)

The BBM could, with the right encouragement, do more to improve its engagement with our community. Just advertising through health promotion it's not enough communication even because of cross-border issues in a certain place. They could utilise cards and drop them off at different services as good markers for the community which would improve visibility as well and help with engagement. (Yarning Circle with Men, Participant 29)

'As part of celebrating Law Week, BBM lawyer and I hosted an afternoon tea at AWAHS Glenroy for staff. We had a good turnout and excellent engagement from staff. There may be some scope for advocacy work around increasing the cultural awareness of police officers at Albury Police station.' (Professional Journal of BBM Staff member)

Was a strong reminder that being at those kinds of events is important, had I not been there those ladies would not have been adequately connected in for the Wills Day The women were very welcoming, all just talking about their art and upcoming projects for the group to raise funds. It's nice to engage with two-way learning. I was able to connect with the AWAHS staff who also attend the yarning circle as supports. (Professional Journal of BBM Staff)

'BBM lawyer and I went out to Wangaratta this week to do some outreach work. AWAHS have a weekly lunch on out at Apex Park where a Health Van is also present, including a nurse and GP. A nutritious meal is available for any community members who visit the Health Van. It was really good for the BBM team to get out there and start to build a presence.' (Professional Journal of BBM Staff)

Capability Benchmark

The legal system has been 'shit' for a lot of people. They don't know the correct information but if they can be referred and come to things like this on available topics of relevance, they can find areas where problems with the law might be solved. (Yarning Circle with Women, Participant 11)

The BBM presented at our service team's meeting. It was a quick 10 minutes on WDOs. It was practical and useful and put it on our radar. We became more aware about fines and this is something no one else wants to talk about. In relation to victims of crime what came across was what was the options open to victims and the options available.

Governments have heavy-handed tactics. What would be good was if the legal department (BBM) could set out next steps for us in simple words, break things down use flow charts. Court forms are difficult to understand. Victims of crime don't know what to do. Something like that is needed. Check lists or cheat sheets in different areas of law that affect us would be helpful that are tailored to our community. (Yarning Circle with Women, Participant 5). (Author Note: When cross referenced with other data the BBM team are already developing such materials with the co-design for example of a Victims of Crime Flow Chart.)

'UMFC provided HRCLS with cultural training run by local Aboriginal educators. It was a great day of learning, a lot of very heavy content and important reflection about Australia's history. Was so valuable to hear about the history of the missions, the fights and the people of this local area during the decades of colonisation.' (Professional Journal of BBM Staff Member)

'BBM has made the transition in the healing journey making it smooth for clients that we share. They've done a great and amazing thing for my growth legally as well. (In-depth Interview with TI Participant 22)

'After months of planning, the AWAHS Birth certificate day turned out to be a great success. There was relatively good uptake with 19 registrations and 17 confirmed appointments for the event. We had plenty of walk-ins on the day and helped 32 clients in total to apply for 69 birth certificates. The overall sentiment from the lawyers (both HRCLS and Legal Aid NSW) and Community Engagement Workers was that event would make a positive impact on the lives of clients. Overall feedback from clients were also positive. Reflecting, there are some things that could have been done better.' (Professional Journal of BBM Staff member)

Previous to the BBM interaction that I had when I listen to the client's story. I would not have thought about rights. As a result of the work, they've done with me, it has enhanced my ability to assist clients as I can help victims understand the process. They produce brochures that are easy to understand so I can take the client through what can and can't happen. It helps me then make it easier to work with the client and reduces the anger they have, often justified might I add, about their situation. (In depth interview with TI, participant 17)

'Lots of positive feedback from both clients and staff. One client provided positive feedback to the AWAHS Program Manager, which fed back down through to us. People were overall very happy with the process. A lot of thought and work went into planning for the Wills Day, so I am glad that it went well. Shared with AWAHS staff that we will be planning for an upcoming Birth Certificate Day.' (Professional Journal of BBM Staff member)

Secondary Consultations

Golly the legal secondary consultations are a godsend. I use them a lot. I not only use them but I share the information with other colleagues so that they can reach further clients. They help speed up the process so that we can help clients and de-escalate situations at point of crisis. (In-depth interview with TI, participant 17)

Observation by Curran: During a community BBQ, there was a random secondary consultation in the yard with two doctors. They caught the lawyer, took the lawyer aside and each was asking the lawyer questions about patients with legal problems on the spot. They were getting an immediate response about how to handle each situation that each patient was navigating.

'BBM lawyer and I began discussions around distributing a Secondary Consultation survey to staff at AWAHS. We had a meeting and talked about the type of outcomes that our survey questions would be measuring for our fellow practitioners including their awareness and

attitude, capability to work in partnership, capability to respond to complex need, and work satisfaction and stress.’ (Professional Journal BBM Staff Member)

Empowerment Benchmark

The fact that we can be opportunistic is of value. Sometimes I forget to do something, or I need something reinforced. There visibility reminds me to ask questions this improves access. It gives me a quick overview from the legal team as to whether they can help or not and helps me navigate a formal process which is not familiar to me and does make my clients feel safe. What is so powerful and is an understatement is that I learn that things can be done another way which I did not know was in the repertoire of possibilities. It's an easy process it's simple and not bogged down with officialdom. GPs are time poor so it's quick and improves ability to refer. All I have to do is walk down the corridor. A quick 10 or 30-minute consultation can be clarified by a few minutes with the lawyer who can explain matters of complexity or even help us fill out the form. It is so appreciated but that is quite reassuring an empowering. (In-depth Interview with TI Participant 27)

You give up or believe what you're told. Authorities say you can't do this or that and we tend to believe it. What the lawyer does is it shifts the dial on this. (Interview with TI, Participant 26)

This job has opened up more opportunities for advocacy and creating institutional change but it's hard as there are still demands of individual casework and so it's hard to get to. We work in two jurisdictions with two laws and so we have twice as much information to impart in comparison to the advice to clients in one jurisdiction. There are two sets of rules for the border and it's hard to communicate this with vulnerable clients. What we can do however is encourage our clients to share their stories and staff to share these in case meetings. This has led to some action on birth certificate with birth certificates and we are building up more visibility and clarifying issues for them as they come up. Even though there are often things that I can't deal with because of the workload issues and capacity of just being the one lawyer nonetheless, there are opportunities just in our day-to-day work to make Aboriginal community feel that they have rights, that they can assert their rights and that legal has their back. (Interview with BBM staff)

When assisting the client to appear for their IVO matter, I had called the court early in the morning to ensure that the client was on the duty lawyer list. We were told that we would receive a call from the duty lawyer before the case was called. The client and I were present in court (via video link) from 10AM. We waited for most of the day for the call from the duty lawyer but never received the call. At around 11:30AM I called the court once more to see about speaking with the duty lawyer and was reassured that our client was on the list to receive a call. After returning from lunch, the magistrate called our client's case. The client did well to speak for himself to the judge, noting that he had not spoken to the duty lawyer and would like the case to be adjourned so that he might get some legal advice. I was disappointed about the experience the client had. We called around and when speaking with local Legal Aid office was told the firm that was the duty lawyers that day. I called them and spoke to the secretary of the duty lawyer and was told that we would get a call. We waited all week and never received a call which is also disappointing’. (Professional Journal BBN Staff Member)

Collaboration Benchmark

BBM provides our community with holistic support. Having them here as a collective, means we are responding in a holistic way for our mob creates a buffer between the colonised system which we have to work between. It has been brilliant to have them here and walking alongside and with us and involved and engaged. (In-depth Interview with TI Participant 22)

'Now that I have a better understanding of the lay of the land and how CLCs and HJPs operate in general, I am starting to see (though it has taken more than 6 months) the value and benefit in attending quarterlies such as network meetings and CLSD meetings. It allows for the opportunity to network and build relationships that I wouldn't otherwise have access to'. (Professional Journal of BBM Staff Member)

It's seamless, the staff now feel the BBM staff are such a part of the way we work at AWAHS would be almost impossible and in fact harmful if the program was not to continue. It has made such a difference to Aboriginals in the community. It is a clear example of closing the gap and must be allowed to continue. I can't envisage providing our service anymore without this essential legal support that gives greater options and opportunities for our clients and community who faced so many inequalities, discrimination, and power differentials. (Interview with Manager)

'Once the client left, the support worker said to me that I handled the situation very well and she was impressed. I thanked her and explained that I have a bit of experience dealing with clients who behave in this way, so it's okay with me when they get upset like she did, I do not take it personally, although I do need to understand the clients wants/needs so we can plan how to move forward. I thanked the worker for being there, but also noted that if this client also gets to her, then she needs to prioritise her own wellbeing and does not always need to sit in with me – we want to make sure everyone's health is being looked after in the appointment.' (Professional Journal of BBM Staff Member)

The BBM is embedded in everything we have a strong relationship. They attend AWAHS staff meetings and use these to flag important legal information in a useful bite size way. The CEO Upper Family Care, of which HRCLS is a program. HRCLS which runs BBM has also become involved attending with BBM and AWAHS at a Health Justice Australia event in Melbourne. She was most welcoming and came to be involved. This is signifying that we are taking the next step that was recommended in the first report namely that the partnership not only be between the staff of both agencies but that the senior management needed to also become involved. We have been seeing this with the presence of the managers from HRCLS at AWAHS events. These matters. This partnership it's not only about a partnership with the community and our staff but is increasingly about a partnership across the leadership of the two organisations. It would be great to build on this in the coming year. (Reflective Practice Conversation with Managers, Participant 33).

In the beginning there were some tensions that were created by risk compliance. What occurred was problem solving through trust and flexibility we acknowledge that separate organisations have different ways of doing things, but we have benefited from being partners with AWAHS. (Reflective Practice Conversation with Managers, Participant 32).

Themes Emerging from Data Analysis

Theme – Trust

The key to engagement is trust. These folks at the BBM are always down here at the men's shed. It's this visibility which breaks down initial resistance. Then after they have a couple of visits and a couple of chats it's easier to think about sharing. After the first consultation the community opens-up. They have not had great experiences, so the mindset has to be overcome of distrust. As far as I can see so far, they're doing a pretty good job. The men's shed however is not as regular as it should be. It should be open five days a week. (Yarning Circle with Men, Participant 28)

Having the service gives me the confidence in service delivery. I know the staff will not be disrespectful I know they will give me an opportunity to ask questions. I will not be embarrassed. They are good at listening. They work in a non-judgmental way. They are using a counselling, rather than an aggressive lawyering, model. This builds the trust. Not just the trust of the clients but the trust of me in taking the journey with the client. (In-depth interview with TI, participant 17)

Had an amazing time at the Women's Yarning Circle, was taken under the wing by one of the ladies and she helped me start a circular weave, teaching me about different weave techniques she has used and the difference a thinner needle can make to the weave style. (professional Journal of BBM Staff member)

The BBM sees a lot of clients that would otherwise not get a service. They know the BBM is there onsite, and they can access them. They have a presence, and they are accessible, and trust is growing. The community and the workers see the value of multi-disciplinary options. We can link them in with supports easily and it benefits them on the legal issues. If these can be addressed, then their mental health issues are more likely to become manageable. This is a good outcome for our clients. We would not have this if the BBM service was not on the spot. (In-depth interview with TI, Participant 26)

Theme - Effectiveness

Truth and honesty are important. Full information on what's going on makes it easier for all parties. If we can understand the process, then we can make clients lives run more smoothly. It is a trigger for a lot of our clients when they have a legal problem, and they don't understand what is going on. If we can make it better and more effortless through our involvement with the BBM and through efficient effective referrals this can make a huge difference. It can only be beneficial for our clients. (In-depth Interview with TI Participant 24)

The biggest help is that we can just e-mail or call. Referral is easy an even if the solicitor isn't onsite, she will still get back in touch with you and talk about it some more. It starts with a quick in the moment request then a quick reply which often leads to a quick referral which is a simple tick a box and notes are taken. The way it works is like a reminder and checklist. I can do this often for a client and often where there is multiple, not only one, legal problem. For this client group there are reams of problems and often they would never have previously been able to turn to a lawyer as they are now. (In-depth Interview with TI Participant 16)

When there is a close network of mixed professionals of different disciplines problem solving issues from different perspectives it is often quicker to find a resolution and more suggestions are put on the table. This brings different lenses, culture, values, and possibilities. It also enables consideration of diversity. This can only make the options for clients more effective and is much more efficient because you are likely to come up with a well thought through plan of action. Staff talk about issues with the lawyers and what they would like to see and what we might be able to do. We talk about things often before we fully understand things. The good thing is the data that comes through these reports is a driving force and helps us know whether we're on the right track and how we need to re-calibrate. It puts us on a professional setting. In my work I've come to see the power of stories and the narrative. I've never considered the powerful role we can have from day-to-day doing the work that we do and being a part of people's story as we learn about them, and they learn about what they might be able to do. I also now see that sharing stories and telling the story correctly can make a difference on every level be it the personal level, the community level, the organisational level or in terms of improving policies and administration. (Interview with Staff of BBM)

The AWAHs team value the fact that knowledge is power. The team has grown and the knowledge that we get is transferred through the partnership to clients. Family members who have received help from the BBM are so grateful, and we are receiving great feedback. (In depth interview with participant 21)

I was very stressed in the morning when 1 of 6 people showed up in the first hour – I quickly went into problem solving mode and got 2 HRCLS staff to call and remind people / call and see if others could come early, spruiking to staff and got them in to see lawyers even though they hadn't registered. From 11am for the rest of the day the lawyers were back-to-back with clients. Taking on average 40 minutes per appointment, if we had had many more show up, we would have been pressed to get everyone finished in time. (Professional Journal BBM Staff member)

It's a good legal service. We had no-one in house until they came. The lawyer is gorgeous, she saved me substantial amounts of money. (Yarning Circle with Women, Participant 14)

The lawyer translates things for us. If she doesn't understand things, then she gets back to us. She helps us understand businesses, debts, Centrelink. We never feel like it's a task for her. She just has conversation with us and sorts it out. (Yarning Circle with Women, Participant 5)

'This BBM project one year in and the data that has been presented at this reflective practise conversation confirms what we thought we knew. That is that this program is remarkable. Effectively it was in 2009 that the original outreach started between AWAHS and HRCLS. To be honest we have tested the partnership as we need to ensure that the community is well served, and the Invisible Hurdles Program was a significant first step. The traction it has created, and the relationships have flowed readily into BBM. It's also got to do with the personnel who were recruited not just by HRCLS but also in conjunction with AWAHS. Just a year in and its generated so much buy-in. It's all down to the co-design. We need to make sure we celebrate it because this is special. It is out of the ordinary. We are seeing it with clients, and this is recognised through the referrals and their relationships with the BBM team. We're seeing it at an organisational level and, also with the community. This program is special. It is a privilege to observe'. (Reflective Practice Conversation with Managers, Participant 34).

Theme – Cultural Safety and Trauma -Informed Practice

What we are doing is creating our own community within the community. For Aboriginal people it's all about how humans interact and a need for trauma informed practises. We need to lookout for each other and ensure cultural safety. Very often community are all based in one area. Accessibility is not necessarily easy despite this. The smoother the process and the safer it feels the more likely they are to feel they can disclose. It is important that communication is informal. It requires quick thinking. What this service does is it's on our doorstep. We do not have to search around. They are quick on their timing and get in and try and resolve things before they escalate. They work closely with the mental health workers and 'strike while the iron is hot'. This is so important. So many of our communities do not understand what is going on. BBM explains carefully and quietly what the situation requires. It requires patience on the part of the BBM team, not characteristic of other lawyers, that our clients encounter in the system. It requires patience, perseverance and understanding that mental health and trauma affect people and their behaviours. You have to be in for the long haul. This is key in ensuring cultural safety, trust, and trauma informed practise. (In-depth Interview with TI Participant 24).

'The three clients I spoke with this week have all thanked me for the appointment and for listening. All three matters are slow and long-haul matters, there is not clear guidance of how

to achieve the end goal wanted – but we have discussed taking small steps in a forward direction and see where that takes us.’ (Professional Journal BBM Staff Member)

‘I am beginning to recognise subtle differences in practices internally and externally. Cultural safety is one thing that stands out to me. Although Cultural Safety training is provided to all staff across the organisation, people's perceptions of the importance of cultural safety vary widely. Being bi-cultural myself, I have a deeper understanding for the need of cultural safety and how it plays a role in affecting the way that people perceive the world around them. Championing cultural safety is a core value and practice of the BBM program. Another thing that I've recently recognised is our program's tolerance for flexibility. A higher tolerance for flexibility allows for increased reach and engagement. This can be seen in the way our lawyers conduct appointments.’ (Professional Journal BBM Staff Member)

‘Finding family law referrals – all our sources have dried up and or lawyers are all at capacity. I also have a mother of 4 who works and earns too much for legal aid assistance, but lives week to week and can't afford a private lawyer – I am now considering helping her with her matter but cannot take on the court rep aspect – it is just too onerous, and I do not have the time. Finding referral for foster care – I tried to refer this client back in May – with no luck to anyone that was helpful. She has come back to me as things are still going and it's very distressing. I tried a pro bono partner again, they agreed to take a meeting for more information to assess if they have capacity to assist – I am really hopeful they can help, because otherwise this client will get no assistance’. (Professional Journal BBM Staff Member)

Theme - Social Determinants of Health

If money is short, bills pile up, they get fines and they're being chased by debt collectors. It causes so much harm. So, if the legal team intervene, it relieves and reduces stress and reduces the social issues. We see clients getting their basic needs covered. These things have detrimental effects on mental health if they (Sic meaning debt collectors, those in authority positions from government departments etc.) are allowed to put pressure on clients then their health deteriorates. For example, if they have fines, they can't pay, they don't know how to navigate the system. What the lawyers have shown me is it is good to be curious. They have demonstrated that nothing should ever be taken at face value. It doesn't hurt to push back. On one occasion I called the lawyers about a rental situation where a partner was living in a house with a violent partner and did not feel she could leave her partner when the relationship broke down. This led to a good conversation. She discovered that she did have support and knows now that in the future she has options. She listened to the information and was clearly more confident about making future choices. We get people at the end of their tether they have tried every other organisation and they're still not being heard. They are pushed from 'pillar to post' and I just feel it's impossible. The support they are getting here with the BBM project makes such a difference. (In depth Interview with TI, Participant 16)

Having the legal team here is very important for the social determinants of health. It helps me in my practise. It enables me to practice medicine holistically. The main driver of chronic disease is socioeconomic status and how they have grown up. Specifically, contribution to trauma. This equals a high chance of issues and increases circumstances of poor control of disease and significant morbidity. So, a legal team here creates ease of access on how to resolve legal issues. For example, I've just spoken to a social worker about a person living for 12 months in a Hospice with mould infested problems. They have fungus and ulcers and sinus issues that are also now impacting on their mental health. They now have access to a team who can solve issues they would not otherwise have access to including the provision of stable housing. It's my view that if we fix most of the social problems my job as a doctor and physician is negligible. (In-depth Interview with TI Participant 27)

Theme - Systemic Work – Policy and Law Reform

I suspect that doing more policy work will take time, but I'd like to see this expanded. For our community advocacy for reform and change needs to occur in multiple areas. The lawyers are the expert, and they have a role in supporting us in campaigns. (In depth interview with TI, Participant 18)

'Bills are too high, water system is very old and inefficient, and possibly dangerous, however landlord refuses to take steps to update it. Tenancies are such a delicate arrangement, push too hard and you sour the relationship, but don't push hard enough and you get walked over. I am trying to make sure our legal and advocacy arguments are solid, so we don't unnecessarily antagonise the landlord / agent.' (Professional Journal of BBM Staff Member)

'Yes, I agree with the three others who have spoken. We need to do more to help our elderly folk when they are in palliative care to understand what's going on, to ensure the service is culturally appropriate and that it gives our people voice and self-determination. Elderly folk can tend not to complain and try and work it all out for themselves as they feel embarrassed if they don't know all the answers.' This applies to other areas that affect them too (State Trustees is mentioned). Palliative care also needs to consider family members and their rights to information too. I also agree with the three other participants about the struggles of young parents with department and the need for them to have more knowledge about their legal rights and what the department can and cannot do. They are currently stressed because I don't know their position and are forced into making mistakes or not believed. What's even concerning is that their support workers from AWAHS are also ignored. The BBM has a role in fixing this and guiding our community, so it has corrected information and good advocacy. (Yarning Circle with Women, Participant 13)

Young people and families are a huge gap. The police are trying hard with the Aboriginal community especially on the West side and now referring back to AWAHS when young Aboriginal people come to them. Albury City Council is working to get cultural lenses and to get their voices heard. Wellness Festivals with informal talks are important to young people as a lifeline. (Yarning Circle with Women, Participant 8)

We know we can progress systemic change and we're trying to feed back into the system. For example, we know our risk management strategies need to be trauma informed and to consider cultural safety. (Reflective Practice Conversation with Managers, Participant 32).

I'd absolutely love to get information about law reform initiatives if I was given capacity. I am happily if the legal department want to do the running. What I can help with given I am time poor is writing and identifying case studies to advance systems change. I'd love to be involved in this it will give me lots of job satisfaction. I see the recurring problems to be part of the solution would be wonderful. (In-depth Interview with TI Participant 25)

'I want to build my confidence in agitating for policy changes and change at a higher level than individual client outcomes.' (Professional Journal BBM Staff member)

Theme - Transformation in service delivery and organisational approaches and ways of working

From my observations the growth has been huge in the last 12 months since the project started. The project just goes from strength to strength. It's not only a partnership now between the staff but we're also starting to forge the partnership and make it better from a management material point of view across the partnership. (Manager interview).

This partnership is so valuable. This study with its insights helps us to know how to work and improve. This informs our work with our own staff. I know that I can go down the corridor and talk to the BBM staff and find out the answers and immediately feed it into my whole organisation. (Reflective Practice Conversation with Managers, Participant 32).

Analysis and Conclusion

The qualitative data in many cases adds further background and unpacks some of the work that has gone into the data on problem type, nature of vulnerability and complexity of systems and how the relationships work and why. This therefore elaborates on some of the quantitative data above.

This data highlights some of the challenges in a health justice partnership with only two personnel and considerable legal need that has gone mostly unmet until its establishment with the exception of the IH program which is still ongoing side-by-side the BBM.

It is clear people who were seeking help from the BBM program would not otherwise be receiving the legal support that they need and that the justice interventions have seen marked improvements in the alleviation of stress and anxiety which are often triggers for poorer mental health issues.

It is also clear particularly from the data extracted from the trusted intermediaries that the justice interventions are having a positive impact on the social determinant health outcomes for clients, including improvements to income security, housing, family reunification and support, in navigating poor consumer practises by debt collectors and others. It reveals some of the problematic issues of connecting clients with pro bono and legal aid lawyers in rural and regional difficulties and the complexities of advising on legislation in two jurisdictions where either or both may be applicable to clients and communities.

The data also indicates that the staff have made huge progress both in terms of their cultural awareness and responsiveness to both Trusted Intermediaries and clients experiencing mental health problems.

The BBM team and management of both HRCLS and AWAHS have been on a significant learning curve and the extracts from professional journals and TI interviews, reflective practice conversations and interviews with managers demonstrate increases in capability which in turn improves the capability and engagement of staff of the health service and members of the Aboriginal community.

The BBM Team have actively worked to ensure their visibility through their attendance and engagement with community events which in turn has extended the reach of the legal service as more clients are feeling comfortable in talking to them and disclosing. It is also notable that many of the Aboriginal participants who were staff members of the health centre also felt safer and that they could disclose when they had their own legal issues to deal with.

One particular Aboriginal staff member indicated how empowering the experience of having assistance and working alongside the legal service had been and that she intended to go to university and undertake a law degree as a result. This participant saw how knowledge of legal options could empower her community.

It is an important thing to acknowledge that Aboriginal workers face complexities when working in an Aboriginal Community Controlled Organization/community setting i.e. connections is a key factor in all this, whether it be family ties (kinship), Traditional Owner group or/and connection to different Country to where they live and the diversity of cultural practices and

customs that sit within all these elements. The Aboriginal staff are dealing with their own trauma in the community where they live and who they know, and this raises expectations. These are often their social networks and social groups with whom they connect. This can impact on them personally and take its toll if Aboriginal staff are not well supported and this needs to be recognised. There is a view that you can't meet your needs in community if other people's needs are not being met. The analogy is to an airline where you need to place the oxygen mask on yourself before you can place it on your child.

BBM staff in the interviews and in their professional journals identified Indigenous cadetships and mentoring opportunities and these could be explored including how these positions might be funded in the long term. BBM/AWAHS already been collaborating with CLCNSW re promoting their cadetship - in response to recommendations for 2023 report. The Australian Society of evaluators is offering some Indigenous scholarships to develop expertise in the evaluation area within the Indigenous community which could be explored. Curran has shared with management some of these opportunities that might be actionable and, with additional funding would also like to work alongside an Aboriginal evaluator and would be happy to mentor such a person in evaluation skills considering her decades of experience in this sphere, should such funding be successful and if this project is funded beyond its current conclusion date in July 2025.

Although there are some areas where the data suggests further action is needed, specifically in law reform on matters affecting elder people's legal rights and the care and protection system and how it treats young people and their parents, this will form the basis of recommendations in this report.

There is also need for further work in developing more checklists in other key areas where need is identified by community and case work like the VOCAT one co-designed by BBM & the Aboriginal team. This ought to be tailored to community need, culturally appropriate and ensuing that are punchy, pithy, attention grabbing and concise that can be utilised. For example, community members recommended the production of small cards of wallet size on a given issue, placed on fridges in homes or accessible easily on a mobile phone app particularly as many members of the community turn to mobiles for their information. The difficulty is that the Aboriginal community (see First Report) access incorrect information through Google and so being able to channel correct information to dispel myths would be an important offering through the BBM project that meets cultural safety standards.

In the qualitative data there is also an issue identified in the 2023 report by the Aboriginal community participants about how Aboriginal people are 'dis-respected' by members of the private legal profession and judicial officers. It highlights the need for cultural awareness, and trauma informed practice to be more widespread across the legal profession.

It is the view of this author, that all clients and participants in court processes, should be treated with respect and dignity no matter who they are. The legal system is not there to serve itself; it is a critical system in ensuring the rule of law underpinned by equality before the law, a hallmark of effective democracy. It needs to be responsive. If some people because of their poverty, culture or social position cannot access the legal support and expertise that is needed to navigate the complex legal system that exists, then equality before the law becomes a myth. The fact that some well-resourced entities and organisations including government, access the courts more freely, for longer cases and periods of time and because of their resources and access to lawyers and are repeat players, means that we risk becoming a two-tiered justice system with many others having significant barriers to access. If community members perceive that they will not be able to have a voice or be treated with respect, then they will not have confidence in the integrity and fairness of the legal system.

HRCLS can play a role in using this report to inform better practice so that Aboriginal community members see the justice system not as something that does things to them, but rather an option that they can avail themselves of when their own rights are at risk. Currently, levels of distrust of the legal system remain high in the Aboriginal community participants in this project. There is a redeeming factor. This is that the staff of the BBM program have given clients a different experience of the justice system with their positive experience of the service. This is clearly articulated repeatedly in this qualitative data. This is an important development on just over a year of the program's establishment.

The qualitative data indicates that in the year or more of the BBM's operation all the benchmarks are being met. There was consistent praise for the way in which BBM was working with both the health service and the community. In the coming year some of the areas identified as areas for progress will be monitored and evaluated and the service will also be assessed to say that the strides it has made are sustained and maintained.

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Part C Conclusions

The data collected for this 2024 annual report entitled, *Strength and Uniqueness - The ripple effect of the 'Bagaraybang bagaraybang mayinygalang Health Justice Partnership sharing of knowledge and increasing empowerment: Second Research and Impact Evaluation Report* suggests the BBM is continuing to gain traction in the Aboriginal community building and building on the work and scaffolding provided by the IH program, particularly in comparison to other similar MDP and HJP projects in start-up phase.

BBM is already reaching its target audience, namely Aboriginal people experiencing mental health issues and with issues flowing from intergenerational trauma and unresolved historical grief due to the impact of government policies and administrations.

Curran's findings have also been shaped through data analysis of quantitative primary and secondary data (including Actionstep data). They have also involved consideration of documents including Strategic and Operational Plans, HRCLS Theory of Change, CLSP Plan 2023-2024, the Community Development Report 2023-2024. An operational action plan emerging from and informed by the Reflective Practice Conversation in April 2023 was also considered alongside progress on the recommendations in the first report. These conclusions have been aided by applying the 'Collaboration Measurement Tool' and the 'Community Development Tool' to all the data collected to gauge progress as significant. These tools are discussed in more detail the [First Report](#).

The levels of engagement and energy around being visible at Aboriginal community events, approachability, and responsiveness of the BBM staff has led to significant buy-in by AWAHS staff with the common cohesive goal of providing holistic service.

The data reveals that all staff are committed to providing a safe cultural environment where community members are made to feel comfortable, and where legal support, advice and strategic action including options, are tailored for the health and social circumstances of the community members.

Whilst there is room for improvement, which includes not forgetting cultural protocols when diving in with commendable energy and enthusiasm, BBM staff are continuing to grow, learn and develop. This was evidenced in the data over time and in 2025 it will be interesting to see if this has led to longer term impacts, as inroads into justice and social determinants of health do take such time. But already this is illustrated by the way in which the BBM Team and management of both partner agencies in this health justice partnership have changed their approaches in operations, in delivering community development and community legal education activities, responding to feedback from Aboriginal staff and community and leaning more into co-design and a story-telling approach.

The huge strides made since the initial commencement of this embedded research and impact evaluation at project startup is best described as significant. Curran comes to this conclusion as she has strong comparison points to other programs endeavouring to achieve similar outcomes as HRCLS and AWAHS, and considerable research, practice, and evaluative experience over three decades on how to best reach the socially excluded and disadvantaged in the delivery of legal assistance services. This includes her work in Australia, Canada, and the United Kingdom. Curran has been measuring and examining effectiveness, and good practice including integrated legal practice.

This BBM program has had the benefit of the groundwork being laid in the previous eight years by the Invisible Hurdles Program in which both partners in this health justice partnership were involved. This program built existing relationships and by the time the BBM team started in

early 2023 there quickly became a significant people seeking support and word of mouth had spread.

When Curran conducted the first field trip in April 2023 there was considerable scepticism within the Aboriginal community about whether the legal service offered through BBM could be trusted, would make a difference in their lives or would have any relevance. This stemmed from their previous experience with lawyers and the legal system including the conduct of judicial officers.

When Curran returned in April 2024 the shift in perceived relevance of the staff at the BBM project had been significant. Aboriginal community members felt that the BBM team were approachable, trustworthy, helpful, and responsive. This included the Aboriginal staff who were interviewed in April 2024. The quantitative data on referrals, high numbers of secondary consultations (see definition section of this report) and legal matters undertaken, and the spread in the nature of the problems is also evidence of this engagement of the BBM Program and all the tools combined and cross referenced revealed data suggestive that all the benchmarks for effectiveness and impact (reach, engagement, capability, empowerment, collaboration) are being met with downstream positive impacts on lives including reductions in stress and anxiety – critical to improve and alleviating poor mental health.

The BBM program is also achieving huge gains in reaching members of the Aboriginal community who would otherwise not turn to legal services for help. This emerged in the qualitative data as significant. This indicates that the BBM program is critical in enabling access to justice for the local Aboriginal community but there are still some missing out. With time and increases in resources including staff (see recommendations) this will only improve.

The BBM program has been reaching its target group with the high levels of Aboriginal people with poor mental health, at risk of homelessness, family violence and other risk factors in client circumstances that have been gathered through secondary data routinely collected by HRCLS (and provided to Curran to inform part of the data analysis in this research).

This reach has been aided by the willingness of trusted intermediaries at AWAHS to work with the BBM staff to identify legal issues capable of a solution or options to support people with mental health and trauma issues.

What is also encouraging is the range of disciplines that the primary data reflects are engaging with the BBM project. This is evidenced by participant data increasing to 9 trusted intermediaries in 2024, an increase from the five trusted intermediaries interviewed in April 2023. Also, it is evidenced by interview data which indicates downstream use of BBM services by other members in a range of teams at AWAHS. This also includes use of the information provided by BBM, including its fact sheets, on a routine basis by other AWAHS staff for clients of the health service. This downstream reach is to people who may never come into contact with the BBM Team. Through this BBM has been able to reach significant other clients.

The other aspect of reach is that the BBM program is seeing clients outside the age group that is catered for by the Invisible Hurdles Program (IH). This means there is not the duplication of work, but a working partnership was evidenced where one program facilitated the others' clients and vice versa. This is represented by the age groups who are over the ages of 12 - 25 years of age who have participated in information, advice or ongoing casework and representation services by the BBM team.

What is evident is that the presence of the BBM team, their visibility, responsiveness, approachability, willingness to have a go, clear explanation of risks and limitations of what the service can do, is acknowledged. In addition, as noted the BBM team is working alongside and in collaboration with the Invisible Hurdles Team, the latter with a focus on young people and which is also taking referrals from BBM to its own team. IH continues to use the same

integrated approaches and methods around reach, capability, empowerment, collaboration, noting as previously discussed the BBM emerged from IH. These shared frameworks required by the research and evaluative framework that staff operate in as the shared measurement of their effectiveness is enabling consistency of approach and springboarding which is benefiting clients, local Aboriginal community and staff alike.

There were 42 participants providing input in this project. 34 participants were Aboriginal. This is important in Aboriginal research and evaluation such as this.

At the Women's Yarning Circle, although there were 14 participants in this research, 24 women were in attendance. This was great, although it was at the time unwieldy for the researcher to facilitate (given best practice would suggest a group of no more than 10 is better), and in future, smaller Yarning Circles would be likely to elicit deeper discussion. Many women arrived after the information about the research project was conveyed, even though it was conveyed multiple times, it was taking up time for feedback from participants who had volunteered to participate. Rather than the researcher repeating this information required for Ethical reasons she left it as recording feedback of the 14 informed participants and allowing a free flow of discussion to ensure the Yarning Circle was not affected. It was important to do this in order to leave time for data collection. In future research it will be desirable to have a smaller group. What was clear however, from the larger group, was that some of the other women in attendance, had either heard or had engagements with the BBM staff and were happy to work with them and had not realised that they were part of a legal service. An observation was made that this was a good thing considering the reticence of community members to engage with lawyers.

Other women indicated that they knew of the work of the 'legal department'- as the BBM is often described by both staff and Aboriginal community members. The Yarning Circle with Women and some men in the Men's Yarning Circle appreciated the events such as Wills days and had an appetite for more. Therefore, the value of continuing to run these community events and being present in activities that Aboriginal community members engage in is critical. This includes community activities such as the weaving circles and the Men's Shed. The CD report (showing the impact & learnings of such engagement). The BBM team need to maintain this visibility if they are to continue to have this traction.

To a legal outsider such work of a legal support team might seem peripheral, but as this community development approach (as evidenced by IH report 2)^{xvii} it is critical, in order for cultural safety. This is needed for problem disclosure and sufficient information to best support Aboriginal clients with legal issues who might not identify issues of having a legal dimension and thus limiting their options for resolution. Put more simply if there are no disclosures then legal problems will remain invisible and client options are limited.

In the first research report it was made clear that trust can easily be lost if this community development activity is not sustained. The BBM team is making significant inroads.

It is also noted that the staff have unwavering support from the management teams of both HRCLS and AWAHS, each of whom have developed a problem-solving approach as problems arise and a willingness to change or adapt their systems to be more flexible for the Aboriginal community. This must be continued.

Whilst Curran is impressed by the gains made in such a short period of time by the BBM project this could be easily lost if the momentum is not kept. This can put incredible pressure however, on the two staff members in the BBM project. This was a point noted repeatedly in many of the trusted intermediary in depth-interviews. Management is aware of this.

Closing the Gap on the inequities and different social determinant of health outcomes that exist for Aboriginal communities in Australia is a priority of the Federal and State governments

and local councils across Australia. This health justice partnership is making inroads and is seeking to close the gap and address entrenched inequalities not just provide legal services but by working with the Aboriginal community to develop legal empowerment, confidence, and capability. This means the community increasingly have their voice heard in the catchment area for the project in the regions in Victoria and NSW.

BBM's ongoing work is to develop ways in which the Aboriginal community can have a say in decision making that affects them. Whilst the data in this report shows that the referendum result in May 2023 was divisive, disabling and disheartening for many in the Aboriginal community, projects such as the BBM health justice partnership present a way forward. Whilst the outcome of the referendum continues to impact community the data showed that the lead up to the referendum saw the BBM team invest expertise, energy, and co-design activities to unpack the complexities. These were tailored for use in community and at a point where AWAHS had seen a need for raising community awareness of the constitutional and legal arrangements and factual information. This work was coming at a critical time early in the first year leading up to the May 2024 referendum and was important in the way the BBM team worked with AWAHS staff and community throughout this difficult time and in strengthening the relationship between the Aboriginal community and AWAHS.

An important theme emerged from the 2024 data around the depth of understanding and growth of the BBM team. This is significant considering the trauma and mental health cohort this project is targeting and the importance of cultural safety and holistic service. The qualitative data from the start of the program with the field trip in 2023 and the shift in data in 2024 revealed a greater awareness of clients as a whole person rather just a person with a legal problem to be solved.

The BBM staff could see that they had to work alongside their client and the AWAHS staff and consider readiness, sensitivities and other factors in clients' lives and be patient and on the journey with the client. Staff in the BBM, although in their reflections in the professional journals and reports (considered in the data analysis) might have found it at times frustrating, learned to adjust. They appreciated they had to respond to when a client was receptive and ready to act and when not and the reasons that sit behind their choices. These include past trauma, fear of being disappointed, risk of relapse, distrust, alienation, poor health. This is especially in light of the *hardness* (meaning rigidity, need to fit into pre-ordained categories, rules and procedures, colonising practices, unconscious bias, and adversarial nature) of the legal system.

Similarly, whilst disappointed and invested in the referendum awareness raising, the BBM team was valued in its efforts and the work that went into community development for it and enabling the AWAHS staff to have and facilitate the difficult conversations around the referendum. Whilst the outcome is still raw and uncomfortable, the trust it built through the preparatory work and energy of the BBM team cannot be lost and the team whilst personally disappointed recognise that the Aboriginal community needs to be respected and honoured in the different ways they have responded to the referendum outcome- again showing this depth of understanding and recognition in the BBM staff. This report has spent some time unpacking this to highlight how patient, holistic, and careful consideration must be given to the sensitivities in the way in which HJP work is executed where significant trauma and distrust in systems and structures results.

If governments want a blueprint for a model to 'close the gap' in Aboriginal disadvantage they need to be brave and understand the complexity as this section has highlighted and learn from this BBM model of health justice partnerships on the way forward, but it does require consistent commitment to longer term funding which is critical for traction and positive outcomes and impact to occur. The value of embedded outcomes evaluation cannot be overlooked whereas is the case in the Invisible Hurdles and BBM program it working, within

models of action researcher, co-design and participator methodologies that are underpinned by a model of continuous reflection, learning, development and recalibration informed by a solid evidence base a point made but Curran over many years.^{xviii} In addition, the opportunities presented by law reform and policy input based on trends in case work to intervene early and prevent problems or their escalation is also key.^{xix} The BBM is making strides in this area, and this will be revisited in 2025 to see its progress. This need has recently been underscored by Mundy in the recent review of the National Partnership Agreement of Legal Assistance Services commissioned by the Australian Government in recommendations 15, 22,34 and 36^{xx}. For this reason, the recommendations in this report can assist governments address closing the gap targets and are directed at funders, policy makers and government at all levels. The recommendations in this include suggestions that further funding be dedicated to not only continue this 'remarkable' BBM program but to expand the team. This was in data from the significant majority of non- HRCLS participants in the research.

Part D Findings

The overarching question for this research is whether the BBM Program is effective and impactful in *Empowering & Alleviating Aboriginal community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)*.

The Benchmarks for this study are also the underlying research questions to answer the overarching research question that this RIE which is seeking to answer. *The key overarching question is whether the BBM and more broadly health justice partnerships demonstrate effectiveness and impact requiring some level of changes in behaviour, practice and policy or practice.* The indicators or elements that lead to this have been determined to be present if the following benchmarks are met using indicators suggestive to support this and tools in analysis.

Benchmarks/ Research Question: Is this BBM Program extending/building:

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (includes voice)

Indicators for the Key Benchmarks which have been met included:

- Holistic service
- Confidence
- Capability^{xxi}
- 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) - empowerment
- Autonomy and self-determination - empowerment

BBM is on track to improve the experiences and address inequality through earlier intervention by legal support services that avoids problems arising in the first place or by intervening in a timely and responsive way to ensure problems don't escalate. This, as the data indicates,

leads to relapse, and escalation of health and associated problems and poor decision making caused through poor information and anxiety - which BBM are countering.

Importantly BBM has been found to have created a safe cultural environment where community members are made to feel comfortable, and where legal support, advice and strategic action is occurring. This includes options that are tailored for the health and social circumstances of the community members. This was considered critical in the recommendations in the First Report informed by AWAHS staff and the Aboriginal participants and advice from Aboriginal Cultural Adviser and endorsed by the Board of AWAHS in a meeting with Curran on Monday 2 April 2024.

Against each of the indicators, whilst there may be room for improvement noted above, in the Conclusions section, all benchmarks are being met and high levels of the indicators are present based on the data.

This report has also unpacked in detail, in each of the sections 'Analysis and Comment' a breakdown of what elements lead to such effective and impactful practice or policy. These sections should be referred to for more detail and guidance should the reader of this report wish to inform potential replicable models of integrated practice including health justice partnerships and policy or funding decisions of government or other instrumentalities. These instrumentalities include philanthropy and corporate practices, for example companies and private rental in consumer issues that affect clients.

Open Access

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.

Aboriginal Community's Recommendations

Community Legal Education

- a. There was a call for a greater focus on the legal issues of the aged people in community specifically in relation to knowing people's legal rights particularly cultural aspects and self-determination in consumer issues including palliative care and in dealings with My Aged Care instrumentalities and private companies. This has been recommended as a future area for work for HRCLS and AWAHS in community education, liaising with palliative care programs and service delivery focus.
- b. BBM continue to empower staff & community to understand their rights and to help them use the law to protect and advance those rights and to use their voice to hold governments and agencies accountable when those rights are breached.
- c. Aboriginal community members expressed some dismay about the treatment by Aboriginal parents by the Care and Protection Departments This stemmed for the lack of knowledge of their legal rights and fear of reprisals. Options at the earliest phase and before children (including infants) were fast tracked for child removal are seen as a key point for intervention by justice agencies to empower and advocate. This is qualified by funding constraints and so funding is key There was a sense parents were being overwhelmed by a system that was set against understanding the implications of poverty, discrimination and inequality which ignores rather than supports the struggles of young parents. Many participants, both staff and community identified departments on both sides of the border as problematic. It was perceived that rash decisions to remove or not remove or to start the permanent care process were being undertaken in an absence of evidence, and in some cases where there was evidence to suggest such removal/non-removal is unwarranted. This included evidence from qualified medical, mental health and social supports. This was seen as routine practice based on stereotyping by departmental personnel with unconscious bias, lack of cultural competency and on the legislation in place. This was not only identified by the younger participants in this research but also by their parents and grandparents.
- d. The delivery of bite sized relevant information in formats and in online platforms. This could be a whole new project and would need funding and is out of scope of the current BBM project but could be explored as a future project that interfaces with BBM or as an expansion in funding might allow. This would be executed in ways that have meaning to Aboriginal community members. It should be culturally appropriate, which is adapted to suit this audience. It needs to be pithy, clear and have humour. Strategies for knowledge mobilisation and penetration into Aboriginal communities are needed so it can be shared, considering the importance of the Aboriginal community (Koori) grapevine. This often means that only information from trusted organisations and people be acknowledged and acted upon. Too often poor information from unreliable sources such as Facebook or Google are relied upon. The Community Engagement Worker in their interview conveyed several ideas as to how this could be done. It may involve training of Aboriginal staff including identifying an Aboriginal community member keen to develop and share their skills. Together such staff can provide relevant insights into how information is framed that will have resonance with different sections from the Aboriginal community for example Elders, young parents, young

- people, the older aged people grandparents, men, women, LGBTQ, and other cohorts within various groupings. Such an initiative would also train up a member of the Aboriginal community.
- e. Continue to develop CLE/PD in collaboration with staff & community, embracing the story-telling approach and developing resources (including using technology) to expand the reach.
 - f. Continue to work with CLCNSW to promote their cadetship and hopefully recruit someone to work with AWAHS/HRCLS (See recommendation #8 from 2023 BBM Report).

HRCLS & AWAHS

- g. HRCLS and AWAHS continue to forge growth in collaborative work/case management (in appropriate circumstances cs) - See 2023 report recommendation around continuity of care.^{xxii}
- h. Identify funded indigenous cadetships and mentoring opportunities and explore how these positions might be funded in the long term. Noting the work that HRCLS and AWAHS have done in response to the recommendation for last year's report in this regard, including working with CLCNSW cadetship program to advertise and promote these opportunities. It is to be hoped that this opportunity will be taken up by someone in the coming year.
- i. Workload in the context of complexity & trauma needs to be considered. Given BBM exceeded targets, consideration should be given to how to manage demand going forward, how to manage saying no and turning clients away, building further referral pathways with other agencies (VALS/Legal Aid etc).
- j. Trauma training through a cultural lens by AWAHS staff might be a possibility for HRCLS staff and management. Also, mental health (MH) training and further development of understanding of impacts of MH should.
- k. Growth of CD work/role through co-design of empowerment of the local Aboriginal community -Continue to build relationships with stakeholders who work alongside AWAHS and explore identified areas of need in the Aboriginal community the project services and develop appropriate development, engagement, and capability in community to empower them in line with project aims building confidence, trust, capability, voice and preparedness and readiness for taking action when able and ways in which they can do so. Curran is happy to assist in such further development.
- l. Continue to explore ways of developing law reform (2023 BBM Report Recommendation #07) on matters and funding to enable the community's wish. This is consistent with Recommendation 22 of the Federal Government's Mundy Report (March 2024) mentioned earlier. More needs to be done on issues elder people's legal rights and the care and protection system and how it treats young people and their parents. Noting focus and outcomes for this currently funded BBM program is on mental health (& the CP is mostly out of scope). This care and protection work from the BBM team is difficult as they have limited capability to do this in their case work and this recommendation might be taken up by legal aid who do this work as something that the Aboriginal community in this study have identified as needed an improved response.
- m. Keep a roving brief on concerning trends in poor laws and poor administration on other topics and prioritise and develop strategies co designed with staff of each of the partner agencies using their combined expertise and also with Aboriginal community to enable voice. This is critical as it directly affects the local Aboriginal community. Their insights ought to be part input and co-design in solutions from the Aboriginal community and AWAHS staff.
- n. Whilst it is good to see the BBM staff availing themselves of cultural and trauma training this should be a requirement for all staff at HRCLS in the coming year (2024-2025) and

- for HRCLS's Management Team. AWAHS is happy to facilitate this training. Both of these are part of HRCLS training of staff, and both are done regularly. What could be done is more local specific cultural training with AWAHS that BBM staff have undertaken. Inquiries have been made in this regard with AWAHS over the past year.
- o. More Board to Board and Manager to Board/Executive interaction between the partner agencies. Noting that HRCLS doesn't have a board but reports to UMFC executive as a program of UMFC, who in turn report to UMFC's Board. This is to strengthen the partnership and ensure a clear feedback loop on the findings in this report and to enable strategic action of the partnership and address the future sustained funding of this health justice partnership in the longer term.
 - p. Take steps to secure ongoing funding for BBM beyond 2025 including a launch and engagement with policy makers and funders from September 2024.

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

- q. There was some concern of participants about some of the limitations around what the service could offer but it was recognised that these flowed from a lack of capacity, and a large number of clients with multiple and complex needs to be addressed. This shows the need for the BBM program and ongoing funding and expansion. Recommendation 15 of the recent (March 2024) Report by Dr Mundy for the Australian Government reviewing the National Partnership agreement in Australia urges secure, consistent baseline funding for service already the subject of evaluations. This author suggests this is critical as a measure in a program such as this BBM which is Closing the Gap in Aboriginal Inequality and unmet legal need.
- r. Government (NSW, Victoria, and Federal including Health and Attorney General and Justice Departments) continue to fund this BBM Program beyond 2025 with a continuation and commitment of stable ongoing, long terms funding with evaluation embedded to ensure good service is sustained. It would be desirable for it to consider expanding funds for an Aboriginal evaluator to work alongside Dr Curran on this BBM Evaluation.
- s. Government expands the funding to include a family lawyer, a staff member who can assist in care and protection information prior to court proceedings. Noting that NSWLA is currently funded to provide C& P (including early intervention) work. This is something that legal aid is currently funded to do, and it might be better placed. However, a lawyer with some criminal expertise and one who might be able to provide advice to individuals in mental health facilities and their families and a further solicitor who has experience to supervise such practice. This would involve extending the funding to cover the two existing staff members and expanded to include three other members of staff.
- t. Legal professionals including members of tribunals and the judiciary to accord dignity and respect and to engage in trauma informed practice in their deliberations and how they conduct proceedings and the way in which they deliver information to Aboriginal members appearing before the courts. This was a request from Aboriginal participants and TIs in the 2023 and 2024 data. This should be the norm for all people involved in the justice system but for Aboriginal community members, this would go a long way to improve confidence in the integrity of the legal system and assist Aboriginal communities who are extremely alienated from the process to feel that it is something for them and not just something for the elites. (Also, in the first report) HRCLS and the BBM team can play a role in this with local judicial and tribunal members. This was also a recommendation in the 2023 BBM Report but emerged again in data from 2024.
- u. The recommendations from the Yoorrook Justice Commission^{xxiii} be honoured especially with regards the care and protection system.^{xxiv} The latter which the Victorian government has accepted. This now need to be monitored by an external

- body independent of government for effective implementation by a respected Aboriginal organisation such as Djirra.
- v. The Government at State and Federal level action the recommendations of the Dr Mundy Review^{xxv} (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report^{xxvi} below:

The experiences of HJPs are similar to those of integrated services highlighted above, where fragmented and time-limited funding are barriers to effective service delivery. One example is Invisible Hurdles HJP which involves four agencies: Hume Riverina Community Legal Service, Albury Wodonga Aboriginal Health Service, North East Support and Action for Youth, and Wodonga Flexible Learning Centre. This HJP has operated since 2015. To continue its work has required five funding applications over eight years. A program for young people, it was evaluated in 2022 under five impact measures: reach, capacity, engagement, empowerment, reciprocity and collaboration. Despite funding barriers, the evaluation found that:

...by involving lawyers in sorting out problems alongside other support people, significant inroads can be made into improving the lives of young people. For example, young people got support with housing, and prevented eviction, got out of irresponsible loans, understood their rights in terms of family violence, and found pathways to employment through understanding their legal position by having the lawyers negotiate in tricky situations.

Submission, Hume Riverina Community Legal Service, sub. 38, p 11

As an aside, this program is a living example of the problems with short-term funding discussed in section 7.1.2. It should be rolled into this CLC's baseline funding in accordance with the discussion in section 7.2.1. It is certain others require similar treatment. The Reviewer encourages officials to commence identifying all such instances across all four service provider types, as soon as possible.

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

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

- ◆ Integrate a trauma-informed approach to your practice.^{xxviii}
- ◆ Enhance your mental health and trauma awareness.^{xxix}
- ◆ Get trained in mental health first-aid.^{xxx}
- ◆ Develop empathy, patience, compassion rather than being judgemental about potential miscommunication.^{xxxi}
- ◆ Provide more time than usual and allow for breaks.^{xxxii}
- ◆ Create a trustworthy and safe environment.^{xxxiii}
- ◆ Be transparent about what legal service can offer.^{xxxiv}
- ◆ Prioritise face to face communication.^{xxxv}
- ◆ 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.^{xxxvi}
- ◆ Be mindful about the client's cultural practices.^{xxxvii}
- ◆ Benefit from cultural rituals when available.
- ◆ Make space for community support (e.g., support persons can be present during client-lawyer meetings).^{xxxviii}
- ◆ Take the key decisions in close partnership with the client – make them the decision-makers.^{xxxix}
- ◆ Involve community members in your organisation's board, as well as design and implementation of services.^{xl}

(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.^{xli}

(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 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.^{xlii}

(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.^{xliii}

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

(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 the behest of the client, of having support persons present at client meetings, or having the lawyer be present at a community event.^{xlv}

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

9 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.

- ◆ *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".^{xlvi}

- ◆ 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.

Traumatized 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.^{xlvii}

(Source: Jenkins, C. (2021) "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.

ⁱ Liz Curran and Pamela Taylor-Barnett, *Overcoming the Invisible Hurdles to justice for young people* (Australian National University 2018) <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3283670>; Pamela Taylor-Barnett and Liz Curran, *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* (Australian National University 2021) <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295>; Liz Curran, 'Going deeper' - *the Invisible Hurdles stage III research evaluation final report* (Nottingham Trent University 2022) <https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4147431>.

ⁱⁱ Pascoe Pleasance and Nigel Balmer, 'Justice and the capability to Function in Society' (2019) 148(1) *Daedalus* 140; Balmer and others, *The Public Understanding of Law Survey (PULS) Volume 2: Understanding and Capability* (Melbourne: Victoria Law Foundation 2024), <<https://www.victorialawfoundation.org.au/research-publications/understanding-and-capability-puls-volume-2>>.

ⁱⁱⁱ Elizabeth Curran and Nisan Alici, *First Research and Impact Evaluation Report – 'Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (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* (2023), <<https://ssrn.com/abstract=4506912>>.

^{iv} Yoorrook Justice Commission, *Yoorrook for Justice: Report into Victoria's Child Protection and Criminal Justice Systems* (Parliament of Victoria 2024) <<https://yoorrookjusticecommission.org.au/wp-content/uploads/2023/09/Yoorrook-for-justice-report.pdf>>.

^v Yoorrook Justice Commission, 'Child protection system' (Yoorrook Justice Commission) <<https://yoorrookjusticecommission.org.au/topic/child-protection-system/>> accessed 5 July 2024.

^{vi} Attorney-General's Department, 'Independent Review of the National Legal Assistance Partnership 2020-25' (Attorney-General's Department) <<https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF>> accessed 5 July 2024.

^{vii} Ibid.

^{viii} Balmer and others (n ii).

^{ix} Curran and Alici (n iii).

^x Jill Chouinard and Fiona Cram, *Culturally Responsive Approaches to Evaluation: Empirical Implications for Theory and Practice* (SAGE Publications 2020); Evans and others, 'Decolonizing Research Practice: Indigenous Methodologies, Aboriginal Methods, and Knowledge/Knowing' in Patricia Leavy (ed), *The Oxford Handbook of Qualitative Research* (2nd ed Oxford Handbooks 2020); Ruth McCausland, 'I'm sorry but I can't take a photo of someone's capacity being built': Reflections on evaluation of Indigenous policy and programmes' (2019) 19(2) *Evaluation Journal of Australasia* 64; Street and others, 'A Culturally Adaptive Approach to First Nations evaluation consulting' (2022) 23(1) *Evaluation Journal of Australasia* 6; Elizabeth Curran and Nisan Alici, *First Research and Impact Evaluation Report – 'Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (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* (2023), <<https://ssrn.com/abstract=4506912>>.

; Adedoyin and others, *Culturally Responsive and Equitable Evaluation* (Cognella Academic Publishing 2024).

^{xi} Street and others (n x); Bowman and others, 'Seven Directions of Equitable Evaluation: Voices, Kinship and Visions of Indigenous (Kwe) Women Evaluators' in Adedoyin and others (n x).

^{xii} Curran and Alici (n iii).

^{xiii} Liz Curran, 'Sharing elements of effective practice to address earlier, signs of family violence' (2019) 44 (3) *Alternative Law Journal* 182; Liz Curran and Pamela Taylor-Barnett, 'Evaluating projects in multifaceted and marginalised communities: the need for mixed approaches' (2019) 19(1) *Evaluation Journal of Australasia* 22.

^{xiv} Pascoe Pleasance and Nigel Balmer (n ii); Balmer and others (n ii).

^{xv} 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 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. See World Health Organization, 'Social Determinants of Health' (World Health Organization) <https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1> accessed 20 June 2024.

^{xvi} Pleasence and other (n ii) and Tara Mulqueen, Lisa Wintersteiger and Claire Stern, 'Experiences of Legal Need and Barriers to Access to Justice for Marginalised Groups' (*Advice Now*, 2022).

^{xvii} Taylor-Barnett and Curran, *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* (n i).

^{xviii} Curran and Taylor Barnett (n xiii) and Curran (n xiii) and Curran, L., 2021. *Better law for a better world: new approaches to law practice and education*. Abingdon: Routledge. ISBN 9780367180423 <https://doi.org/10.4324/9780429059254>.

^{xix} Curran and Taylor – Barnett, (n i)

^{xx} Attorney-General's Department, (n vi).

^{xxi} Pascoe Pleasance and Nigel Balmer (n ii); Balmer and others (n ii).

^{xxii} Curran and Alici (n iii).

^{xxiii} Yoorook Justice Commission (n iv).

^{xxiv} Yoorook Justice Commission (n v).

^{xxv} Attorney-General's Department, 'Independent Review of the National Legal Assistance Partnership 2020-25' (Attorney-General's Department) <<https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF>> accessed 5 July 2024.

^{xxvi} Attorney-General's Department (n vi).

^{xxvii} This Literature review was compiled by Dr Nisan Alici - the Research Assistant for the 2023 component of the project and co-author of the First Report.

^{xxviii} Judy Atkinson, 'Trauma-informed and trauma-specific care for Indigenous Australian children' (2013) *Closing the Gap Clearinghouse*.

^{xxix} Golden Eagle Rising Society, 'Trauma-Informed Legal Practice TOOLKIT' (2020) <<https://www.goldeneaglerising.org/photos/trauma-informed-legal-practice-toolkit>>.

^{xxx} Mental Health Commission of New South Wales, *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* (NSW Mental Health Commission 2014).

^{xxxi} Golden Eagle Rising Society (n xxiv).

^{xxxii} McCarron and others, 'On the Edge of Justice: Accessing justice for people with a mental illness in New South Wales' (2006) 31(4) *Alternative Law Journal* 193.

^{xxxiii} Atkinson (n xxii).

^{xxxiv} Casey Jenkins, 'What does it mean to be a trauma-informed lawyer? How can we help?' (Hodge Jones & Allen, 6 May 2021) <<https://www.hja.net/expert-comments/blog/general-crime/what-does-it-mean-to-be-a-trauma-informed-lawyer-how-can-we-help>> accessed 20 June 2024.

^{xxxv} Pleasence and others, 'Law and disorders: illness/disability and the response to everyday problems involving the law' (2013) 30 *Updating Justice* 1.

^{xxxvi} Jenkins (n xxix).

^{xxxvii} Atkinson (n xxiii).

^{xxxviii} Talia Joundi, 'Trauma-Informed Lawyering' (Hameed Law, 2021) <<https://www.hja.net/expert-comments/blog/general-crime/what-does-it-mean-to-be-a-trauma-informed-lawyer-how-can-we-help>> accessed 20 June 2024.

^{xxxix} Golden Eagle Rising Society (n xxiv).

^{xl} Mental Health Commission of New South Wales (n xxxv).

^{xli} McCarron and others (n xxvii).

^{xlii} Pleasence and others (n xxx).

^{xliii} Southwestern Sydney Local Health District, *People with Disability in Southwestern Sydney* (Southwestern Sydney Local Health District 2016).

^{xliv} Health Justice Australia, 'The rationale for health justice partnership: Why service collaborations make sense' (Health Justice Australia 2018) <<https://healthjustice.org.au/app/uploads/downloads/Health-Justice-Australia-The-rationale-for-health-justice-partnership.pdf>> accessed 20 June 2024.

^{xlv} Joundi (n xxxiii).

^{xlvi} Bruce Perry, 'Foreword' in Cathy Malchiodi (ed) *Creative Interventions with Traumatized Children* (second edition Guilford Press 2021), ix.

^{xlvii} Jenkins (n xxix).