

Advocacy-Health Alliances: Integrating legal assistance into a healthcare setting

LINDA GYORKI

SENIOR PROJECT MANAGER

INNER MELBOURNE COMMUNITY LEGAL

Legal Services **BOARD**
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Overview

- Acting on the Warning Signs (Partnership between IMCL and the Royal Women's Hospital)
- Partnership with Inner West Area Mental Health Services
- Preliminary findings from a Churchill Fellowship aimed at researching the practical and ethical barriers of integrating legal assistance into a healthcare setting

Those “further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top”.¹



¹ Social Determinants of Health: The Solid Facts, WHO Europe, 2nd edition, International Center for Health and Society. Eds. Richard Wilkinson, Michael Marmot 2003, p.10.



An Advocacy Health Alliance to address family violence through a multi-disciplinary approach

Partnership between Inner Melbourne Community Legal (*formerly North Melbourne Legal Service*) and the Royal Women's Hospital.

Aims:

1. build the capacity and willingness of health professionals to identify signs of family violence and provide appropriate information and referral pathways;
2. empower patients from low-socioeconomic backgrounds who are experiencing family violence or at risk of family violence to obtain appropriate legal and non-legal assistance;
3. develop and evaluate a model for a multidisciplinary approach to addressing family violence in the hospital context.

Partnership with Inner West Area Mental Health Service

“Sadly financial problems and mental health are a marriage made in hell...the net result is that a hugely disproportionate number of people with mental health problems face severe debt crisis”.⁴

⁴Welfare advice for people who use mental health services: developing the business case. Centre for Mental Health Report. Michael Parsonage with a foreword by Martin Lewis.



“Clinicians were virtually unanimous in asserting that the on-site location was essential to the success of the model”.²

“Parents were asked if they or anyone else in the family had tried to get help for any of their legal concerns before they went to the lawyer’s office at SickKids. None of them had done so... the project is truly addressing important needs of a new client group.”³

^{2,3} Excerpt from an external evaluation conducted in 2012 at the Hospital for Sick Kids, Toronto in which 23 interviews were conducted with parents/patients who had received legal services.

How do we break down the silos?

Outreach

(being on-site)

AOWS

Integration

(part of the care team)

Case Managers

Developmental and Behavioral Pediatrics, Division of

Child Witness to Violence Program

Children's Sentinel Nutrition Assessment Program

Good Grief Program

Harris Institute for Early Childhood Development

Healthy Steps

Pediatric Program Evaluation and Development Group

General Pediatrics, Division of

Medical-Legal Partnership for Children



Pediatric Emergency Medicine, Division of

Risk Management

Renal

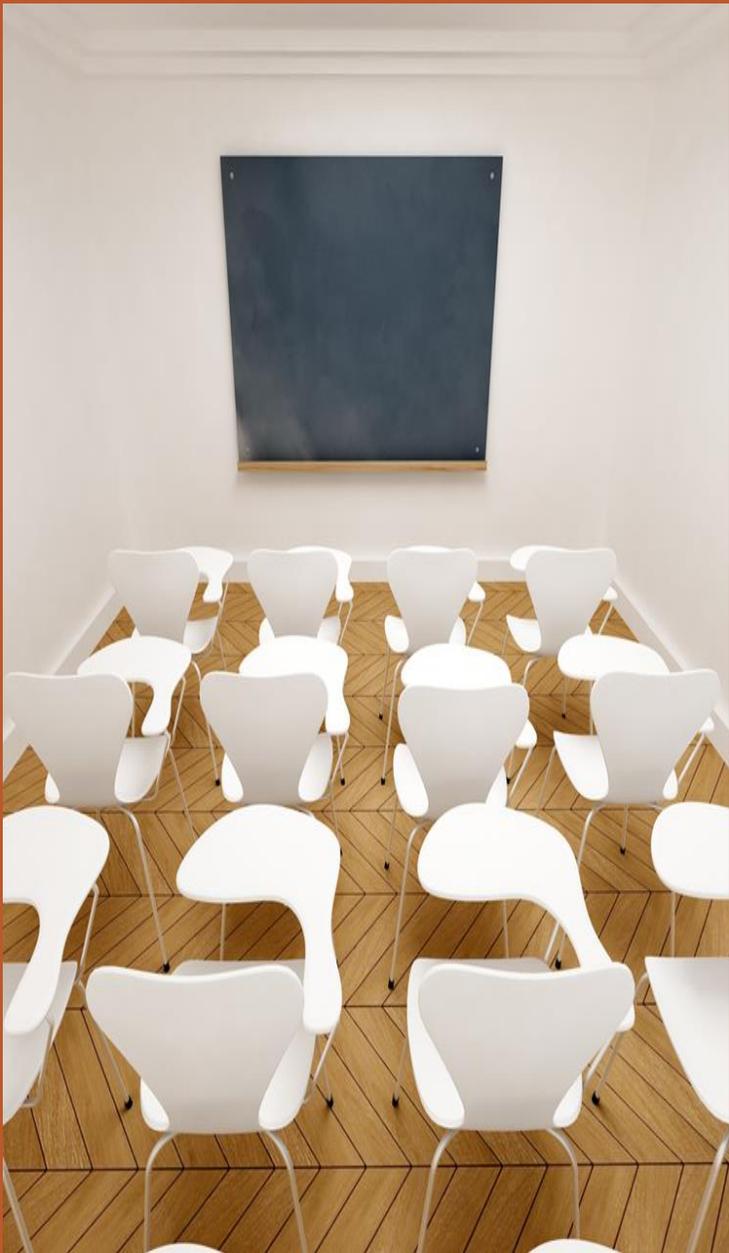
Secondary consultations/curb side consultations

“In their most sophisticated iteration, medical-legal partnership programs even anticipate and avert patients’ legal risks before they convert into legal and health crises.”⁵

“Preventing law theory invites consideration of whether MLP presents an opportunity for patients to have access to a ‘primary care legal advocate’ dedicated to primary prevention of health-harming legal problems”.⁶

⁵Samantha Morton, learnnow.org. August 2013.

⁶ Samantha Morton, “From Practice to Theory: Medical-Legal Partnership enters its Third Decade”, healthlawreporter.bbablogs.org. 31 Jan 2013.



Reciprocal Training

- Role clarity
- Complementary practice
- Addressing unmet legal needs



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-  ...être **accueilli** en français.
-  ...vivre sa **culture** en français.
-  ...être **soigné** en français.
-  ...assurer le développement de son **enfant** en français.
-  ...recevoir des **conseils juridiques** en français.
-  ...obtenir de l'aide à l'**emploi** en français.

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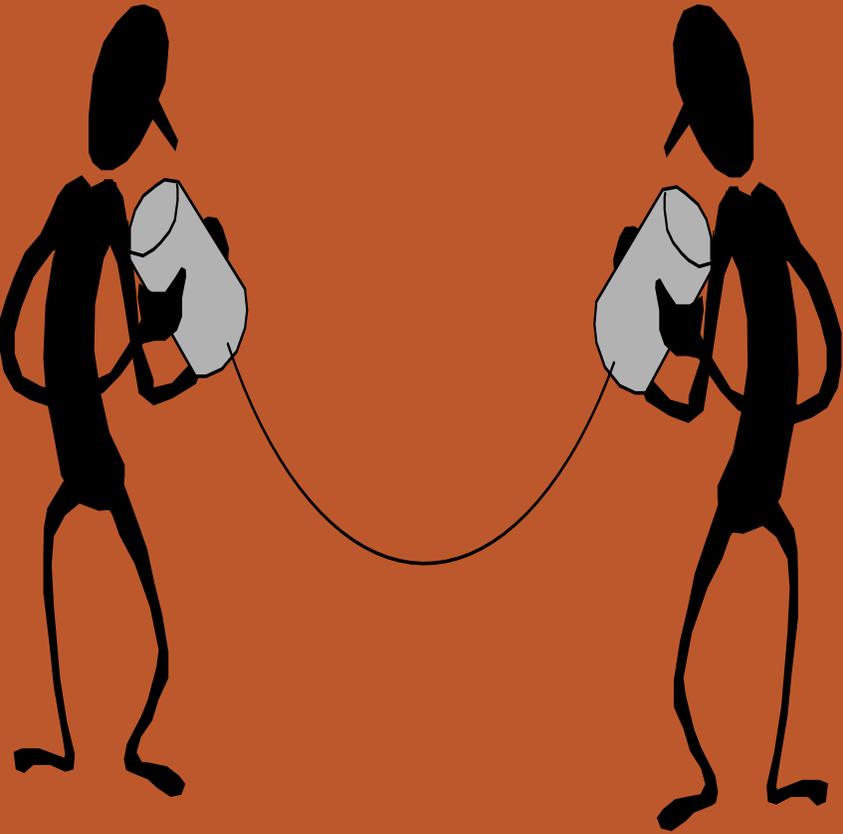
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Screening Tools

- Opportunity for clinicians to determine legal need
- The responsibility to address the unmet need is not left to the clinician. It provides a prompt for the clinician to refer appropriately.



Feedback Loop

- Allow others to understand what you're doing
- Seek client consent to provide feedback.

“[There] is the perception, on the part of the hospital or legal aid staff members, that the collaboration poses a conflict of interest, creates an ethical dilemma, or somehow violates the patient’s right to confidentiality. Although it is essential to explore and reinforce the separate obligations of each institution to the patient-family, the ethical and confidentiality issues can be resolved with a clear understanding of the role of the on-site lawyer and regular consultation with the bar association guidelines devised for this purpose.”⁷

⁷Zuckerman, B, et al. *Why Pediatricians Need Lawyers to Keep Children Healthy*, Pediatrics Vol. 114 No. 1 July 1, 2004

Financial impact

- Capacity to provide a significant cost-saving.
- Community legal centres have a cost benefit ratio of 1:18.⁹
- Potential scale of a major metropolitan hospital setting combined with the flexibility and low-cost structure of a CLC.

⁹Judith Stubbs & Associates, Economic Cost Benefit Analysis of Community Legal Centres, June 2012.



Contact:

Linda.gyorki@imcl.org.au or

linda.gyorki@thewomens.org.au

(03) 9328 1885