



# Advocacy Health Alliance Symposium

Report



**ADVOCACY HEALTH ALLIANCES**

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# Acknowledgments

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# Executive Summary

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This is the report on the Advocacy Health Alliance Symposium events, and their outcomes. The project aimed to catalyse thinking and practice concerning advocacy health alliances; form and strengthen networks; and identify actions that can be taken and recommendations that can be made to advance advocacy health alliances in Australia. The events were a tremendous success, revealing a great appetite for further expansion of the model in Australia.

The Symposium was born from one of the recommendations in Peter Noble's Clayton Utz Fellowship Report on the Medical Legal Partnership model and the possible application in an Australian context. What was originally envisaged as one event, expanded to be a series of events across the week from Monday 12th –Friday 16th of November 2012.

An Advocacy Health Alliance (or an MLP as they are known in the United States) is a healthcare delivery model that integrates legal assistance as an essential element of the healthcare team. The focus in the Australian context on health and advocacy, acknowledges that the narrower terms 'medical' and 'legal' do not apply to the wider variety of professionals who work in this area.

Over 250 people attended the various Symposium events across the week. Participants recognised the benefits of the model to vulnerable members of the population it aims to serve, as well as practitioners, social service organisations, and the broader community.

Following the success of the events, it is necessary to turn to the next steps to develop the model in the Australian context. To achieve this end, the Steering Committee recommends that:

## Pilot Projects

1. The Bendigo MLP Pilot Project as recommended by Peter Noble be implemented;
2. Further pilot projects be identified and implemented, and existing projects be supported to adopt an Advocacy Health Alliance model.

## National Centre

3. A National Advocacy Health Alliances Network be established;
4. Funding be identified and obtained for the National Advocacy Health Alliances Network;
5. A strong web presence be developed in the interim phase prior to the establishment of a National Centre;
6. Relationships with key stakeholders in both the advocacy and health arenas continue to be developed;
7. A follow up event in 2013 be conducted;
8. An e-newsletter for participants to continue to foster networking and conversation be established; and
9. Workshops on key practice issues, including confidentiality and professional conduct, be developed.
10. Resources be created to assist with explaining the Advocacy Health Alliance model.

# Introduction

In August of 2012 the final report of the Clayton Utz Foundation Fellowship to research Medical-Legal Partnership, authored by Peter Noble was released.<sup>1</sup> The report looked at the Medical-Legal Partnership (MLP) model in the United States, and ways to further strengthen multi-disciplinary practice and in particular the Medical Legal Partnership model and culture, in Australia.

## What is MLP?

This healthcare delivery model integrates legal assistance as an integral element of the healthcare team. The model is built on an understanding that the social, economic, and political context of an individual's circumstances impacts upon their health, and that these social determinants of health often manifest in the form of legal needs or requirements.<sup>2</sup>

The MLP model has three core components and activities that transform the delivery of health and legal services for the vulnerable populations they serve:

- **Provision of legal assistance within the health care setting.** These services focus on early identification of potential legal problems by healthcare professions. This leads to early intervention, which can often prevent medical and legal crises.
- **Transforming Health and Legal Institutions and Practices.** Through MLP health professionals refocus their time with patients to assist in identifying issues that may impact on health, such as accommodation standards and personal safety issues in addition to treating medical symptoms and illness. Legal Professionals work in partnership with health care professionals to help identify and address the legal needs of patients through the delivery of advocacy training and the development of resources and toolkits for this setting.
- **Policy Change.** One of the key benefits of the model is the potential to influence policy reform, to improve the health and well being of vulnerable populations through the advocacy of both the health and legal professionals of the MLP.

## MLP and Australia – Advocacy Health Alliances

As part of his fellowship project, Peter Noble surveyed Community Legal Centres throughout Australia to gauge the extent of multi-disciplinary practice in the sector, finding that 90% of respondents believed that multi-disciplinary practice could enhance CLC services.<sup>3</sup> The report strongly advocated the development of the model in Australia.

It was acknowledged that the Australian context varies in a number of ways from the United States. One of the considerations was the methods of health and advocacy service delivery in Australia. Healthcare professionals are not just medical doctors, and advocates come from many disciplines. To ensure all who work in these areas are engaged, the term 'Advocacy Health Alliances' was coined.<sup>4</sup>

1 Peter Noble, 'Advocacy-Health Alliances, Better Health through Medical-Legal Partnership' (Final Report of the Clayton Utz Foundation Fellowship, August 2012)

2 Elizabeth Tobin Tyler et al (eds) *Poverty, Health and Law, Readings and Cases for Medical-Legal Partnership* (Carolina Academic Press, 2011), 74.

3 Peter Noble, 'Advocacy-Health Alliances, Better Health through Medical-Legal Partnership' (Final Report of the Clayton Utz Foundation Fellowship, August 2012), 20.

4 *Ibid* 5.

The report made a series of recommendations, including “...an Australian Symposium which will stimulate and inform understanding of the MLP concept and explore its application by potential exponents.”<sup>5</sup>

There are a number of examples of multi-disciplinary practice in Australia that resemble to varying degrees the MLP model. These include the First Step Program, Acting on the Warning Signs (North Melbourne Legal Service and The Women’s Hospital), NSW Cancer Council Legal Referral Service, Victorian Legal Aid Disability and Advocacy Team, West Heidelberg Community Legal Service at Banyule Community Health Centre, Baker & McKenzie Cancer Patients’ Legal Clinic at Melbourne’s Peter MacCallum Cancer Institute Legal Aid NSW’s Regional Outreach Clinic Program, and the Seniors Rights Legal Clinic. These programs, which have grown organically, have lessons to be shared with those interested in the MLP model. Bringing together those who currently work in this area, and those interested in the development of the model is the key to developing the Advocacy Health Alliance movement in Australia.

The Advocacy Health Alliance Symposium considered in the report evolved and grew into a series of successful events. There are detailed in [Appendix A: Event Reports](#). The focus for these events was to:

1. catalyse thinking and practice concerning Advocacy Health alliances;
2. form and strengthen networks; and
3. identify actions that can be taken and recommendations that can be made to advance Advocacy Health alliances in Australia.

Following these events, issues were identified and recommendations formed, as outlined in this report. This information will guide the project team over the coming months.

## Project Aims

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The aim of the Symposium events generally was to:

- raise the profile of Advocacy Health Alliances,
- discuss its application and development in Australia,
- bring interested people together,
- get input from overseas, including how the model works in different contexts; and
- discuss what is currently happening in Australia.

The initial project proposal for the Symposium was developed through a partnership between Victoria’s Public Interest Law Clearing House (PILCH), the Bendigo based Loddon Campaspe Community Legal Centre and La Trobe University’s Law School. A working group was formed to consider possible delivery options for the Symposium and soon three distinct classes of events were formed, with different target audiences, and different planned outcomes.

A steering committee was formed in July 2012, including representatives from the corporate legal sector and the community legal sector, and a project administrator employed to assist with the delivery of these events.

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5 *Ibid* 3, [Recommendation 3]



## Symposium

The Symposium was intended to be a 'working event' for advocacy and health professionals, aiming to facilitate strong discussion and further ideas and planning. Targeted invitations were sent in an attempt to find balance in the representation from the advocacy and health sector.

This event was moderated by a facilitator to assist engagement of participants, to encourage debate and assist in collecting responses from the event to develop further steps. Guest Speakers were arranged to disseminate the necessary information to participants, to allow them to engage throughout the day in analyzing the application of the MLP model in both the Australian context generally, and in their own professional environments. A panel of presenters was included in the program to raise awareness of the relevant successes and challenges of Australian programs that resemble the model, and to further engage participants in more dynamic format.

## Launch

The Launch event was developed as a public event, to allow further dissemination of the MLP 'story' and foster discussion for those unable to attend a full day event. The launch targeted grass roots workers, and students, with a public lecture style format.

The launch featured the Symposium guest speakers, and canapés planned following presentations to foster further discussion between attendees.

## Lunches

The lunches were planned for smaller special interest groups, who were likely to have specific interests to guide discussions. The lunches were aimed to disseminate information to an even wider audience, but also to allow more in depth conversation around particular topics.

Four lunches were planned:

1. **Legal Aid NSW, Sydney** – to allow for Sydney based professionals to attend, especially those unable to attend in Melbourne.
2. **Banyule Community Health, Heidelberg** – to gather academics with a particular interest in clinical teaching and those involved in community health at the centre.
3. **Bendigo** – hosted by Monash University School of Rural Health, this was aimed to bring together health and advocacy professionals to start considering the MLP pilot project recommended in Peter Noble's report.
4. **Melbourne Lunch for funders and policy makers** – was targeted at individuals and organisations with a history of supporting ventures such as this, to give participants an opportunity to further understand the model and gather support for future ventures.<sup>6</sup>

## Other Activities

Two additional activities were planned during the week:

1. **Radio spot on 774 ABC Melbourne's *Evenings with Lindy Burns*** – Featuring Peter Noble and Dr. Edward Paul
2. **Visit to Michael Kirby Centre for Public Health and Human Rights, Alfred Hospital**

<sup>6</sup> Peter Noble, 'Advocacy-Health Alliances, Better Health through Medical-Legal Partnership' (Final Report of the Clayton Utz Foundation Fellowship, August 2012) 3, Recommendation 1.

# Outcomes

During the Symposium, participants considered three key questions.

1. What are the benefits of the MLP/AHA model?
2. What are the issues and challenges of further implementation of the model?
3. Will Australia need a National Centre to promote the AHA model, build capacity, and assist with the implementation of AHA programs?

## What are the benefits of the model?

Identified benefits can be categorised broadly under four headings.

- **Benefits to practitioners.** The models focus on preventative work, rather than crisis based response. This enables advocates and health professionals a greater sense of professional satisfaction. The focus on policy work enables professionals to achieve greater change by addressing systemic problems.
- **Benefits to individuals who access the services.** The model enables individuals to access advocacy services in a more comfortable environment, which would reduce referral fatigue. The focus on the whole person's, or family's health; rather than treating physical systems is likely to be a more satisfying and empowering experience for them, and will improve health outcomes.
- **Benefits to hospital, health practices and government.** The preventative focus is likely to improve efficiency, by reducing the number of readmissions, and cutting down use of pharmaceuticals. Whilst the Australian experience will differ from the US due to the different insurance regime, for some particularly vulnerable populations, health organisations may see an increase in Medicare funds, or insurance payments, for services delivered. The focus on health and advocacy may also open up additional funding streams that have not been accessible before.
- **Benefits to society.** The shift towards preventative and holistic services represents the continuing paradigm shift in the provision of social services, and is capable of changing the way society thinks about such issues. The model also improves the efficiency and effectiveness of social service expenditure.

## Issues and Challenges

Through the conversations, several themes emerged and were addressed. Slightly different models may be required in different contexts and locations. As such different issues will arise, including:

- Building relationships between health and advocacy sectors that are systematic and continuous;
- Identifying funding streams that are sustainable. Given that funding in the public sectors come from different Government departments this provides significant challenges to be overcome;
- A related issue is the challenge of gaining wider societal recognition of the need for these preventative programs. A move away from the more conservative approach to social service delivery, which is driven by crises, rather than a holistic or preventative approach, is needed.
- The final issue identified was the need to balance the tension between 'key' clients, cases or issues, and the needs of the wider population.

Whilst time could not allow the resolution of every problem, such useful suggestions were considered to address some of the challenges.

- **Building Relationships between professions**
  - The patient centric nature of social workers can assist with building relationships between health and legal sectors
  - The role of peak bodies such as the AMA, LIV etc.
  - Role of universities courses to establish foundational relationships between the sectors
- **Funding**
  - Creative use of existing funds
  - Development of further pilot projects to entice funding.
  - Recognition that waiting for new funding is not the way forward. There is a need to look at better ways of delivering existing projects and services, which already have secured funding streams.
- **Building Relationships with the community**
  - Use of social workers as champions
  - Development of universal language to avoid 'lingo'
  - Utilise peak bodies to champion the model.

## Does Australia need a National Centre?

The issue of a national centre raised several questions through the discussions, although support of the concept was given by participants. Some of the key discussions included:

- Federation approach or a National level approach?
- Ensuring any model could provide support for regional and rural areas.
- Opportunities created by a national centre include obtaining funding, building capacity, supporting policy advocacy efforts.
- A Centre can support evaluation activities.
- Any centre must have a operational focus, rather than “just an email list.”

## Symposium Participant Evaluations

The participant evaluations highlighted a strong knowledge of the model prior to attendance. This is not surprising, given the nature of the event is likely to attract those who were already familiar with, and supportive of this method of service delivery.

Participants were overall very positive about the model, which was also reflected in the discussions at the event. 93% of respondents saw value in the model for their local area, and the remaining respondents indicated there was some value for their local community. Of those who returned an evaluation 74% indicated that they would change the way they go about their every day work in some way. It is contended that this reflects the nature of the model highlighting the importance of health issues in a legal setting, and the same is true in reverse.

Of great significance were the participants' reflections on possible changes to existing and new programs. 91% of participants who had indicated that these questions applied to them, reported a likely change to some degree in delivery of existing programs, and the establishment of new programs.

The next step is to ensure that this enthusiasm and momentum is sustained. It is vital to ensure to ensure that the necessary resources and supports are available.

Full details of participant evaluations are available in Appendix B.

## Recommendations

The Advocacy Health Alliance Symposium events were by most conceivable measures a complete success. There were over 250 attendees across the events, and the considerable enthusiasm and support was received.

In order to further grow and develop the model in Australia, the Advocacy Health Alliance Symposium Steering Group has considered the next steps, in light of the experiences of the week, and feedback from participants at all events.

The Steering Committee recommends that:

### Pilot Projects

1. The Bendigo MLP Pilot Project as recommended by Peter Noble be implemented;
2. Further pilot projects be considered and implemented;

### National Centre

3. A National Advocacy Health Alliances Network be established;
4. Funding be identified and obtained for the National Advocacy Health Alliances Network;
5. A strong web presence be developed in the interim phase prior to the establishment of a National Centre;
6. Relationships with key stakeholders in both the advocacy and health arena continue to be developed;
7. A follow up event in 2013 be conducted;
8. An e-newsletter for participants to continue to foster networking and conversation be established;
9. Workshops on key practice issues, such as confidentiality and professional conduct, are developed; and
10. Resources are created to assist with explaining the Advocacy Health Alliance model.

# Appendix A: Event Reports

## Event Schedule

Date	Event	Location
Monday 12 Nov 1pm-2:30pm	Sydney Lunch	Legal Aid NSW, Sydney
Tuesday 13th Nov 12:30-2pm	Community Health Lunch	Banyule Community Health Centre, Heidelberg
Tuesday 13th Nov 7:15pm- 8:45pm	Radio- ABC Bill and Steve's Radio Adventures	ABC Studios Melbourne, South Bank
Wednesday 14th Nov 12:00pm-2pm	Bendigo Lunch	Monash School of Rural Health, Bendigo
Thursday 15th Nov 1pm-2:15pm	Funders and Policy Makers Lunch	TOLL, Melbourne
Thursday 15th Nov 3pm-4pm	Visit to Michael Kirby Centre for Public Health and Human Rights, Alfred Hospital	Alfred Hospital, Prahran
Thursday 15th Nov 6pm-8pm	Launch Event	Baker & McKenzie, Melbourne
Friday 16th Nov 9am-5pm	Symposium	Jasper Hotel, Melbourne

## Sydney Lunch

This informal event was held for those unable to make it to the Melbourne events, or those interested in the opportunity to discuss Advocacy Health Alliances with other professionals, and three of the Symposium guest speakers, Dr Edward Paul, Elizabeth Tobin Tyler and Prof Pascoe Pleasence. The event focused on the ways to strengthen relationships between health and advocacy organisations to enable the formation of strong partnerships.

Prof. Pascoe Pleasence set the scene by placing medical legal partnerships into the context of the legal needs survey and research both here and internationally. Elizabeth Tobin-Tyler explained that a key element of the medical legal partnership model is educating health care providers to recognise the social determinants of health and when referral to a lawyer might help address these. Dr Edward Paul explained that we need to move beyond the perception of doctor lawyer relationships being about medical negligence, and recognise how we can work together. He spoke about attending the National Conference of Medical Legal Partnerships in San Antonio Texas earlier this year, where about half of those attending were legal professionals and the other half health care professionals. He also spoke about the role of "champions" in bringing partnerships together.<sup>7</sup> Conversations went on for some time after the scheduled finished time. The event was well received, and was an excellent way to kick off the week.

This event was kindly hosted by Legal Aid NSW.

<sup>7</sup> Acknowledgements to Andrew Taylor from Legal Aid NSW for his reflections on the event.

## Community Health Lunch

On Tuesday 13 November, Dr Edward Paul, Elizabeth Tobin Tyler visited Banyule Community Health Centre and West Heidelberg Community Legal Service, Victoria's oldest and longest-running Advocacy Health Alliance. Situated in the 1956 Olympic Village, which houses one of Australia's most disadvantaged communities, the Legal Service sits within and works closely with a community health centre that includes doctors, allied health, adult education and other community services.

Dr Edward Paul and Elizabeth Tobin Tyler toured the community health centre, meeting and talking with staff from the medical practice and education service, and then went upstairs to the legal centre and met Latrobe University Students from the clinical program run at the centre. They then had a lunchtime discussion with a number of management, health, legal, academic and clinical legal education staff, asking questions about the Banyule / West Heidelberg model and sharing experiences and information about the benefits and challenges of medico-legal partnerships in the US.

On the way out of the centre, Dr Edward Paul and Elizabeth Tobin Tyler found time to join the Banyule Community Choir in a couple of songs - not your average legal centre visit!



Elizabeth Tobin Tyler and Michael McGeary at the West Heidelberg Legal Service Reception

## Bendigo Lunch

The lunch brought together representatives from both the public and private health sectors in Bendigo, as well as staff from the Loddon Campaspe Community Legal Centre in Bendigo. Also present were representatives from Monash and La Trobe Universities. Monash University School of Rural Health kindly provided the venue for the discussions, in the heart of the health precinct in Bendigo.



Dr. Edward Paul, Peter Noble and Elizabeth Tobin Tyler at Bendigo Primary Care Centre

The conversation initially focused on the Advocacy Health Alliance model, with contributions from Elizabeth Tobin Tyler, Dr. Edward Paul and Peter Noble. Serious consideration was then given to what a pilot project in Bendigo may look like, the best locations to physically house such a project, and some of the key questions to be addressed before embarking on this endeavour. The conversations were very positive, with a strong focus on the key ingredients to ensure success in this particular location.

## Funders and Policy Makers Lunch

Whilst advocacy health alliances are essentially a partnership between the health sector and legal entities, philanthropies and corporations are important components of the equation. For many years, advocacy health alliances (eg First Step Program) have been developed and maintained as a result of donations, sponsorship, pro bono assistance and shared resources.

In recognition of this third limb of the partnership, Toll hosted a lunch at their offices in Melbourne on 15 November 2012 and invited a wide variety of interested parties, stakeholders and funders including KPMG, NeoMetro, Legal Services Board, Herbert Smith and Freehills, DLA Pipers, Virgin Unite, Igniting Change, Mission Australia, St Vincent's Hospital, Buckland Foundation, Commonwealth Attorney General's Department, Middletons, Federation of Community Legal Centres, Department of Health Victoria, Minter Ellison, PILCH, Clayton Utz, Whitelion, the Dandenong Drug Court, Victoria Legal Aid, the First Step Program and Loddon Campaspe Community Legal Centre.



Participants at the Funders and Policy Makers Lunch

Guests were welcomed by Ruth Oakden, Manager of the Toll Chaplaincy and Second Step Programs, and all were invited to introduce themselves and their respective organisations. The program that followed involved a valuable insight into the concept of advocacy health alliances and developments in America provided by Dr Edward Paul and Elizabeth Tobin Tyler. This was followed by an overview of the Australian experience by Peter Noble, Coordinator, along with a summary of his research.

The aim of the event was to celebrate the involvement of a broader network and provide an intimate setting for discussion of the concept. At the conclusion of the lunch, there was a very positive response and many of the guests requested a further opportunity to learn of future developments

We are grateful to the Toll Group for hosting the lunch, and their continuing support of the model.

## Visit to Michael Kirby Centre for Public Health and Human Rights

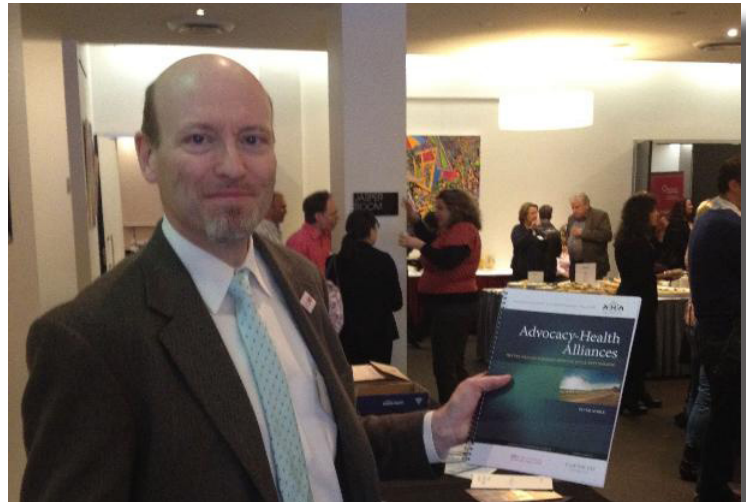
On Thursday afternoon Dr Edward Paul and Liz Tobin Tyler addressed staff at The Michael Kirby Centre for Public Health and Human Rights. The Kirby Centre is a collaboration of interdisciplinary scholars in the School of Public Health and Preventive Medicine at Monash University. Located at the Alfred Centre at Alfred Health, The Kirby Centre "...comprises lawyers, ethicists, medical practitioners, scientists and others who undertake research that critically examines the contribution of human rights and law to the realisation of good health, particularly amongst vulnerable communities in Australia and in the developing world. Kirby Centre staff also undertake activities in Australia and internationally where theories are put into action."<sup>8</sup> The meeting was convened by Associate Professor Bebe Loff, Director of

<sup>8</sup> Monash University, *About the Michael Kirby Centre*, <<http://www.med.monash.edu.au/michael-kirby/about.html>>

The Kirby Centre and Head of the Human Rights and Bioethics Unit in the Department of Epidemiology and Preventive Medicine at Monash University. Assoc. Prof Loff brought a dynamism and wealth of experience to the exchange given her multi-disciplined experience in health and law, together with existing knowledge of the MLP model having refereed an article concerning MLP for *The Lancet*.<sup>9</sup>

## Launch Event – Thursday 15th November

The Launch event, hosted by Baker & McKenzie, was attended by 67 people, including representatives from government departments, health institutions, community organisations, the legal sector and medicine and law students from various institutions across Victoria. Prof. Pascoe Pleasence and Dr. Christine Coumarelos from the Law and Justice Foundation presented on the associations between legal problems, morbidity and disability, and the implications for health and legal service delivery. Elizabeth Tobin Tyler and Dr. Edward Paul explained the MLP model in the United States, and shared some of their experiences. Finally Peter Noble discussed his Clayton Utz Foundation Fellowship project and detailed some of his findings and recommendations. The conversations that followed the formal presentations continued for some time, and highlighted the enthusiasm of attendees. There was also a last minute rush for places at the Symposium the following day.



Professor Scott Burris with Peter Noble's Report

The event was made possible by the kind sponsorship of Baker & McKenzie and Victoria Legal Aid.

## Symposium – Friday 16th November

The symposium received 100 registrations, and was attended by 80 people. The event was facilitated by Jane Fenton from Fenton Communications.

<sup>9</sup> Barry Zuckerman, Megan Sandel, Ellen Lawton, and Samantha Morton, 'Medical-legal partnerships: transforming health care' (2008) 372 (9650) *The Lancet* 1615



## Symposium Program

Time	Details	Presenter
9.00am	Welcome	Fiona McLeay
9.20am	What is the connection between health and legal needs?	Prof. Pascoe Pleasence and Dr. Christine Coumarelos
9.50am	What is the medical legal partnership?	Elizabeth Tobin Tyler and Dr. Edward Paul
10.45am	<b>Morning Tea</b>	
11.10am	Panel - Legal Services in health settings Featuring: <ul style="list-style-type: none"> <li>• Acting on the Warning Signs,</li> <li>• Baker &amp; McKenzie Cancer Patients' Legal Clinic at Melbourne's Peter MacCllum Cancer Institute,</li> <li>• NSW Cancer Council Legal Referral Service,</li> <li>• Prof. Scott Burris, Temple University,</li> <li>• The First Step Program,</li> <li>• Victorian Legal Aid Disability and Advocacy Team, and;</li> <li>• Banyule Community Health</li> </ul>	Facilitated by Jane Fenton
12.30pm	Facilitated Discussion <i>What are the benefits of further expansion of this model in Australia?</i>	Facilitated by Jane Fenton
1.00pm	<b>Lunch</b>	
1.45pm	What are the issues and challenges? Introduction from Mary Anne Noone	Mary Anne Noone
1.55pm	Elizabeth Tobin Tyler and Dr. Edward Paul on the issues and challenges in the US context	Elizabeth Tobin Tyler and Dr. Edward Paul
1.15pm	Facilitated Discussion <i>What do you see as the biggest issues and challenges, and how do you think they might be overcome?</i>	Facilitated by Jane Fenton
2.40pm	<b>Afternoon Tea</b>	
3.00pm	National Centre for Medical Legal Partnerships In America	Elizabeth Tobin Tyler and Dr. Edward Paul
3.30pm	Recommendations from the 'Advocacy Health Alliances, Better health through Medical-Legal Partnership' Report	Peter Noble
4.00pm	Facilitated Discussion <i>Who do you think needs to be supportive if Medical Legal Partnerships are to become an accepted model for Australia?</i> <i>What do you believe the next steps should be to advance the model?</i> <i>What could you do to advance the model in your own professional networks?</i>	Facilitated by Jane Fenton
4.50pm	Thank you and wrap-up	Fiona McLeay

## ○ Guest Speaker Session 1

### **Law and Disorders, Physical and psychiatric morbidity and disability and the experience of everyday problems involving the law.**

Prof. Pascoe Pleasence and Dr. Christine Coumarelos, Law and Justice Foundation, NSW

Dr. Christine Coumarelos and Prof. Pascoe Pleasence attended following the release of the Law Australia-Wide Survey (LAW Survey), into the legal needs of Australians.<sup>10</sup> Prof. Pleasence introduced recent findings from social surveys that shed light on associations between the experience of legal problems, morbidity and disability.

Dr. Coumarelos then shared some of the currently unpublished data from the LAW Survey that demonstrated the strong association between legal needs, and health indicators such as mental health and disability.

## ○ Guest Speaker Session 2

### **Poverty, Health and Law: Doctors and Lawyers Raise the Bar for Health and Justice**

Dr. Edward Paul and Elizabeth Tobin Tyler

Elizabeth Tobin Tyler introduced the United States Medical Legal Partnership model, stating that core components for an MLP are:

1. Free on-site legal advice, education and representation for low income patients as part of the health care plan,
2. Education of health care providers and attorneys,
3. Systemic advocacy for policies that promote patient health,
4. Evaluation/outcomes.

Tobin Tyler explained the vulnerability of the disadvantaged persons in the US jurisdiction, and the lack of legal assistance for such populations. She explained the benefits using a housing scenario, and demonstrated the impacts upon health.

Dr. Edward Paul discussed the benefits for a physician of the MLP model, and demonstrated the change in focus when involved in a medical legal partnership. He explained the benefits to the US health system given the health insurance policy of the jurisdiction. He also demonstrated the reduction in admissions for persons engaged in the MLP services.

Dr. Edward Paul and Elizabeth Tobin-Tyler then outlined the role of health and medical education in advancing medical legal partnerships and developing relationships between the professions.

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<sup>10</sup> Christine Coumarelos et al, *Legal Australia-Wide Survey: Legal need in Australia* [Law and Justice Foundation of New South Wales, 2012]

## Panel: Legal Services in a Health Setting

Presentations were made by representatives from:

- Acting on the Warning Signs,
- Baker & McKenzie Cancer Patients' Legal Clinic at Melbourne's Peter MacCallum Cancer Institute,
- NSW Cancer Council Legal Referral Service,
- Scott Burris, Temple University.
- The First Step Program,
- Victorian Legal Aid Disability and Advocacy Team, and;
- Banyule Community Health.

The key messages from discussions included:

### Policy Change

This kind of work places legal and health practitioners in an ideal position to identify the need for change in legislative and regulatory frameworks. A key example was the removal of penalties for accessing superannuation early for those with a terminal illness, emerging from the work of the Baker & McKenzie Cancer Patients' Legal Clinic at Melbourne's Peter MacCallum Cancer Institute

### The importance of partnership

The development of strong partnerships between stakeholders emerged as a key factor to success. The possibility for tensions between health and advocacy workers was discussed by the Victorian Legal Aid Advocacy Team, who spoke of the need for strong relationships to remove perceptions of conflict.

Maintaining strong relationships was spoken about by many of the panelists. Banyule Community Health spoke of the strength of the partnership between Banyule and the West Heidelberg Community Legal Service, where the partnership has been a cultural and institutional reality since inception.

The role of ongoing training within an institution was discussed by Acting on the Warning Signs, to ensure the continuity of the relationship over time on both an institutional and an individual level.

### Resourcing

The issue of resourcing was a key issue for many participants. The question of how to fund programs was addressed for the First Step Program through a strong philanthropic relationship with corporations, such as TOLL and KPMG.

Legal resourcing was addressed by several programs through Pro Bono lawyers from Corporate Firms. The NSW Cancer Council Legal Referral Service acts as a clearing house for referrals to pro bono firms, but did not speak about the challenges of providing legal services in regional, rural and remote locations.

### Professor Scott Burris - Paradigm Shift in Service Delivery?

We were fortunate to have Prof. Burris join us for the panel sessions. A professor of law at Temple University, where he directs the Centre for Health Law, Policy and Practice, Burris has many years of experience in the interaction between health and law. One of the most thought provoking comments of the Symposium came from his session, who spoke about models such as advocacy health alliances as being a paradigm shift in the focus of social service delivery.

### ● Guest Speaker Session 3: "It's hard to open up to strangers": Challenges in Providing Integrated Legal Services

Associate Prof. Mary Anne Noone

Assoc. Prof Noone introduced some of the issues and challenges in the context of the review at the West Heidelberg Community Legal Service and Banyule Community Health.<sup>11</sup> The review identified key features of an integrated legal service delivery model, and was funded by the Legal Services Board. The review identified issues and challenges at four levels: the community or client perspective, service delivery and worker perspective, the organisational partnership and collaboration and systemic influences.

#### Issues and Challenges – The US Perspective

Dr. Edward Paul and Elizabeth Tobin Tyler

Dr. Edward Paul and Elizabeth Tobin Tyler identified some of the issues from the US experience including:

- Communication
- Training and Culture in Medicine and Law
- Professional Ethical Issues, including confidentiality, differing mandatory reporting requirements
- Identifying the 'client,' particularly in an pediatric scenario
- Conflicts of interest.

Through the US experience, several best practices have been developed to address some of these challenges including:

- Training
- Development of considered practice protocols
- Memoranda of Understanding
- Waivers and consent forms

### ● Guest Speaker Session 4: National Centre for Medical Legal Partnerships in America

Dr Edward Paul and Elizabeth Tobin Tyler

The National Centre for Medical-Legal Partnership was founded in 2006, and is now based at the George Washington University. The centre supports MLP in many ways including promoting policy change, building the evidence base for MLP and growing and supporting the MLP network. The centre has recently relocated to George Washington University due to the dual advantages of the being based in Washington – proximity to policy makers, and support from the academic institution.



The Symposium's Keynote speakers

<sup>11</sup> Mary Anne Noone & Kate Digney, *Improving Access to Justice: the key features of an integrated legal services delivery model research report* (School of Law, La Trobe University, 2010)

## ● Guest Speaker Session 5 – Advocacy Health Alliances - Clayton Utz Foundation Fellowship to research Medical Legal Partnerships.

Peter Noble

Peter outlined the key findings from the Clayton Utz Foundation fellowship project for the Symposium. Following his research in the United States, he had captured some key “lessons,” including the critical ingredients for commencing and sustaining a MLP, as well as lessons for Australia. These findings are outlined in his report ‘Advocacy-Health Alliances, Better Health through Medical-Legal Partnership’ (Final Report of the Clayton Utz Foundation Fellowship).<sup>12</sup> He suggested that Australia should learn from the United States’ experience, including establishing monitoring and evaluation practices early, utilising a National Centre, and to truly embrace the power of the model. He also outlined the findings of his survey of CLCs in Australia and the extent of multi-disciplinary practice. Broad analysis indicated awareness of the model, and some examples of long standing multi-disciplinary practice. The survey also revealed a strong interest in developing this model of practice.



Facilitator Jane Fenton at the Symposium

<sup>12</sup> Peter Noble, ‘Advocacy-Health Alliances, Better Health through Medical-Legal Partnership’ (Final Report of the Clayton Utz Foundation Fellowship, August 2012)

# Appendix B: Symposium Participants' Evaluations

Total Response: 43	Yes	Somewhat	No	Unsure	N/A
Did you know about the MLP model prior the symposium?	29	8	6		
Do you see the value in the model in your local area?	40	3			
Will the knowledge gained today change way you go about your daily work?	9	23	6	5	
Will the Symposium influence you in the establishment of new programs?	10	21		3	9
Will the Symposium influence you in the delivery of existing programs	11	20			9

# References

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1. Christine Coumarelos et al, *Legal Australia-Wide Survey: Legal need in Australia* (Law and Justice Foundation of New South Wales, 2012).
2. Monash University, *About the Michael Kirby Centre*, <http://www.med.monash.edu.au/michael-kirby/about.html>
3. Peter Noble, 'Advocacy-Health Alliances, Better Health through Medical-Legal Partnership' (Final Report of the Clayton Utz Foundation Fellowship, August 2012).
4. Mary Anne Noone & Kate Digney, *Improving Access to Justice: the key features of an integrated legal services delivery model research report* (School of Law, La Trobe University, 2010).
5. Elizabeth Tobin Tyler et al (eds) *Poverty, Health and Law, Readings and Cases for Medical-Legal Partnership* (Carolina Academic Press, 2011), 74.
6. Barry Zuckerman, Megan Sandel, Ellen Lawton, and Samantha Morton, 'Medical-legal partnerships: transforming health care' (2008) 372 (9650) *The Lancet* 1615.

