



Paper Title: Integrated Legal Practice - *Going to where the people are who need our help – legal empowerment and multidisciplinary innovation.*

Note This is a paper presented at the International Legal Aid Group Conference in June 2023 at Harvard University. The paper has not yet been publishedⁱ Some minor revisions have been made for example, references have been updated in 2025. Some studies mentioned had not been published at the time of the paper and other pertinent references have been included. The joint paper is in substance the same as that presented by Sue James with Liz Curran in absence.

Please, if using methodologies and tools discussed can you acknowledge the source as Background Intellectual Property resides with Dr Liz Curran who shares this material in the spirit of collaboration.

Abstract

Studies link austerity policies in health and social care to excess deaths in England and poor life expectancy for people experiencing disadvantage. The University of Glasgow and the Glasgow Centre for Population Health¹ found austerity measures in the United Kingdom (cuts to social security and vital services) led to significant excess deaths. Female death rates in 20% of most deprived areas in England increased by 3% after a 14% decline over the previous decade. Similar rates occur elsewhere in the UK's deprived areas. Legal aid services are one of many neglected service areas that address disadvantage.

This paper explores innovative practice (in settings with limited resources in the UK and other jurisdictions) and emerging evidence-based practice that make inroads into Social Development Goals specifically 16.3 on access to justice. This paper looks at the role of action research, multidisciplinary practices (MDP), policy engagement by partners with endeavours aiming to improve legal empowerment, rights capability, and inroads to address poor health, social and justice outcomes.

The presenters bring insights from different vantage points (public health, education, practice, research, evaluation, and justice). The paper also examines research and campaigns that bring about change and raise public awareness. The paper shares recent evidence-based programs making inroads into the UN's Sustainable Development Goals (SDGs) and discuss what might need to change in the UK and elsewhere to improve outcomes in communities experiencing disadvantage and harm.

In this paper we:

- Explore incorporating justice in an integrated way, as a realm often left out of interdisciplinary/multidisciplinary practices to better advance human rights adherence, protection, and triggers into poverty.

¹ Walsh D, Dundas R, Mc Cartney G, Gibson G, Seaman R. Bearing the burden of austerity: how do changing mortality rates in the UK compare between men and women? *Journal of Epidemiology & Community Health* 2022; 0:1–7. doi:10.1136/jech-2022-219645



- Explore lessons from the research around barriers and breakthroughs for increasing interdisciplinary practice to reach underserved populations.
- Explore strategies for increasing interdisciplinary practice.
- Explore how legal aid services can better reach and work collaboratively to address causes of disadvantage.
- Explore the implications that follow for broader service delivery and policy settings.

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Biographies

Dr Liz Curran a researcher, educator, evaluator, and practitioner has used her evidenced based research to prompt changes in practice at judicial, policy and service levels. This work culminated in her recent book, *Better Law for a Better World: New approaches to law practice & education* which is already informing judicial practice and service delivery. Liz is a regular media commentator on access to justice and domestic human rights issues and was 'expert adviser' on the Law Council of Australia's 'Justice Project'. She has the Australian Centenary Medal for 'legal services to community and lecturing' and a pioneer of health justice partnerships in Australia.

Sue James is the chief executive of Legal Action Group. Prior to this she was director and solicitor at Hammersmith Law Centre where she specialised in housing law. She is Chair of the Renters Reform Coalition, a founding trustee of Ealing Law Centre and the North Wales Law Centre Steering Group. In 2017 she won the Legal Aid Lawyer of the Year Outstanding Achievement Award. In 2018 she completed a Churchill Fellowship in Australia and Canada examining multi-disciplinary approaches to legal provision. She is co-author of *Housing Possession Duty Desk: a practical guide*, co-editor of the *Legal Aid Handbook*, *Justice Matters*, *Legal Aid Matters* and a contributor in 2023 of the first collection on *Access to Justice in Rural Communities*. She also writes, speaks, and campaigns on justice, housing, and legal aid.



Introduction

This paper explores innovative practices (in settings with limited resources in the UK and other jurisdictions) and emerging evidence-based practice that has the potential to make inroads into Social Development Goals (specific to this paper, 1 (no poverty), 3 (good health & wellbeing), 10 (reduced inequalities), 16.3 Access to Justice, and 17 (partnerships for the goals)).

Improving access to justice by providing multidisciplinary practice (MDP) or integrated legal practice (ILP)ⁱⁱ in agencies where people are most likely to turn to for help, because of established relationships of 'trust', has been now established in research (including Curran's) for over two decades². Recent research in Australia and Canada shows an evidence base for MDPs as an effective way of supporting people get legal help that they need and making inroads into the SDGs.

This research has provided an evidence base for practice, insights into the complexity of client experiences and how to better tailor and adapt services to make them more responsive. These innovations also not only look to client need but also empowerment of community members, their trusted intermediaries (those who work in agencies who people often turn to for help and who provide other supports including health and social supports). These innovations provide a basis to improve policy and funding responses. These models will be discussed in our paper, and what works and why or why not, in different settings, and how to learn from this research.

James, 'author two', in her Churchill Fellowship³, explores themes around effective service delivery that break traditional modes of lawyering: going to where people are already

² Curran, L., 2021. Better law for a better world: new approaches to law practice and education. Abingdon: Routledge. ISBN 9780367180423; Curran, L. (2019). Sharing elements of effective practice to address earlier signs of family violence. *Alternative Law Journal*, 44(3)182–190. <https://doi.org/10.1177/1037969X19843624>; Curran, Elizabeth, From Fragmented to Holistic: Starting the Evidence Base for Client – Centred Practice through Navigation: a Report on the Research Evaluation of the Hammersmith Fulham Law Centre 'Women's Crisis Navigator Service Project' (Pilot) (August 5, 2021). Available at SSRN: <https://ssrn.com/abstract=3899573> or <http://dx.doi.org/10.2139/ssrn.3899573> ; Curran, Elizabeth, 'Going Deeper' - The Invisible Hurdles Stage III Research Evaluation Final Report, Centre for Rights & Justice, Nottingham Law School & Curran Consulting: Enhancing Justice & Human Rights (June 26, 2022). <https://ssrn.com/abstract=4147431> or <http://dx.doi.org/10.2139/ssrn.4147431>; Curran, L and Gibson, L 2022. Making inroads into social development goals through action research, service program innovations and multidisciplinary partnerships and collaboration. In: UN75+1 at NTU: Living Together in the Future Conference, [virtual], 22-24 November 2022; Curran, L., 2017. Lawyer Secondary Consultations: improving access to justice: reaching clients otherwise excluded through professional support in a multi-disciplinary practice¹. *Journal of Social Inclusion*, 8(1), pp.46–77. DOI: <http://doi.org/10.36251/josi.117>

³ *Health Justice Partnerships: Shining a light on collaborative legal practice*. Sue James The Churchill Fellowship.

accessing help. Austerity, the pandemic, and the evisceration of legal aid over the last ten years has meant that there is a shortage of lawyers and expert advice delivery but an increase in need. The justice system is often seen only as the domain of criminal law and so people with an array of social welfare problems (housing, protection from domestic abuse etc) often don't realise the law may offer protection and remedy. People will often disclose to a 'trusted intermediary' a non- legal support such as a GP, nurse, psychologist or counsellor who, if aware of legal avenues for problems related to their health issues can link the client with a legal service overcoming the often-unnavigable referral roundabout.

Many problems are interlinked and are often multiple. Organisations that have a multi-disciplinary approach in author one's study were having success in resolving the legal and non-legal issue in a holistic way. At First Step, Melbourne, Australia, a multi-disciplinary team supports people with mental health and addiction issues - many with criminal charges. Their philosophy is that complex people need complex multiple support in one place. Doctors, psychologists, nurses, therapists, care co-ordinators and lawyers are all under one roof and employed by the same organisation. This one-stop venue gives vulnerable people access to the support they need. Missing is housing expertise, but they work actively with an external agency who have the expertise. A transfer of trust between practitioners and a build-up of knowledge for clinicians and lawyers is evident.

In Katherine, Dr Simon Quilty secured funding to trial a multi-disciplinary approach for his patients to see if he could reduce the number of local emergency admissions, which is expensive and inefficient. Patients would be treated in the hospital and then often discharged to accommodation that was overcrowded and in poor condition: 30 people living in three bedrooms with no air conditioning and thirty-degree heat. This created a revolving door of emergency admissions.

Dr Quilty wanted to resolve the underlying drivers of hospitalisation such as homelessness or inadequate housing. He invited a lawyer on to the multi-disciplinary team, who at their first team meeting, identified cases where legal action (or the threat of it) could make change for the patient. In the first year of the project, the findings showed a 50% reduction in emergency hospital admissions.⁴

In author two's study Fiona Hussin, of the Northern Territories Legal Aid Commission, Darwin said: *'The game changer was really legal practitioners going along and sitting in on those meetings and giving examples of how the legal service could assist. It hadn't been recognised by the team prior to that and suddenly this light bulb went on and Simon was driven to realise that legal advice could change the health of the patients that are re-presenting. He became a real champion.'*

In addition, approaches that are client-centred and build legal capability and confidence have demonstrable impacts in improving legal empowerment and civic participation. This is

⁴ *Addressing Profound Disadvantages to Improve Indigenous Health and Reduce Hospitalisation: A Collaborative Community Program in Remote Northern Territory*. 2019. Quilty, S., Wood, L., Scrimgeour, S., Shannon, G., Sherman, E., Lake, B., Budd, R., Lawton, P., Moloney, M. *International Journal of Environmental Research and Public Health* 2019, 16, 4306 <https://www.mdpi.com/1660-4601/16/22/4306/htm>



documented in research and practical programs detailed in Curran's (author one) recent book *Better Law for a Better World: New approaches to law practice and education*⁵ⁱⁱⁱ.

Curran's research, 'author one', over two decades, establishes that clients and trusted intermediaries have concerns about the use of legal jargon and hierarchical models of lawyering which lead to a distrust and suspicion of lawyers and the legal system. The clients and trusted intermediaries (TI) interviewed in a large number of studies reported feeling they were being judged and not listened to or respected.

In *Better Law for a Better World*, author one notes that the rule of law is there to benefit all. While some would argue the rule of law is only procedural, if integrity of the legal system and confidence in it are part of our oath of office, the obligations of each of us as legal professionals go beyond offering only procedural justice. For this reason, lawyers, have the role, given its advocacy skill set, in sharing those skills so that non-lawyers, particularly in the absence of legal aid, have a repertoire that enables them to push back against poor decision-making. If TIs can make forceful arguments using the legal framework to push back and educate decision-makers on legal requirements, TI are able to better outcomes earlier before problems escalate. An example is the occupational therapist who was briefed on the law. As a result, she was able to secure a ramp so a disabled woman who because a virtual prisoner in her home could visit her two disabled children.⁶ By holding authorities to account by educating them as to obligations it can improve practice of decision-makers. Often, in author one's experience decision-makers make decisions in a vacuum from information about context and rights and are not aware of their legal obligations and accountabilities unless reminded of them. The earlier this can happen the better. The better empowered TIs can be then more often appropriate and tailored responses can occur by those in authority who can hold so much power in people's day to day lives.

So many services in the UK have suffered under austerity and through council funding cutbacks. The pitting of advice agency against advice agency in tendering for funding has also been problematic in breaking down opportunities for collaboration, but, as the Low Commission of Inquiry found in 2016, new ways of working where legal and non-legal agencies work together in collaboration can open up new ways of reaching the most vulnerable and giving better service.⁷

Lawyers can work more effectively by learning from other professions. Improvements in reflective practice and ways of working that overcome some of the negative stereotypes we have of lawyers, and the limitations of the traditional model of lawyering, emerge. Client and TI research shows that they feel more respected and know what steps to take and are more empowered under these models of working.

Research Studies

This paper will now, as illustrations of these key findings mentioned above, look at six illustrative research studies. Each involved participatory action research and an impact evaluation framework with a multi-method approach, triangulated to test and verify the

⁵ Curran, L., 2021. *Better law for a better world: new approaches to law practice and education*. Abingdon: Routledge. ISBN 9780367180423

⁶ Vernon, Alikki and Curran, Elizabeth (2010) 'Creating the Right Spaces: Civil Participation and Social Inclusion: A Report on West Heidelberg Residents' Conflict Management Workshops'. (November 26, 2010). Available at

SSRN: <https://ssrn.com/abstract=2941277> or <http://dx.doi.org/10.2139/ssrn.2941277>

⁷ Curran L (2022) '*Law centres: the comparative way ahead*'. *Solicitors Journal*. ISSN 0038-1047



results across the tools. The studies included qualitative and quantitative data collection (interviews, surveys, focus groups Yarning Circles, professional journals, management reflective practice conversations, collaborative measurement tool in three studies (two undertaken for HRCLS^{iv} & one over three years for the ARC Justice, Bendigo^v) with a range of tools with a social research dimension, unpacking complexity, and systemic issues at play. The fifth study (Redfern Legal Centre & Royal Prince Alfred Hospital (RPA) used tools developed by Curran but was conducted by the partnership.⁸

About each study:

1. ‘Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership offering legal support for social & emotional well-being in a Health Justice Partnership (HJP) (2023- ongoing) First annual research and evaluation report forthcoming end July 2023.

NTU through author one is conducting this Research and Impact Evaluation (embedded from service start-up). The project is part of an NSW Government funded service program that is ongoing and a part of the ‘National Partnership Agreement’ between governments at Federal and State levels and the legal assistance sector in Australia. In early 2022 the NSW Government granted Upper Murray Family Care (through its program the Hume Riverina Community Legal Service (HRCLS) is funded to work in partnership with the Albury Wodonga Aboriginal Community Controlled Health Service (AWAHS) in a Health Justice Partnership (HJP) focusing on AWAHS’s First Nations’ clients who are affected/impacted by poor mental health the *Bagaraybang bagaraybang mayinygalang* (BBM).

Under this program AWAHS and HRCLS provide services in an integrated HJP to alleviate some of the conditions that see people’s mental health deteriorate, to empower clients, and offer hope. Aboriginal and Torres Strait Islander people experience a higher rate of mental health issues than non-Indigenous Australians with deaths from suicide almost twice as high; hospitalisation rates for intentional self-harm 2.7 times as high and a rate of high/very high psychological distress 2.4 times as high as for non-Indigenous Australians. Social, historical, and economic disadvantage contribute to the high rates of physical and mental health problems, adult mortality, suicide, child removals and incarceration, which in turn lead to higher rates of grief, loss, and trauma. 31% (45,800) of Indigenous Australian adults with high/very high levels of psychological distress had visited a health professional about their distress in the previous four weeks of the study (2018–19 National Aboriginal and Torres Strait Islander Health Survey (Health Survey)).^{vi} HRCLS & AWAHS already have an existing relationship of trust and work together (see Invisible Hurdles case study 3 below) in ways which are collaborative, client centred, trauma informed and culturally safe. This HJP focuses that relationship on those experiencing mental illness/poor mental health and address their legal problems in a holistic way, recognising that health, social and legal problems are often intertwined.

The first field trip occurred in April 2023 and a second in 2024. This annual research impact evaluation with data collection and reports in each of the three years of the project. The two partners had already built relationships of trust and collaborated through the seven years of the Invisible Hurdles project (discussed below) this trust had been transferred to the new BBM project between the two partner agencies, professional staff, the Aboriginal community meaning referrals were quicker and secondary consultations^{vii} and previous start-up

⁸ Redfern Community Legal Service (2015) Aboriginal Health Justice Partnership: *Evaluation of the first six months of operation*, Redfern Community Legal Service & Royal Prince Alfred Hospital, <https://rlc.org.au/evaluation-rlcs-health-justice-partnership-royal-prince-alfred-hospital>



setbacks were overcome. When the lawyer arrived in February 2023 there were 43 people on the waiting list. Ordinarily in these sorts of MDP's it takes at least six months for referrals to properly commence as this is the time it takes to increase visibility, earn trust, and sort out some of the teething problems. This goes to the point of the importance of ongoing and sustained funding which is key to building a service response that can significantly make inroads. The first (of three) annual research and impact evaluation reports on this BBM HJP was to be published in July 2023 before the paper at ILAG was delivered and the first two reports are now available.^{viii}

2. Bendigo Health Justice Partnership (2015-2017)

The Health Justice Partnership (HJP) was a partnership between ARC Justice Ltd Bendigo and the Bendigo Community Health Service (BCHS). It has a lawyer, working in a multi-disciplinary practice three days per week, alongside health and allied health professionals, at the HJP. The aim is to reach those members of the community who would otherwise not gain legal assistance with their legal problems (84%) but are most likely to have a range of legal problems as the research tells us due to a range of barriers, they are unlikely to receive help but are likely to turn to their trusted health professional.

The service specifically targeted Kangaroo Flat in Bendigo as a suburb of socio-economic disadvantage and for clients of the health service site, which services vulnerable families, with many of their children having a disability. The aim of the HJP is to reach those clients currently excluded from legal help and have a positive impact on their health and well-being. Research that unresolved legal problems lead to stress and anxiety which cause poor health outcomes⁹ was affirmed in this study (see reference Bendigo Report, 2017). The HJP over this three-year study was found to have improved health outcomes and extended reach to community members in need of legal expertise.

Almost all clients interviewed would not have accessed legal help if it had not been for the HJP referral from the BCHS professional. Most clients did not know their issue was capable of a legal solution or due previous poor experiences of the legal system or their lawyer, were disempowered or were concerned about the cost of a lawyer and so would otherwise not have accessed a lawyer.

All clients interviewed over two years of the embedded research reported that the help from the HJP had led to positive outcomes including their health - being less stressed and anxious because of knowledge of their legal position.¹⁰

3. Invisible Hurdles Project of the Hume Riverina Community Legal Centre (2015 ongoing)

This is Invisible Hurdles Program (IH) now an ongoing program (originally a pilot refunded and expanded after three evidence-based evaluation reports).^{ix} The aim of the service

⁹ Pleasence, P, Balmer, NJ, Buck, A, O'Grady, A & Genn, H 2004a, 'Civil law problems and morbidity', *Journal of Epidemiology and Community Health*, vol. 58, no. 7, pp. 552–557.

¹⁰ Curran, L (2017) A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services (ANU). <https://ssrn.com/abstract=3076407> or <http://lcclc.org.au/wp-content/uploads/2017/11/HJP-full-and-final-report.pdf>



program is to increase access to free legal assistance for young people experiencing, or at-risk of, family violence. This has resulted in many legal problems being fixed for those who would not normally get help from a lawyer. This research and evaluation occurred over seven years from service start-up and author 2 is still advising on the project since the research ended.

The Invisible Hurdles project saw Hume Riverina Community Legal Service embed a free lawyer into three organisations across 3 regions in a multidisciplinary practice with four partners (justice, a school, a youth housing and support service and an Aboriginal health service namely: Albury Wodonga Aboriginal Health Service (AWAHS), Wodonga Flexible Learning Centre and Northeast Support and Action for Youth Inc. (NESAY). Throughout the project, over 100 people were assisted with legal problems who would not have otherwise accessed a lawyer.

The most recent Report 'Going Deeper' 2022 had a reflective component looking back on seven years of the program for impact – in which trust was deemed essentially linked to positive program outcomes in the lives of the young people assisted and with measured empowerment. .^x

4. The Consumer Action Law Centre's (Consumer Action) 'Responding Effectively to Family Violence Dimensions of Debt and Credit

The Report of the Royal Commission into Family Violence recognised that the family violence victim's financial security impacts on their wellbeing. Beyond the role of the perpetrator of violence, many problems interact in relation to family violence related debt. The aim of this project was to provide a Secondary Consultation (SC) service integrated with Consumer Action's Training and Outreach program which included financial counsellors, family counsellors and youth workers providing training, resources, and support to community workers ('community professionals') to overcome barriers identified in previous studies by working with trusted community professionals to whom people experiencing family violence are likely to turn to enable their credit & debt legal issues to be addressed in a timely and effective way.^{xi}

5. Redfern Legal Centre (RLC) and Sydney Local Health District (SLHD) united to establish New South Wales first hospital-based Health Justice Partnership (HJP) at Royal Prince Alfred Hospital (RPA)

From May 2015, providing legal assistance as a preventive health measure for vulnerable people while they accessed care and health services with a focus on improving Aboriginal health. Referrals to the HJP come from all areas of the RPA, including Aboriginal liaison officers, social work staff and nursing staff. Government budget shortfalls mean the HJP relies on further external funding to continue to provide this unique service.

This was the first hospital based, HJP in New South Wales. Until June 2016, the service was part-funded by the Gandevia Foundation.

In the first 6 months of its existence, the partnership between RLC and RPA assisted 62 clients at RPA. Prior to contact with the partnership, 80% of clients surveyed as part of an evaluation of the service did not know their issue was a legal one (Redfern Report, 2015).^{xii} There was an intensive LSC offering and building trust and being able to identify issues that could have a legal resolution was considered a key reason for referrals and confidence. Recently, through NTU, author 2 is consultant adviser on evaluation and practice in a new start-up HJP in a new HJP in South-Western Sydney 2023-2026).



6. Hammersmith Fulham Law Centre 'Women's Crisis Navigator Service Project' (WCNSP) (Pilot)

This short evaluation was of a service project funded for a six-month pilot in London. Author two was engaged in October 2020 to conduct the research evaluation within a five-month period from service start up and to deliver her report on 31st of March 2021.¹¹ The aim of this was also to see if the project, could have started to make inroads in assisting women experiencing a crisis and domestic abuse in gaining access to the complicated systems and navigating them through these, linking them through to legal services both in-house and externally, providing them with other non-legal supports that might be identified and supporting the women so that they felt empowered, capable. The objective is to see that women do not fall through the service gaps or feel overwhelmed to access their legal rights. Author one was also commissioned, to merely to look at the effectiveness of the pilot project, but to gather some learnings that might shape and inform other projects, replicable models, new ways of doing things, challenges, barriers and suggest new ways forward that might improve service delivery not just in the boroughs of London, but across the United Kingdom.

Key findings relevant to this conference paper in this short evaluation are that despite the challenges of the Covid 19 and its lockdown, the WCNSP had started to build relationships, gain referrals and had supported women. A number of women experiencing domestic abuse reported that the levels of stress and anxiety and their feelings of hope had improved as a result of the service. Lawyers gained new insight and had started to work more collaboratively with the navigator and the project lawyer, and to appreciate the client's context and non-legal issues were also just as important to the clients as resolving the legal issue. The presence of the navigator, the data suggests, enabled women to engage and follow-up with service to occur. It suggests that without such navigation women are at risk of disengaging, not seeking help, or just giving up due to being overwhelmed by the complex service landscape, and the legal and administrative systems. Sadly, before the project's conclusion and before the evaluation report could be completed (even though it was completed within the short time frame) it was announced the funding would not continue. This signified that despite the emerging evidence base that the project was proving critical policy and funding decisions were made in a vacuum from the evidence base. This left many women stranded and in one case returning to her domestic abuse as she needed the support of the navigator.

The report highlights, that for all service providers, the legal aid landscape in the United Kingdom is fractured, underfunded, encourages working in silos, and places (particularly women experiencing domestic abuse who often have children they are trying to protect) on a referral roundabout. This is likely to make them just give up. Even where there was navigation support, non-legal professionals support and referrals were made to receive further specialised legal help often when it seemed that help would be offered) the women found staff unhelpful, did not qualify for legal aid or the firm was unable to take on the work

¹¹ Curran L,' From Fragmented to Holistic: Starting the Evidence Base for Client – Centred Practice through Navigation: a Report on the Research Evaluation of the Hammersmith Fulham Law Centre 'Women's Crisis Navigator Service Project' (Pilot) (August 5, 2021).
SSRN: <https://ssrn.com/abstract=3899573> or <http://dx.doi.org/10.2139/ssrn.3899573> ISBN: 978-0-646-83871-7



due to a lack of capacity and risk. As one participant in the research noted, *this means testing of legal aid is giving a license to abusers to kill.*

The Churchill Fellowship Lessons Learned

In author two's Churchill Fellowship study, entitled: Health Justice partnerships: shining a light on multidisciplinary practice in trust was an essential component to ensure that multi-disciplinary practice works. Trust between colleagues internally, within the organisation, with external partners and clients. Trust can often be transferred between agencies because of their relationship. HJP is the most professional setting of trust, but it could be with other trusted professionals or community organisations. It needs a champion, though:

'If you raise the flag the champion will come to you. Don't try until you have a champion in the organisation.' Dr Simon Quilty.

'Having lawyers advocate for legal service provision can only be so compelling, but having a doctor who is articulate and passionate, who understands their patients and advocates for it is really powerful.' Alina Leikin.

For it to work everybody needs to know a little bit about everyone else's stuff. A transfer of information as well as trust.

Lawyers need to have empathy and work as part of a team. They must value the input from other colleagues, which suggests formal legal training in a singular way needs to change. We also need to value lawyers' time differently - not just in terms of client engagement.

The information from the Churchill Fellowship suggests that that it was more likely to be a social worker than a doctor who contacted the lawyer to make a referral. What is crucial is the shared understanding of what the lawyer is there to do. Training opportunities and secondary consultations (see discussion 'Consistent Findings below) improved the relationship with health care professionals as well as being visible. What also helped were the benefits that doctors could see for clients.

Consistent findings on what is critical to about what trust and interdisciplinary collaboration.

Trust is essential for multi-disciplinary work. It cannot be assumed that the partnership or collaboration with other professionals will work. It takes time to establish and hard work to sustain it. ^{xiii}

Research findings show TI participants overwhelmingly citing the value in establishing trust are legal secondary consultations. Legal secondary consultations (LSC) are where the lawyer offers a non-legal professional/support worker legal advice or information on the legal processes (what happens at court, giving evidence and writing reports etc), ethics or professional obligations. LSC has emerged from Curran's multidisciplinary practice (MDP) research (including health justice partnerships (HJP) research as a critical tool in building trust and then referral and holistic responsiveness to resolving multiple legal and non-legal problems.¹² LSC are also emerging as a critical method of building the professional capacity

¹² Curran L 'Lawyer Secondary Consultations: improving access to justice and human rights: reaching clients otherwise excluded through professional support in a multi-disciplinary practice' 8(1) *Journal of Social Inclusion* (2017) <https://josi.journals.griffith.edu.au/index.php/inclusion/article/view/8>

of health/ allied health professionals as they can be timely, responsive, ‘opportunistic’ forms of giving legal advice, information at points in time where quick information is important to time poor professionals. In more recent longitudinal studies, where funding has been ongoing and consistent, inroads into systemic causes of problems also start to be addressed. Trust grows not only between the professionals, but the organisations start to see benefits in joint actions due different professional lenses and perspectives to how recurring problems can be addressed through systems change. (Going Deeper 2022, BBM Report (forthcoming July 2023, Consumer Action 2020)

LSC also builds capacity of TIs to respond in a timely way, to improve decision-making, and reduce the professional’s sense of anxiety, improve confidence in their decision-making as they know the legal implications through LSC. (Bendigo^{xiv}, Hume Riverina Study, Invisible Hurdles and BBM Programs^{xv}).

Reach to those excluded improved – use of borrowed trust of TIS (e.g., counsellors, social workers, mental health workers, doctors, nurses, psychologists, physiotherapists) and professional development around legal issue identification and other issues.¹³

- Almost all clients studied would not have accessed legal help if it had not been for the MDP referral from the Trusted Intermediary. Most clients did not know their issue was capable of a legal solution or due to previous poor experiences of the legal system or their lawyer, were disempowered or were concerned about the cost and so would not otherwise have accessed a lawyer. (Bendigo study)
- Justice should be included in existing models in health, allied health, social service, housing and homelessness, and educational organisations. While MDPs are common in health spheres the inclusion of justice in the last decade has seen positive downstream effects on SDGs yet MDPs are still not commonplace.
- All clients studied reported that the help from the HJP had led to positive outcomes for their SDH including to their health: being less stressed and anxious as a result of knowing their legal position. (Bendigo, Invisible Hurdles, BBM)

Legal Empowerment of Clients, Community & Trusted Intermediaries - through community and professional staff development trust grows, legal capability, confidence and ability to take action grew but it must use adult learning principles to be effective (See ‘Going Deeper’, 2022)¹⁴ MDP when done well can make positive changes in clients lives but when done poorly can lead to more distrust. It cannot be imposed by governments or funders as relationships of trust do not work unless time and shared understandings underpin the approaches. They need to flow from shared values and facilitative cross dialogue and a willingness to try. They are hard work and need to be properly resourced, sustained, funded, and supported by staff and organisational leadership.

¹³ Curran L, ‘Multi-disciplinary Practice Health Justice Partnerships–Working ethically to ensure reach to the most in need’, *26 Nottingham Law Journal* (2017) 11 - 36.https://www.ntu.ac.uk/_data/assets/pdf_file/0026/440657/NLJ-Vol26-2017-REV-Text.pdf

¹⁴ Curran, Elizabeth, ‘Going Deeper’ - The Invisible Hurdles Stage III Research Evaluation Final Report, Centre for Rights & Justice, Nottingham Law School & Curran Consulting: Enhancing Justice & Human Rights <http://dx.doi.org/10.2139/ssrn.4147431>

Policy and Practice Change - in the projects that have been going for some time or where the MDP becomes ingrained, integrated and established the partner agencies jointly and separately as appropriate, but informed by the holistic (for example sustainable development goals, social determinants of health and justice implications) better able to use and provide a forum and voice for their client or community experiences of the laws and their administration to bring to the attention ideas for improvements to policy and laws shaped by lived experience. (Going Deeper, 2022 and Consumer Action, 2023^{xvi})

- TIs perceived they received short shrift or a focus on court outcomes rather than client outcomes in traditional interactions with lawyers. Impacts of delay and complex court processes overwhelm and can re-traumatise. This grated with the professional concerns of health, allied health and social service agencies interviewed who were reticent to refer clients due to their own duty of care to not re-traumatise clients on the road to recovery. This poor opinion of legal services led to miscommunication and abrupt treatment which coloured TIs' views and trust in the legal profession. (Bendigo and Hume Riverina Studies, Consumer Action (3 reports).
- Critical to the effectiveness of the MDPs was having the lawyer not just on site but who participated in and was involved in the TI teams. For example, visibility in lunchrooms, corridors, by the photocopier as a reminder to staff of legal issues and for LSC. Given the nature of clients and their complex and often compounding issues, the opportunistic availability of the lawyer to be immediately responsive and the 'approachability' and non-judgemental, respectful attitude of the lawyer were critical facts in engagement by clients and non-legal professionals also enabling a 'wrap around' 'holistic' service to clients in need. (Bendigo and Hume Riverina Studies)

Noted by all interview participants was that LSC are invaluable as they build trust, provide a form of instant on the spot training, especially for professionals and their clients in rural locations, which are being used to extend the reach to clients beyond those for whom the initial consultation is sought as the information has wider utility. It can be timely and there is no intake process that for other services can present barriers. (Preliminary Conclusions Consumer Action Study November 2017 Phase 1)¹⁵

Collaboration takes time. It is reliant on relationships of trust. (Preliminary Conclusions Consumer Action Study November 2017 Phase 1).^{xvii}

- Research participants noted some lawyers are better at humane and responsive lawyering than others; they thought greater collaboration with other professionals, such as through this project, could only help.
- The presence of 'justice' service providers advising alongside other disciplines enhanced decision-making, not just of the client and the TI but also at the agency level through a deeper understanding of legal options. (Hume Riverina).

¹⁵ Curran L 'First Research and Evaluation Report Phase One Consumer Action Law Centre Project - 'Responding Effectively to Family Violence Dimensions of Debt and Credit through Secondary Consultations & Training with Community Professionals', commissioned by the Consumer Action Law Centre, 30 November 2017, Victorian State Government, Justice, and Regulation.

Road to Empowerment Lawyers and community educators have a role in giving people the power, information, skills, and opportunities to engage in decision-making processes that affect them. There are missed opportunities that could be capitalised on. In the final year of the project, when those relationships were strong and working smoothly, we saw a massive increase in referrals and consultations – 288 in the final 12 months of the project up from a handful in the first two years (Hume Riverina) discussed above.

What does research literature say about best practise for collaboration and what is the difference between collaboration and partnership?

NancarrowP et al^{xviii}, outlines ten useful principles for good teamwork and collaboration. Linda Gibson et al. Have also affirmed some of the conclusions that the authors of this paper make below in a recent article.¹⁶ Summarising their Table 2, it identifies the 13 elements that demonstrate effective and good collaborative practice as follows:

1. Good communication.
2. Respecting/understanding roles Importance of respecting and understanding the roles of other team members; that the limitations and boundaries of each role.
3. Appropriate skill mix including the personalities, individual attributes, professions, and experience.
4. Quality and outcomes of care.
5. Appropriate team processes and resources.
6. Clear vision.
7. Flexibility (of the team and the individuals within it).
8. Leadership and management.
9. Team culture: camaraderie and team support/relationships.
10. Training and development opportunities.
11. External image of the service.
12. Personal attributes.
13. Individual rewards and opportunity.

¹⁶ David Musoke, Suzan Nakalawa, Michael Obeng Brown, Grace Biyinzika Lubega, Linda Gibson, (2024) 'Experiences of Research Coproduction in Uganda: Comment on" Research Coproduction: An Underused Pathway to Impact" 13 *International Journal of Health Policy and Management*, 8806. <https://pmc.ncbi.nlm.nih.gov/articles/PMC11806215/>. See also Curran, L. and Gibson, L, (2022) 'Making inroads into social development goals through action research, service program innovations and multidisciplinary partnerships and collaboration'. In: UN75+1 at NTU: Living Together in the Future Conference'; Gilboe S, Curran L. The Role of Justice in Addressing the Social Determinants of Health. *International Journal of Social Determinants of Health and Health Services*. 2025;0(0). doi:10.1177/27551938251321973.



Rubric¹⁷

Collaboration Skills and Core Professional Competencies (indicators in italics):

Sharing = sharing of knowledge/information/skills, centrality of client concerns and care, exploration and acceptance of role overlap and difference and finding a place and accommodate for each, mutual support, nurturing a learning culture.

Joint goal planning = team building, discussion of values, philosophy, priorities, work styles and maximising these, shared goals/objectives, unpacking practice context and complexity, identification of deficits and ways as a team these might be addressed, clear vision, role and the reason/rationale for the team to steer the direction of the team to establish referral criteria and work.

Planned strategies to support the team = centrality of client concerns and care, plan and ability to manage and resolve conflict, nurturing a learning culture, rotation of leadership, chairperson role, facilitator of perspectives role ensuring all have ability to be included and share views without any one role dominating, case planning roles, regular team meetings/case conferences, work load sharing and planning, clarifying client centred options and how to reach optimal outcomes together and separately as appropriate.

Commitment = positive attitude, not over relying on others, willingness to find out and discover new knowledge and applications, explore in a constructive way different opinions/perceptions, mutual support, willingness to share.

Indicators for Learning, Leadership and Client Focussed Collaboration^{xix}

Team Development = identification of team member characteristics, capacity, size, accessibility, communication of these and when workload issues or can't deliver on task and strategy to pitch in evenly, nurturing a learning culture within the team, value diversity, and clearly need input from a range of staff/team members.

Interdependence = mutual support, willingness to share, professional synergy, reciprocity within team, nurturing a learning culture.

Autonomy and Respect = individual characteristics acknowledged including role differentials and different ethical requirements and duties and ways these can be managed and respected.

Leaders in Collaboration = clear direction and vision for the team, listens and provides support and supervision.

Equality of relationships = Assertiveness/confidence, willingness to respectfully voice opinions and raise concerns and ethical dilemmas and share information and ideas

Problem solving/decision-making = Proactive approach, ability to overcome or try and overcome adversity by jointly problem solving, use of different roles to share or help with a problem, creativity, willingness to respectfully voice opinions and raise concerns and ethical dilemmas.

¹⁷ Curran L (2021) Better Law for a Better World Chapter 10, 169-179 (Routledge UK Taylor & Francis, Oxford, UK). Based loosely on Nancarrow SA et al 'Human Resources for Health' 2013



Networking Involves the exchange of information for mutual benefit. This requires little time and trust between partners. For example, youth services within a local government area may meet monthly to provide an update on their work and discuss issues that affect clients.

Coordinating involves exchanging information and altering activities for a common purpose.

For example, the youth services may meet and plan a coordinated campaign to lobby the council for more youth-specific services.

Cooperating Involves exchanging information, altering activities, and sharing resources. It requires a significant amount of time, a high level of trust between partners, and an ability for agencies to share turf.

Collaboration Includes enhancing the health promotion capacity of the other partner for mutual benefit and a common purpose. Collaborating requires the partner to give up a part of their turf to another agency to create a better or more seamless service system.^{xxv}

Curran's recent research, about collaboration and partnerships?

The third research evaluation report for the program, entitled, 'Going Deeper' - *The Invisible Hurdles Stage III Research and Evaluation Final Report (2022)*. The 'Invisible Hurdles program: Better Outcomes for Young People Experiencing Family Violence in North-East Victoria Through Integrated Justice Practice' (A longitudinal study since 2015) examined more closely the overall data from the seven years of this longitudinal study looking at elements making it an integrated justice program and a multidisciplinary practice (MDP) for the four partner organisations in the Hume Riverina region of Victoria and New South Wales, led by the Hume Riverina Community Legal Service (HRCLS).

The services, by being multidisciplinary in nature, not only able to address justice needs but through this multidisciplinary and holistic approach to client problems are able to also make inroads into the social determinants of health outcomes. Invisible Hurdles: In this study benchmarks include: the reach by overcoming hurdles young people experience that hinder access to legal help; levels of engagement by the program by young people, organisations that are a part of a partnership, and the staff of those organisations; increased capability and capacity of young people and their trusted staff with whom the program has engaged; increased empowerment of the program's participants including awareness of options, ability to make next steps and hope; and finally, the move; improved collaboration that has actually moved further along the spectrum to be able to be assessed as genuine partnerships both between each of the partner agencies and across all of the four partners.

What did the data say about collaborations from the IH study: Interviews & Reflective Practice Conversation - qualitative data from 4 tools: managers, trusted intermediaries & lawyers?

This paper will now specifically canvas some of the findings from the IH study mainly because it is rare for a research and evaluation project to examine behaviours over a period of seven years. The research literature indicates that demonstrating impact which incorporates changes in practice and behaviours takes considerable time and often requires cultural change. Therefore, this study because it is longitudinal provides some insights that the other shorter term and sporadically funded research is less able to identify. Some of the



interesting observations from the research participants I now are going to be discussed and have been drawn from the recent 2022 report by Curran:

Organisationally the service has become more embedded in the ideology and values across the partners. Now things are seamless.

Organizationally from the IH since 2015 has learned a lot. They changed the way they do business. They now take more time to touch base and reflect on what they're doing and how to do it. They are therefore working better with the community and with individuals. HRCLS learned so much from the partners and how they work with young people and the different perspectives. This has had a flow on effect. For example, how to listen and learn and be culturally sensitive. 'I learn in different ways of operating that different professionals have imparted.'

I have to say, what has been critical and unique to this project, is this embedded research evaluation. It gives us evidence as to what's working and why, if it's not working, we learn and we try new things. The way in which we debrief, and we revisit what we're doing and what can change and what we can build on has been a part of the whole success for this venture.

There has been a transformation not just within our service but across the partnership. The problem, however, is the disjointed funding. Different funders put in money to the pot and then claim their proportion of money is funding the entire project outcomes and its positive impacts. This is not reflective of the dollar value that it costs when the dollars claimed are not the exchange of the dollars put in.

The Integrated Health Partnership has become so engrained. We don't have to give the time we used to nurturing. I'm not saying we don't have to keep building relationships and nurturing them in that sense, but what I guess I'm trying to say is generally it takes a long time. Normally schools are not welcoming of outsiders. Here they part of the landscape.

Key in transforming our service delivery has been this research and the embedding of the evaluation. By asking questions, it's really helpful. It enables us to think and to share ideas. It's a good way of working you've got the research and then you've got the on-ground lawyers and the community development. It's all such an organic flow between the agencies.

A real sign of transformation is, that if I was to leave now there are enough staff that utilised the program who have built strong relationships and I would still run with the program without me.

Relevant Findings on trust and relationships:

The program has achieved integration, and its seven years of operation have enabled traction, trust, embedding of the approach across the four partners achieving seamless delivery in the new expanded realm of Community Development work since 2020 at NESAY and WFLC. Further inroads being made into AWASH since the lock downs ended and more face to face has been enabled with increased presence of the IH team at AWASH.

There is a high level of mutual trust and understanding between the individual agencies and the Invisible Hurdles' lawyers. This has also meant that way there are low level misunderstandings or missteps, staff are prepared to push through these as they value the benefit and overall impact and inroads that the program has made. This could only have occurred because the program has a track record overtime and is highly valued by partners



and staff alike. In the most recent Stage III data, the young people themselves, who have utilised the program, have also developed these high levels of mutual trust in the program lawyers and in the Hume Riverina Community Legal Service which has been significant since the last Stage II report.

The ongoing nature of the program, the relationships established and the awareness and visibility of the program and its staff and their availability to help is increasing. This is enabling this program to continue to gain traction and to reach more young people than previously would have been the case, without the Invisible Hurdles Program.

Conclusions

The research evaluation data highlights that if given secure and stable funding overtime, if the partners in the endeavour have similar values add focus on client centred and holistic service provision then it can overcome hurdles and barriers, reach more people in need, and start on the trajectory to consider the policy implications of the least experience of people on the ground and together build a collective voice for changing unfair, inequitable or unjust laws and policies.

Research evaluations that are embedded from service start up that include and incorporate in their model participatory, iterative, and reflective opportunities are immensely invaluable for enabling services to think about what they are doing, how they are doing it, what is effective, what measures are required to make an impact. This can shape and inform to enable services to recalibrate, reassess and adapt their service delivery models so that they can be more effective and have an impact.

We need to recognise that legal issues can create barriers to well-being or create pathways to wellbeing and telling that story better, more persuasively with government, so that they value it differently. Collaboration and co-location are key, but this means more than just being in the same place. It is about building relationships and trust in a multi-disciplinary team with a person-centred approach.

Funding legal advice presents a challenge in the UK. In the last ten years we have seen the justice budget cut by 40%. There is a need to shift the narrative on the benefit of legal advice – that it not only defends fundamental rights but can benefit people’s physical and mental health.

Funders and those involved in developing government policies need to recognise that collaborations and partnerships need to be adequately supported and funded on an ongoing basis rather than a short-term basis or fragmented funding model. This is in recognition of the findings of this study the trust needs to be sustained. That once trust is tested and has been built up overtime, in this case seven years of the program, it enables the relationships to traverse and overcome difficulties together.

Collaboration and co-location are key, but this means more than just being in the same place. It is about building relationships and trust in a multi-disciplinary team with a person-centred approach. The pandemic has pushed our services even more remote. We can’t just sit in our offices anymore waiting for our clients to find us.

To be successful, this change will involve a fundamental shift in how social welfare cases are funded and the value of having a lawyer as part of a team. Justice must be funded along with health and education. It has the potential to make lasting change.

ⁱ Center on the Legal Profession, Harvard University – ‘Revisiting ILAG’.

<https://clp.law.harvard.edu/knowledge-hub/insights/revisiting-ilag-challenges-of-access-to-justice/>

ⁱⁱ Integrated Legal Practice is defined as ‘Integrated 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. See definitions, Liz Curran, Jane Ching and Jane Jarman (2025) ‘Regulatory Leadership in Access to Justice’ Nottingham Law School, Legal Services Consumer Panel and Legal Services Board (England and Wales) <https://www.legalservicesconsumerpanel.org.uk/wp-content/uploads/2025/04/25.04.01-Regulatory-Leadership-on-Access-to-Justice-Report.pdf>. See also Curran L (2022) ‘Going deeper’ - the Invisible Hurdles stage III research evaluation final report. Nottingham Law School, Nottingham Trent University & Curran Consulting: Enhancing Justice & Human Rights https://www.ntu.ac.uk/__data/assets/pdf_file/0046/1849879/Going-Deeper-IH-Stage-III-Research-Evaluation-Report-260622.pdf; Taylor-Barnett P and Curran L (2021) *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* Produced for the Hume Riverina Community Legal Service; Albury Wodonga Aboriginal Health Service; North East Support & Action for Youth & Wodonga Flexible Learning Centre, ANU <https://www.hrcls.org.au/wp-content/uploads/2021/09/Invisible-Hurdles-Stage-II-FINAL-REPORT-14-June-2021.pdf> ; Curran L and Taylor-Barnett P (2018) ‘Overcoming the Invisible Hurdles to Justice for Young People: A Final Research and Evaluation Report of the Invisible Hurdles Project (Health Justice Partnership) with Pamela Taylor Barnett, ANU College of Law, November 2018. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3283670

ⁱⁱⁱ Curran L (2021) *Better law for a better world: new approaches to law practice and education*. Abingdon: Routledge. ISBN 9780367180423

^{iv} <https://hrcls.org.au/>

^v <https://arcjustice.org.au/>

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

^{vii} Curran Liz (2017) ‘[Lawyer Secondary Consultations: improving access to justice and human rights: reaching clients otherwise excluded through professional support in a multi-disciplinary practice](#)’ 8(1) *Journal of Social Inclusion* (2017) <https://journalofsocialinclusion.com/articles/10.36251/josi117>

^{viii} Curran, Elizabeth, (2024) ‘Strength and Uniqueness -The Ripple Effect of the BBM Health Justice Partnership Sharing of Knowledge and Increasing Empowerment’ <http://dx.doi.org/10.2139/ssrn.4887353>; Curran, Elizabeth and Alici, Nisan, (2023) ‘First Research and Impact Evaluation Report of the Health Justice Partnership on Mental Health and Wellbeing (BBM)- Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS). <http://dx.doi.org/10.2139/ssrn.4507339>

^{ix} The final report has a reflective and lessons learned approach over the first seven years of the program since start-up. See Curran, Elizabeth, ‘Going Deeper’ - The Invisible Hurdles Stage III Research Evaluation Final Report, Centre for Rights & Justice, Nottingham Law School & Curran Consulting: Enhancing Justice & Human Rights <http://dx.doi.org/10.2139/ssrn.4147431>

^x Curran L (2022) ‘Going deeper’ - the Invisible Hurdles stage III research evaluation final report. Nottingham Law School, Nottingham Trent University & Curran Consulting: Enhancing Justice & Human Rights; Taylor-Barnett P and Curran L (2021) *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* Produced for the Hume Riverina Community Legal Service; Albury Wodonga Aboriginal Health Service; North East Support & Action

for Youth & Wodonga Flexible Learning Centre, ANU; Curran L and Taylor-Barnett P (2018) 'Overcoming the Invisible Hurdles to Justice for Young People: A Final Research and Evaluation Report of the Invisible Hurdles Project (Health Justice Partnership) with Pamela Taylor Barnett, ANU College of Law, November 2018

^{xi} Curran, Elizabeth, Getting Out of Debt: The Road to Recovery for Victim/Survivors of Family Violence (January 2, 2020). ANU College of Law Research Paper No.

20.3. <http://dx.doi.org/10.2139/ssrn.3512672>

^{xii} Curran provided pro bono support with Professor Paul Haber, the Clinical Director, Drug Health Services, Sydney Local Health District and the Aboriginal MLP Redfern Legal Centre team including its CEO and solicitor to design a snapshot evaluation of clients and service providers. See Aboriginal Health Justice Partnership: *Evaluation of the first six months of operation*, Redfern Community Legal Service & Royal Prince Alfred Hospital, <https://rlc.org.au/evaluation-rlcs-health-justice-partnership-royal-prince-alfred-hospital>

^{xiii} Sarah Beardon et al, (2021) 'A comparative case study of health-justice partnerships in England: service models and implementation success'. 75 *Journal Of Epidemiology and Community Health*, BMJ Publishing Group

^{xiv} Curran L 'A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services (October 31, 2016, published 22 November 2017, ANU & ARC Justice Bendigo Ltd. Available at SSRN: <https://ssrn.com/abstract=3076407> Or <http://lcclc.org.au/wp-content/uploads/2017/11/HJP-full-and-final-report.pdf>

^{xv} Curran, Elizabeth, (2024) Strength and Uniqueness -The Ripple Effect of the BBM Health Justice Partnership Sharing of Knowledge and Increasing Empowerment'

<http://dx.doi.org/10.2139/ssrn.4887353>; Curran, Elizabeth and Alici, Nisan,)2023) First Research and Impact Evaluation Report of the Health Justice Partnership on Mental Health and Wellbeing (BBM)- Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS). <http://dx.doi.org/10.2139/ssrn.4507339>

^{xvi} Curran L (2013) 'Solving Legal Problems: A strategic approach', ANU, <http://consumeraction.org.au/new-report-solving-problems-a-strategic-approach/or> http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2297705.

^{xvii} Curran, Elizabeth, First Research and Evaluation Report Phase One Consumer Action Law Centre Project – Responding Effectively to Family Violence Dimensions of Debt and Credit Through Secondary Consultations & Training with Community Professionals (November 30, 2017). ANU College of Law Research Paper No. 18-7. <http://dx.doi.org/10.2139/ssrn.3085677>

^{xviii} Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P and Roots A (2013) 11(19) 'Human Resources for Health', 6. <http://www.human-resources-health.com/content/11/1/19>

^{xix} Curran L (2021) Better Law for a Better World Chapter 10, 169-179 (Routledge UK Taylor & Francis, Oxford, UK).

^{xx} The source for much of the rubric is the Table 1 of Nancarrow SA, Booth A, Ariss S, Smith T, Enderby P and Roots A (2013) 11(19) 'Human Resources for Health', 5. <http://www.human-resources-health.com/content/11/1/19> with adaptations based on my own experience in teaching collaboration over the years.

^{xxi} Curran L (2021) Better Law for a Better World Chapter 10, 169-179 (Routledge UK Taylor & Francis, Oxford, UK).

^{xxii} Goodsell AS and Smith BL (1992) 'Collaborative Learning: A Sourcebook for Higher Education,' National Center on Postsecondary Teaching, Learning, and Assessment, Washington, DC.

^{xxiii} Harris MF, Advocat J, Crabtree BF, Levesque J, Miller WL, Gunn JM, Hogg W, Scott CM, Chase SM, Halma L and Russell GM (2016) 'Inter-professional teamwork innovations for primary health care practices and practitioners: evidence from a comparison of reform in three countries' 9 *J Multidiscip Healthc*, 35–46, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4743635/>



^{xxiv} Falkman AK, Tviet B and Sverdrup S (2019) 'Leadership in interprofessional collaboration in health care' *J Multidiscip Healthc*, 97-107.

^{xxv} Curran Collaborative Measurement Tool (ANU Ethics Approval 2016 and variation approved ANU 2018). Curran Background IP © Taylor-Barnett & Curran, Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report Produced for the Hume Riverina Community Legal Service; Albury Wodonga Aboriginal Health Service; Northeast Support & Action for Youth & Wodonga Flexible Learning Centre, ANU.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295; Vic Health Partnerships Analysis Tool (<https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool>). (accessed 22 September 2015) Adapted from Himmelman A 2001, 'On coalitions and the transformation of power relations: Collaborative betterment and collaborative empowerment', *American Journal of Community Psychology*, vol. 29, no. 2, pp. 277–284.