



# *“Is it time to define the role of CLCs?”*

... and of the other legal assistance services

Geoff Mulherin, NACLC National Conference  
28 August 2019



# *The context*



# The legal need context

- Lots of legal need
- Not equally shared
- More need than available service delivery . . . 'a given'
- Clusters of need (legal / non-legal)
- Services need to be:
  - targeted
  - Joined-up
  - Timely
  - appropriate



# The context: range of services

- Legal Assistance Services
  - LA
  - CLC
  - ALS
  - FVPLS
- Other
  - Law Access
  - CJsCs
  - Ombudsmen
  - Private lawyers (either in paid or pro bono capacities)
- Modes of delivery
  - Generalist / specialist
  - Face-to-face / remote
  - In person / printed / web
  - Lawyer / paralegal / community partner




# National strategic framework for Legal Assistance Services

- Broader than NPA
- Purpose of LAS
  - a) to help the most disadvantaged people receive the legal support they need to engage effectively with the justice system
  - b) to understand and protect their legal rights and responsibilities
- Number of outcomes sought eg:
  - 2.3 service models deliver the right mix of legal assistance services to meet people's legal needs and capabilities, where practicable.

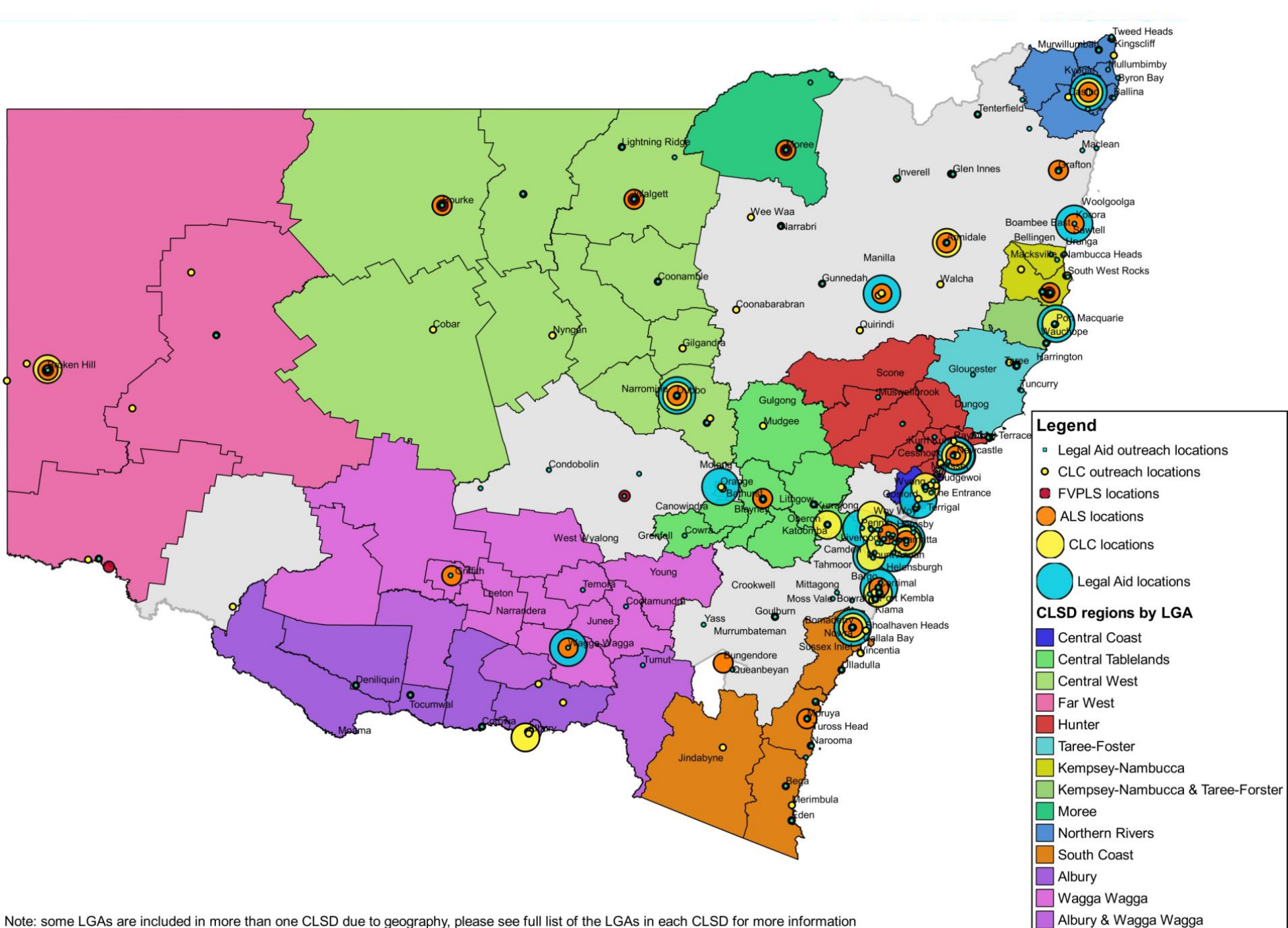


# Types of legal assistance

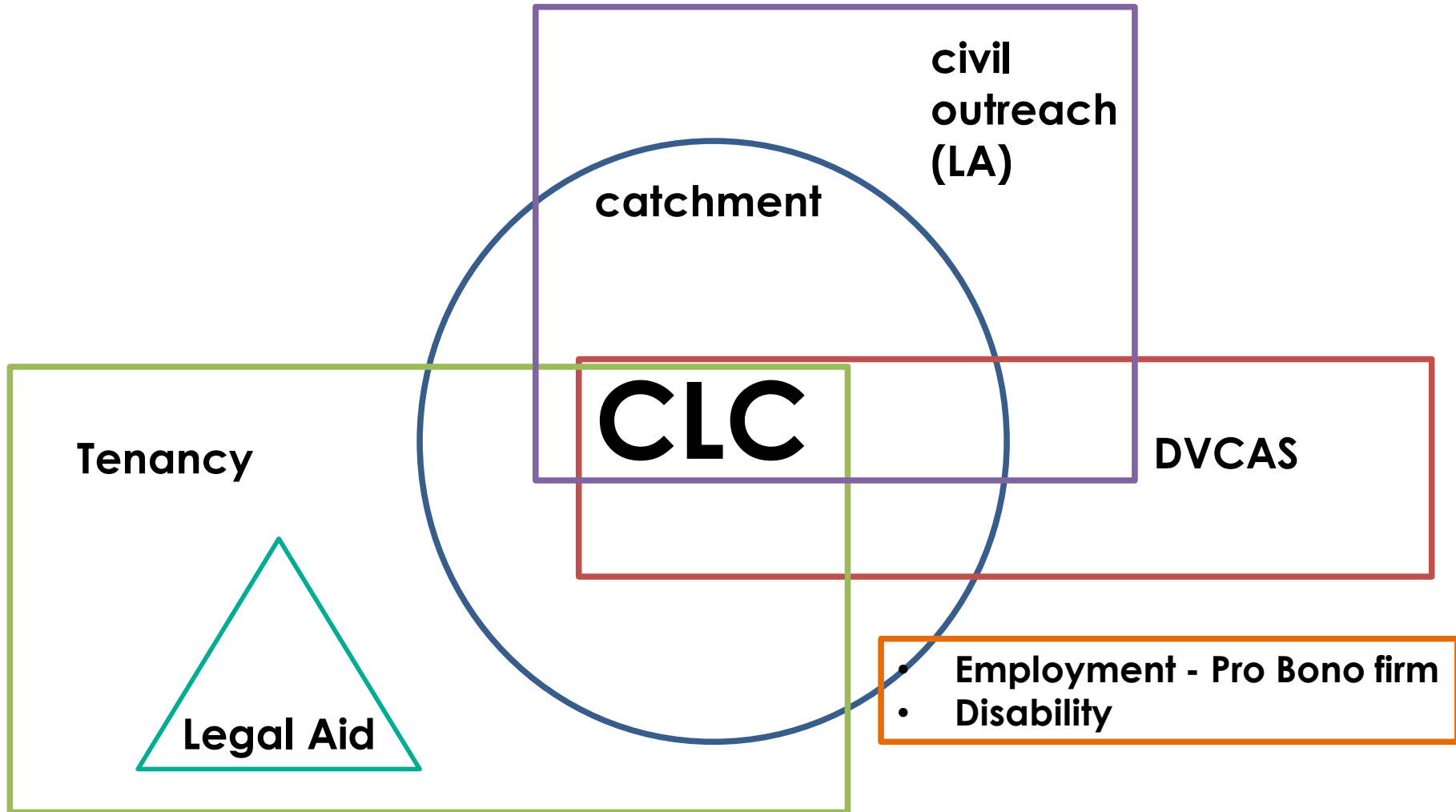
Generally LAS deliver these services\*:

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- CLE/ CLI
  - Information
  - (Triage/ legal health check (LHC), referral, case management)
  - Task assistance (minor assistance)
  - Advice
  - Legal representation/ casework
  - Specialist/ advice/ court work (litigation/ criminal defence, etc.)

\*... but each of the services must be delivered to different people, with different capabilities in different circumstances...



Note: some LGAs are included in more than one CLSD due to geography, please see full list of the LGAs in each CLSD for more information







# The context (continued)

- Legal need context
- CLCs
  - 40+ years
  - largely Government funding
- Governments generally seem to want fewer 'direct reports'



# The context: collaborative service planning

- CSP v csp
- Complex system of service delivery
- NLAf, CLSD since 2005 (NSW)
- NPA introduced 'CSP'
  - intended jurisdictional implementation
  - most jurisdictions – local / regional CSP



# The context: tendering

- QLD, NSW, SA (?)
- Not likely to decrease (PC)
- NSW process
  - identify legal need, and unmet legal need
  - identify “critical service gap”



# The questions

- How do you identify unmet need / service gaps without:
  - clear role for CLCs (and other LAS)
  - access to service data of the LAS?
- How do you demonstrate that you should receive new \$ for service gaps (rather than some other LAS?)



# 2019-20 Budget: LAS

	2020-21	2021-22	2022-23
<b>National mechanism for Commonwealth Legal Assistance</b>	397.5	403.7	399.8
Legal Aid Commissions	226.4	229.8	233.2
Community Legal Centres	45.4	52.7	53.5
Aboriginal and Torres Strait Islander Legal Services	75.5	82.7	84.2
Domestic Violence Units and Health Justice Partnerships	9.9	10.1	10.2
Expensive Commonwealth Criminal Cases	8.1	8.2	8.4
Family Advocacy and Support Services	9.9	10.0	-
Support for Legal Assistance Services	10.0	10.2	10.3
SACS supplementation	12.3	-	-



# The suggestion: a medical model



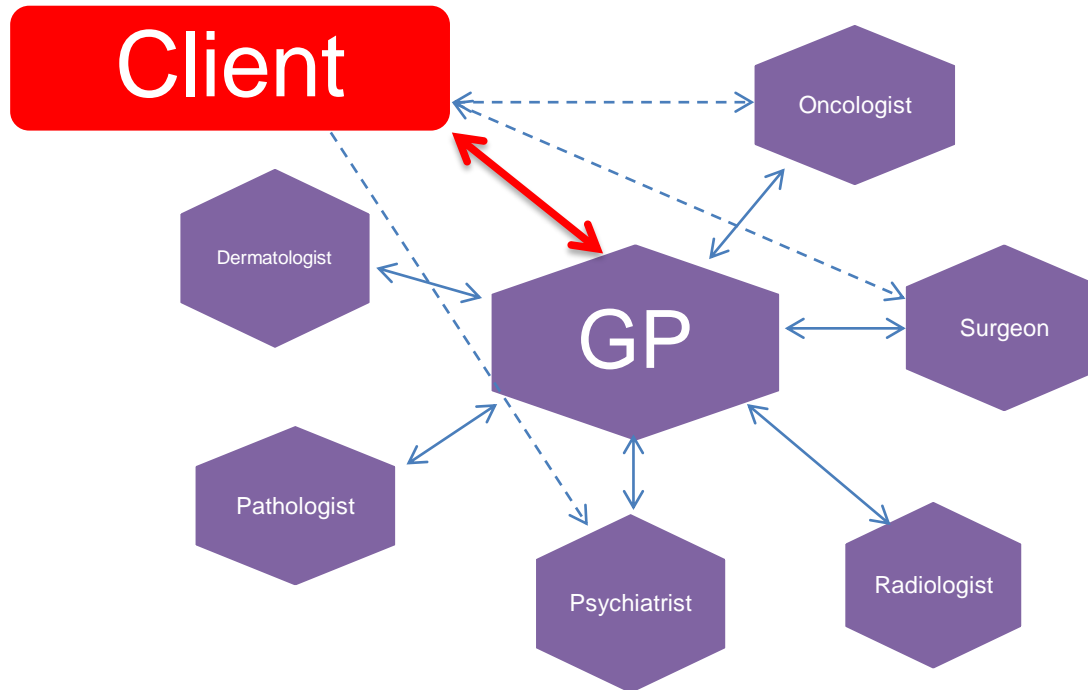
# The role of the 'GP'

- Medical model: GPs are 'specialist generalists' and coordinate client treatment (ideally)





# Medical model

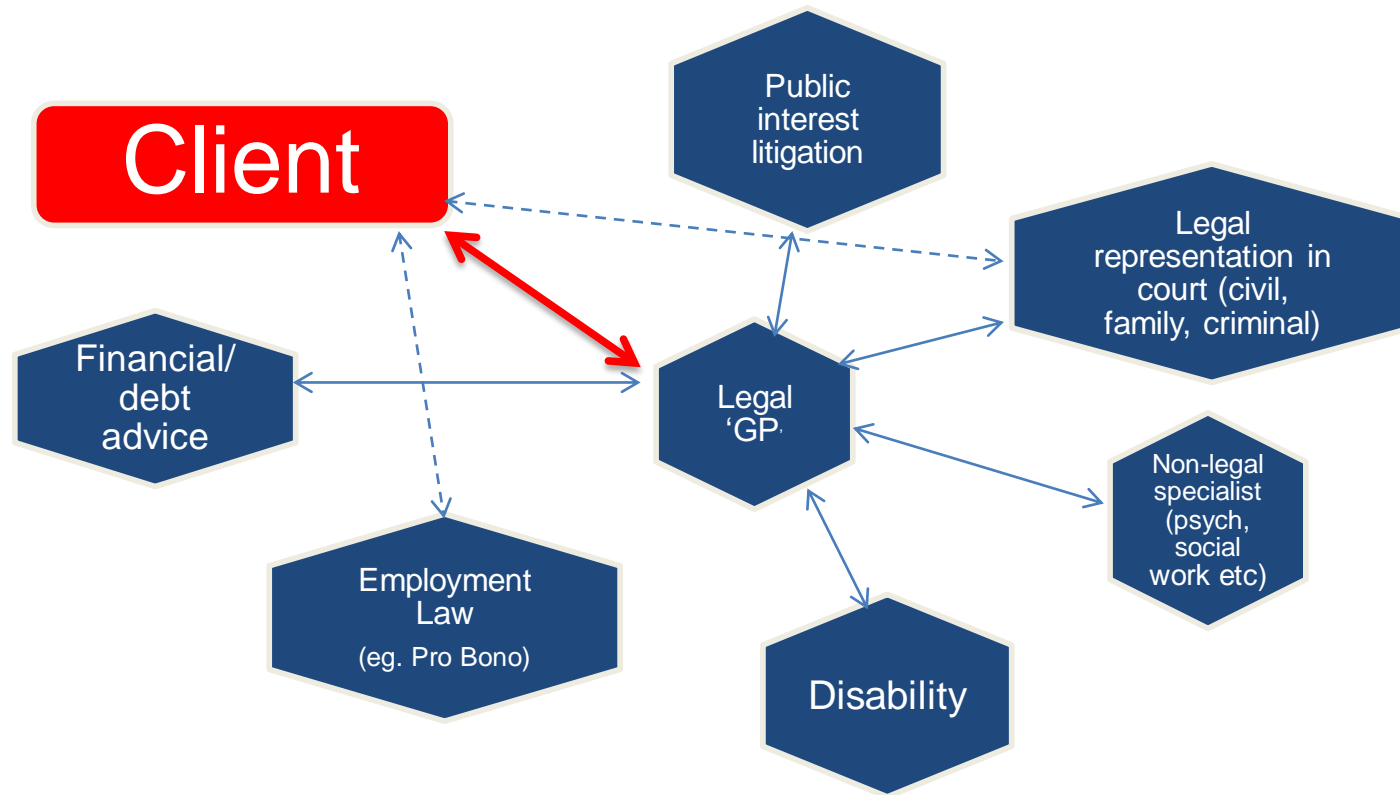


GP: Diagnosis, triage, general treatment, information, advice / referral to specialists / case management





# LAS Model?



Legal GP: Legal diagnosis, triage, minor assistance, information, advice / referral to specialists / case management



# The role of the (legal) 'GP'

- Medical model: GPs are 'specialist generalists' and coordinate client treatment? (ideally)
- Proposed legal assistance model. Similar role of legal 'GP' be:
  - A specialist generalist
  - Some expertise in priority areas
  - Coordinate holistic services



# What might legal GP do?

- Provide information
  - Diagnosis and triage
  - Minor assistance
  - Advice
  - Possibly some minor rep work in priority areas
  - Referral
- With emphasis in priority areas:
- Tenancy/ housing
  - Debt/ credit
  - DV
  - Parenting/ live with/ spend time with
  - Consumer
  - Perhaps local community priorities (eg. RRR, elder, LGBTQI)



# Who could provide (or host) the legal “GP” service?

- CLCs (centre/ outreach)
- LA (Office/ outreach)
- ALS ??
- Community/ Neighbourhood Centre (?) + legal outreach
  - CLC outreach
  - LA outreach
  - ALS outreach
  - Local solution?
- LawAccess?
- Pro Bono? (No)



CLCs	Legal Aid
Small, local (although level of engagement limited by capacity)	Larger, economies of scale, etc.
Can attract Pro Bono support as well as volunteers	Unlikely to attract Pro bono/ volunteers, save for law firm commitment to programs such as CLSD
Independent centres – need accreditation/ common practices to maintain consistency	Jurisdictional wide – maintains consistency
Legal representation (limited)	Legal representation (substantial)
Flexibility: in theory, not limited by government processes, this should be more flexible. However, this flexibility is, in fact, reduced or eliminated when funding is inadequate	Flexibility: Limited as a state ongoing, however, greater resources and state-wide structure provides significant flexibility
'independent' law reform	
Harder to maintain consistency and quality	Quality and consistency – easier to maintain
Cheaper (at least at salary level)	Possibly more expensive?
Not providing legal representation <i>(but what proportion require this?)</i>	
Multiple voices (association of 37 independent NGOs, no guarantee of consistency of approach)	



# Model 1: LAS as the GP only

- CLE/ CLI\*
  - Information
  - (Triage(+ LHC), referral, Case management)
  - Minor assistance
  - Advice
- GP  
(LAS)

- 
- Representation
  - Specialist services
- Private practitioner +  
some specialist  
services

\*delivery



# Model 2 (a): one agency does it all

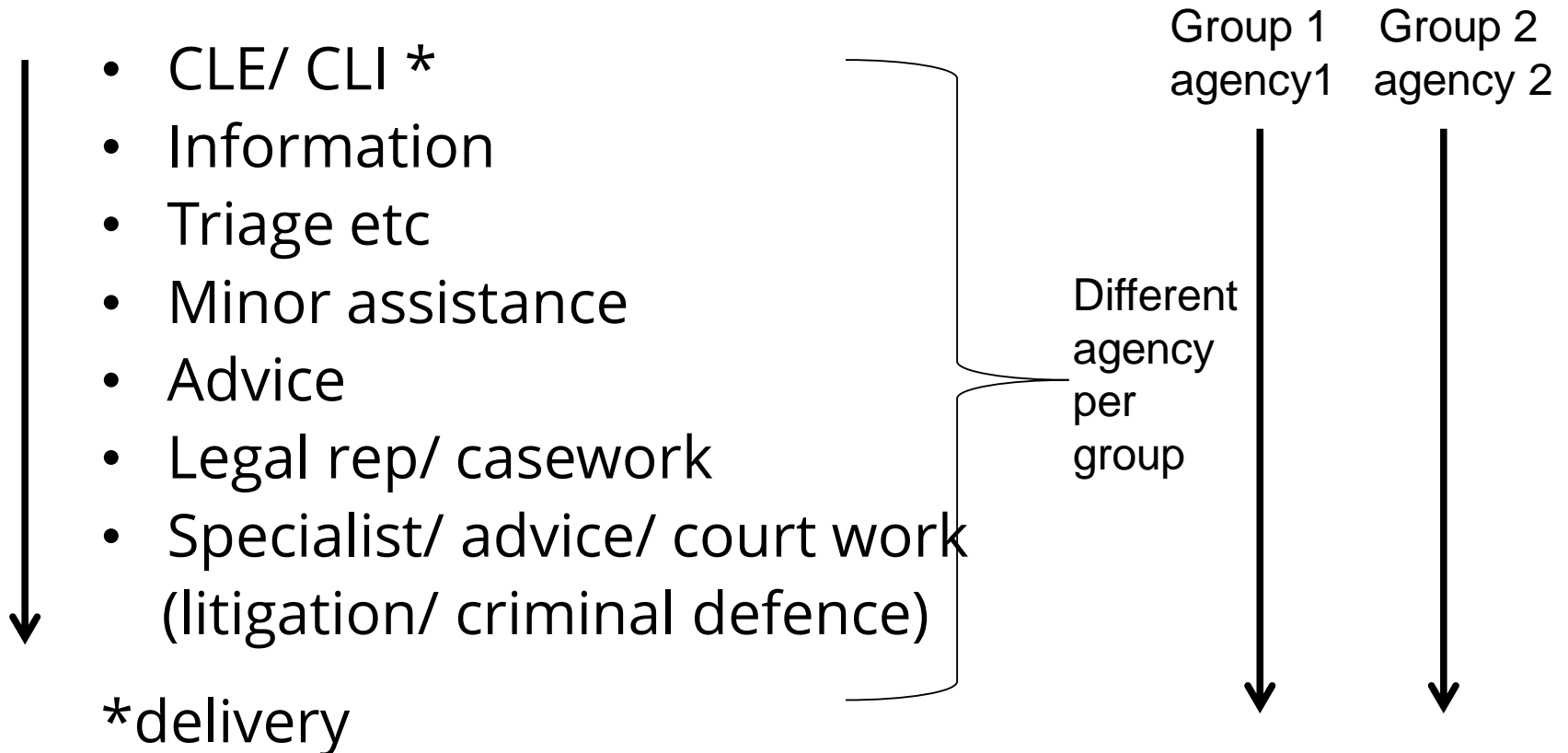
- CLE/ CLI\*
- Information
- (Triage (+LHC), referral, Case management)
- Minor assistance
- Advice
- Legal representation/ casework
- Specialist/ advice/ court work  
(litigation/ criminal defence)

All one  
agency

\*delivery



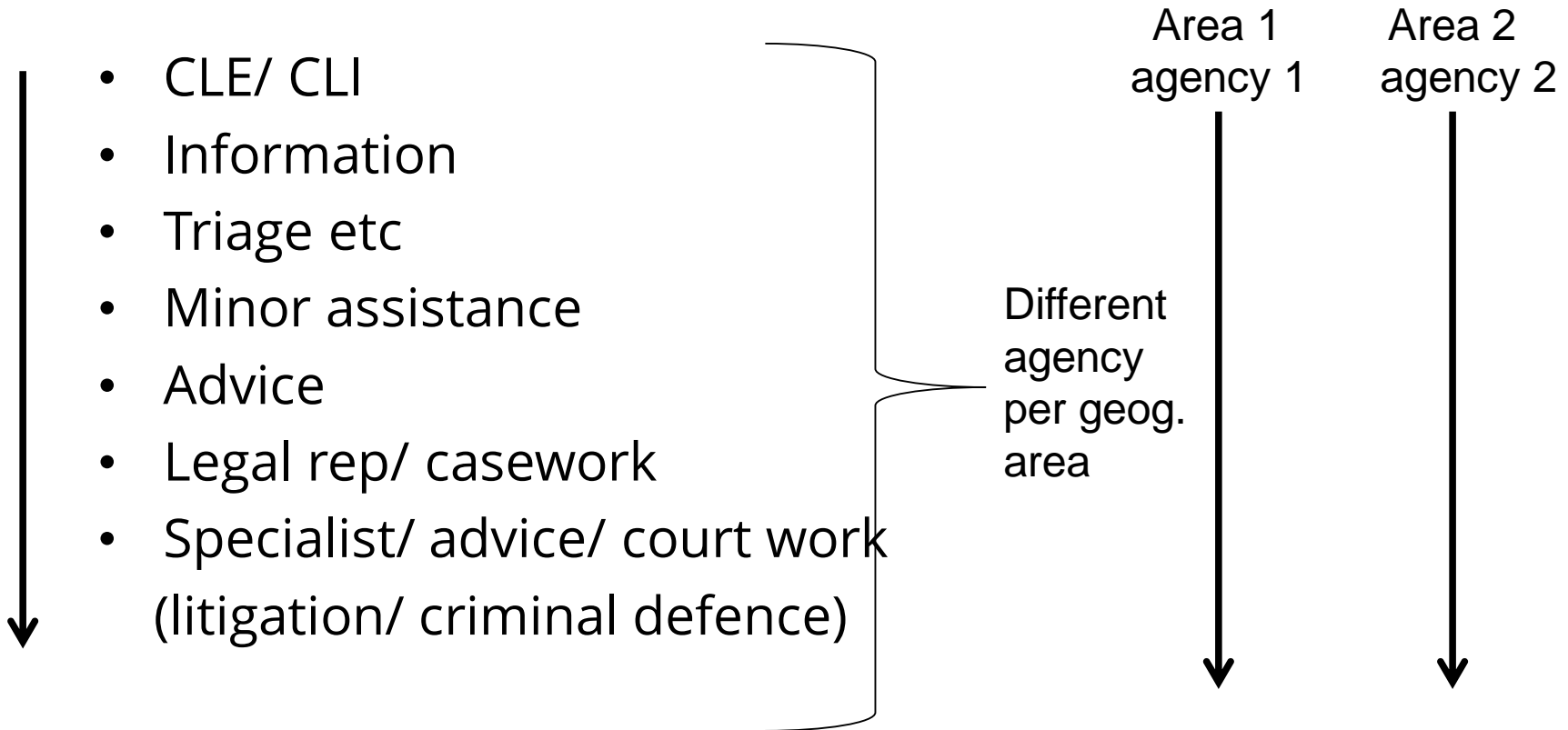
# Model 2 (b): targeted at priority groups







# Model 2 (c): geographical reality





# Model 3: mixed

- CLE/ CLI\*
  - Information
  - Minor assistance
  - Advice
  - (Triage, LHC, referral, Case management)
- } GP  
(CLC)

- 
- Representation/ casework } Legal Aid (in-house / assigned)
  - Specialist services } Other specialist services

\*delivery



# Who is the GP?

- Where there is a CLC → CLC
  - Lower cost than LA for 'GP' level work
- Where there is no CLC but LA → LA
  - LA establish 'GP'
- Where there is neither LA or CLC, but there is ALS??
  - Might ALS be appropriate place for GP for indigenous clients?
- Where there is no LAS, how to provide services?
  - Outreach (+ local community services)?
    - \* e.g. LAS + network of neighbourhood centres
- ***New service? Which?***



# Legal 'GP': an aspiration?

- Aspiration: A legal 'GP' accessible in each region/ 'community that interacts together socially and economically'
- A legal GP that:
  - is well connected to legal specialists
  - is well connected to local community and services
  - is trained and equipped to perform 'GP' role
  - is economical



# The Legal 'GP'

*... the role for generalist CLCs?*

