



**Report Title** *Sharing of Knowledge & Increasing Empowerment - “No surprise that a program shaped and designed by community is working”?*

*Final Study and Evaluation Report of the Health Justice Partnership – Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP)*

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*Project Partners - Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)*

*A Project offering legal support for social & emotional well-being with Aboriginal Peoples in NSW and Victoria.*

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The author acknowledges the Traditional Owners of the lands, including the Bpangerang, Dhudhuroa, Waveroo, Wiradjuri and Yorta Yorta people. She pays respects to their Elders, past, present, and emerging. She acknowledges that the research for this report and the BBM project to which it relates was undertaken on stolen land where sovereignty was never ceded.

## Acknowledgements

Dr Curran, the author who conducted this BBM study and evaluation, wishes to acknowledge the Aboriginal communities of the borders of Victoria and NSW. Albury and Wodonga are separated geographically by the Murray River and politically by a state border. Albury on the north of the river is part of New South Wales, while Wodonga on the south bank is in Victoria. Due to the Federated system in Australia, there are three levels of government with a national, state and local council arrangements. As this project runs in a border region health and legal service delivery is governed by different laws, regulations and service delivery models between the two states making legal support to community members more complicated. The catchment of the Albury Wodonga Aboriginal Health Service (AWAHS) the health partner, extends beyond this and so thanks go to participants beyond these regions.

Dr Curran thanks the Aboriginal Elders and leaders who gave so much to this study and were so honest and brave. They have expressed their views on what good justice interventions should and can look like.

The report's author hopes this report, findings and recommendations provide their voices and enables justice and improved life outcomes to occur.

Over the three years of this project, the voices of Aboriginal people have been heard, and local decision-making and practice has shifted informed by these voices. However, more broadly, challenges remain with endemic colonising practices and structures in the legal system and in the way 'authorities' (government and corporations and their decision-makers) behave towards Aboriginal people, and others excluded from power and resources. This study was not only conceived to evaluate and learn from the BBM Project but to provide an evidence base for improvement more widely for those in authority charged with administering the justice system.

Thanks to the program's Aboriginal Cultural Advisor, Dr Judith McDonald of Watnanda Consulting for her ongoing insights, input, and wise suggestions to the design of the study, on emergent ethical and cultural issues, input on draft and final reports and for being a wonderful check in and sounding board to Dr Curran throughout the study and in its inception and design. Thanks to the AWAHS Board Members for their input and support for the project, study and Dr Curran in the conduct of this study.

Dr Curran wishes to especially acknowledge and thank the management and staff of the two partner agencies: **the Hume Riverina Community Legal Service and Albury Wodonga Aboriginal Health Service**, whose participation and input into project design has not only been significant, but timely and dedicated.

In addition, thanks to the NSW NLAP Legal Assistance Fund (mental health funding stream) for funding the BBM until July 2025 which has partly enabled this study. The BBM service program will be funded for another 3 years from 2025 informed by the two annual Curran evaluation reports and the Mundy Review of the National Partnership Agreement, but with inadequate increases to cover program costs, leading to the end of this embedded study (for now).

Also, for the ongoing support from Upper Murray Family Care (UMFC) of which HRCLS is a service. Thanks to Professor Jonathan Doak, Associate Dean & Head of Research, Nottingham Law School. His unwavering support for important social justice inquiry enabled Dr Curran to dedicate significant additional time to the study. Thanks to Nottingham Trent University staff particularly the Ethics Committees of NTU and AWHS Ethics Board. Thanks to the library data management team. and the NTU research assistant Xiacong Liu for his help with referencing and formatting of this final report.

Service Partners and Participants in this Study:



Albury Wodonga  
Aboriginal Health Service



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## **FOREWORD: Craig Taylor, Chair – Albury Wodonga Aboriginal Health Service (AWAHS)**

As Chair, and as a proud Wiradjuri man, I am honoured to present this Final Study and Evaluation Report for *Bagaraybang bagaraybang mayinygalang (BBM)*. This work reflects the strength, knowledge and lived experience of our Aboriginal community across the border region, and the commitment of our partners to walk alongside us in a way that is respectful, accountable and culturally grounded.

For too long, our people have carried the weight of systems that were not designed for us and have often caused harm. The BBM Health Justice Partnership stands as a different way forward—one shaped *with* community and accountable *to* community. It centres culture, relationships, trust and truth-telling. It shows what becomes possible when services meet our people where they are, listen deeply, and work in our spaces and at our pace.

Across the three years of this study, our community members, Elders and staff have shared openly about trauma, structural barriers, and the everyday pressures that impact health and wellbeing. Their wisdom is the foundation of this report. This is data sovereignty in practice, and it is community control in action.

The findings confirm what we see every day at AWAHS. When legal support is embedded within a culturally safe health setting, and when lawyers and health workers operate side-by-side, the outcomes are significant. Stress eases. Confidence grows. People feel safe to speak up. Families stabilise. Hope returns. These are powerful social and emotional wellbeing outcomes for our mob.

The BBM partnership shows that addressing legal issues is not separate from health—it is part of healing. It tackles the structural drivers that sit beneath mental distress, debt, housing instability and family violence. It also demonstrates what strong, respectful partnerships between Aboriginal organisations and non-Aboriginal services can achieve when guided by community voice.

AWAHS is proud of what has been achieved through BBM, but even more proud of the courage shown by the community members who participated in this study. Their stories and guidance have shaped this report and must continue shaping the path ahead.

I urge governments, funders and system leaders to take this report seriously. The evidence is clear: community-designed, culturally anchored partnerships work. They close gaps, create capability, and deliver real justice and wellbeing outcomes for our people.

On behalf of the AWAHS Board, I thank all who contributed to this study and to the BBM program. Most importantly, I acknowledge our Elders—past, present and emerging—whose leadership, resilience and cultural authority continue to guide this partnership and our service.

Craig Taylor  
Chair, AWAHS Board



Partner staff from Albury Wodonga Aboriginal Health Service and Hume Riverina Legal Service (produced with permission)



The border Albury NSW and Wodonga Victoria where the Health Justice Partnership operates on the Murray River (author photo)



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***‘Bagaraybang bagaraybang mayinygalang – A Health Justice Partnership sharing of knowledge and increasing empowerment***

*Final Study and Evaluation Report 2023-2025*

## REPORT TO ABORIGINAL COMMUNITY OF ALBURY WODONGA 2025

*Sometimes things just do not seem right. What we're able to do here with the legal team, is find out what we often do not know. If things are not addressed even the little things can fester and turn into big things for our community. I've only seen benefits from having the legal team here. For years, problems have just been allowed to escalate. Adding the justice dimension and being able to stand up for our clients more as a result, using reliable information means that a problem for us, is not a problem for them, and they just fix it. This without a doubt improves clients' health and well-being. The BBM team come to our staff and team meetings. They address questions and then we walk away empowered. The things we can do for chronic disease, to improve safety and to help community are emerging. As with all these things it takes time, but we are seeing the benefits and inroads. (Interview with Trusted Intermediary)*

*‘Bagaraybang bagaraybang mayinygalang (BBM) is a service project aimed at offering legal support for social & emotional well-being to the local Aboriginal community through the partnership between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) in a Health Justice Partnership (HJP). Bagaraybang bagaraybang mayinygalang places a lawyer and community engagement worker from the Hume Riverina Community Legal Service at the Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, particularly to those impacted by poor mental health, and to work collaboratively with AWAHS staff to support client wellbeing. This project is funded by the National Legal Assistance Partnership under its mental health funding stream.*

This co-designed study occurring over three years was conducted by Nottingham Trent University (NTU) and examines the effectiveness of the health justice partnership. Dr Liz Curran from Nottingham Law School (NLS) at NTU, met annually (2023-2025) with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, financial counsellors, psychologists and other people who work with the local Aboriginal community. Dr Curran also gathered feedback from the lawyers in the program and the managers who run each of the health justice partnership. This is the ‘Aboriginal Report to Community’ which sits and is published alongside the Official BBM Final Report after feedback from the Aboriginal advisers and partner agencies.

Prior to this study and evaluation project HRCLS & AWAHS already had an existing relationship of trust and work together in ways which are collaborative, client centred, trauma informed and culturally safe. This BBM HJP has focused that relationship on those experiencing mental illness/poor mental health by seeing to address community’s legal problems in a holistic way, recognising that health, social and legal problems are often intertwined. Benchmarks inform guiding questions, data analysis, measure impact, and effectiveness – including ‘soft outcomes’ e.g.

wellbeing/empowerment. The key benchmarks that are being examined to see if they improve are: **reach, engagement, capability<sup>1</sup>, collaboration, empowerment** (underserved community /frontline services) **trust** (in advice services, advice, justice system overall, outcomes, etc.) and **social determinants of health outcomes**. The benchmarks (developed through other Curran research<sup>2</sup> and indicators (tested for relevance and applicability by participants in the pilot phase of this BBM study) monitor how client problems are handled through the civil system **and levels of collaboration** (legal and non-legal services). These indicators, if present in the data, help to determine whether these benchmarks are being met. The nature of these indicators is discussed in more detail below in the section on how the data was analysed.

The focus in the 'Official' Final Report is on the consistent practice that is evidenced, which when combined, have worked over the three years of the service project. This report unpacks and explains in some detail what the data indicates is good and effective practice. This is because often it is through adopting multiple strategies that are interdependent, if not co-dependent, that aspects such as self-referrals, trust, disclosure and confidence emerge. There is a linking up of different parts of the puzzle for a complete picture of what effective service delivery to better support under-served populations, in this case, members of the Aboriginal community looks like. To illustrate the point, it is clear based on the overall data across the different tools used to extract the data that there is a connection between visibility of staff on site and referrals, as well as extended reach into the Aboriginal community. Similarly secondary consultations, lead to increased trust of non-legal supports which in turn lead to borrowed trust in clients of those support services. A good experience, respectful treatment, the sense of being listed to and heard make members of the community prepared to suggest that friends and family link into the legal team, when previously the data at service start-up suggested a reticence to do so.

This 2025 Final report does not reinvent the wheel, as people can refer to the earlier reports (including the Reports to Aboriginal Community 2023 and 2024) to avoid repetition but rather reports on data from the 2025 study and comparisons and progression since the BBM's project start-up. The study was embedded and piloted in early 2023. The first report goes into detail about the cultural methodologies that informed this study's study plan, design and its conduct and report on outcomes (including this report back to the Aboriginal community for data sovereignty). Community members will find the Official Final Report on the Hume Riverina Community Legal Service, Albury Wodonga Community Health Service and

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<sup>1</sup> It is important to note that in Curran's studies she uses the term 'capability' to distinguish it from 'legal capability.' This is acknowledging the body of vast research on advice seeking behaviour that is clear that legal capability is dependent on a range of other factors including confidence, having the resources, energy wherewithal and recognition that legal issues sit within the context of an array of other problems. Although law may offer an option, it may not always be able to be actioned due to a range of other factors including poor health, poor mental health and other pressures. Measuring legal capability which is about knowing the law, how it applies and next steps and having the confidence to take-action does not tell the full picture that sits behind advice seeking and action.

<sup>2</sup> Liz Curran, & Pamela Taylor-Barnett (2019). 'Evaluating projects in multifaceted and marginalised communities: The need for mixed approaches. *Evaluation Journal of Australasia*, 19(1), 22-38. <https://doi.org/10.1177/1035719X19832688>

Nottingham Law School websites end December 2025 when they are due to be published.

The data collected in the first field trip in 2023 for the BBM identified that for this Health Justice Partnership (HJP) to succeed, a key part of the role of the justice component delivered by HRCLS will need to challenge, and endeavour to dismantle, structural racism. Consistent themes across the multiple data collection tools in each of the years of this study that provided a powerful message (particularly from the Aboriginal participants in this project) is that systemic racism is rife in the day-to-day lives of the Aboriginal participants, and their families.

Mental health professionals at AWAHS, elders and leaders have identified clients experiencing MH difficulties as often being triggered by issues such as fines, credit & debt, poor housing, consumer issues, debts, family violence, Centrelink and other 'everyday legal problems.'. This HJP according to the data collected has seen early intervention, tailored advice, and legal help with these sorts of matters through improving legal literacy, community legal education, professional development, legal health checks, direct legal advice/representation and support to clients, systemic reform, and secondary consultations to AWAHS, its staff and to the local Aboriginal community.

### **Key Findings (BBM data 2023-2025) (Final Report provides more findings)**

#### **Engagement**

In respect to the community and professional development component of the core services delivered by the BBM Project, what the study indicates over three years of the project data, is that awareness of the rights of Aboriginal people who are seeking help from the lawyers through the health justice partnership model has increased markedly. The importance of and success of community education is evidenced as key in Aboriginal take up of legal help, whereas previously this was rare. There is also clear evidence of greater Aboriginal voice in programs of community development and legal education and that is its tailored and responsive to their needs and is seen as relevant. An example of this was the training delivered to the Aboriginal elders and senior citizens on wills and advanced care planning which Dr Curran observed in 2025 where participants in the training were observed to freely ask questions, had fun and felt comfortable. This is also reflected in 2023, 2024 and 2025 BBM data from the Yarning Circles, Interviews, professional development journals Community Development reports and Survey data from 'Trusted Intermediaries Survey After Training.'

#### **Reach and Increased Service**

Prior to the commencement of the Invisible Hurdles Project (IH), in 2015- 2016 the clientele was 6% Aboriginal for the whole of the Hume Riverina Community Legal Service. This Invisible Hurdles Project included as one of its full partners AWAHS clients but specifically targeting young people 'at risk of experiencing family violence'. This was the project which led to this BBM project, building on the partnership with AWAHS. The reach and momentum with Aboriginal clients improved with the IH project (with Curran involved in this research evaluation for 7 years) extending the reach to Aboriginal community beyond this age group and with mental health or well-

being issues. In 2023-2024 this figure had risen from 6% to 17% with 225 clients in total of HRCLS. BBM refers Aboriginal (12-25 years) young people to IH. BBM in 2024-2025 saw 111 clients 82% of whom are Aboriginal. In terms of MH, in 2018-2019 Aboriginal clients were 37% of the total client cohort of HRCLS but by 2023-2024 it was 52%.

### Findings on Trust and Lawyers

- The primary BBM data across three years of this study and evaluation consistently underscore the link between good client engagement and trust.
- Without a doubt trust is directly linked to improved disclosure.
- Clients will not fully disclose often deeper causes of the legal issues unless there is a relationship of trust, a sense of safety.
- If there are high levels of respect and the sense that clients are not being judged by their lawyer, trust is more likely. This then leads to disclosure. An example of this from the 2025 primary data was a client disclosing years of childhood sexual abuse they had never disclosed to anyone which had a profound ongoing impact on their mental health. After this disclosure his Trusted Intermediary supports could provide focussed support, and a claim could be lodged. This was prominent in direct feedback from Aboriginal community member participants; this disclosure means that the lawyer felt better placed to provide comprehensive and competent advice to a client because the client has disclosed. As a result, more options can be explored more deeply and referrals made including to non-legal supports.
- Trust is integrally linked to the willingness of Trusted Intermediaries to refer to and engage with lawyers. It has a critical role in dispelling negative views on the value of legal support.
- The effective delivery of secondary consultation services to Trusted Intermediaries saw those who were initially sceptical about the utility of the legal system shift from 2023 BBM data to seeing the BBM HJP as a critical service in building trust between Trusted Intermediaries, their clients and access to lawyers and their consequent taking of steps to resolve problems.

### Visibility

The 2025 BBM data shows that the visibility of the BBM team at community events, gatherings and at the health partner's staff and team leader meetings has led to strong relationships and reversed some of the negative experiences of legal professionals that were identified by Aboriginal participants in the pilot study evaluation in 2023.

This groundwork is critical to the high numbers of secondary consultations and referrals (both self-referrals and referrals from the partner agency). It is also evident in the data particularly in the year 2024 to 2025, that the responsive and comfortable nature of the community development sessions with Aboriginal community members led them to have more confidence in going to the BBM legal team for legal help.

Overwhelmingly it is clear that a significant majority of the clients that the BBM program is reaching would not have otherwise turned to a lawyer for help without this visibility and groundwork.

This is not to say that the qualitative data means that Aboriginal community members had positive experiences of all other lawyers including members of the private profession or improved experiences of the legal system. The relationships BBM staff have built/strengthened with the legal profession and pro bono in 2025 was commendable as there is a clear need to provide alternative services and transfer of trust when the alternative is no assistance and in areas that are beyond staff competence in line with their ethical obligations under the conduct rules to provide competent advice in areas of their expertise.

Overwhelmingly the data suggests that those community members who interacted with the BBM team had a positive experience, and that the facilitative and human nature of the interactions led them to seek legal services.

## **Final Conclusions**

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

Against each of the indicators, whilst there may be room for improvement, all benchmarks are being met, and high levels of the indicators are present, based on the BBM data which has used multiple tools to gather feedback which have been cross referenced and verified against emergent themes.

## **Future Work**

Key areas identified in the annual data from 2023 – 2025 verified and repeated across all the tools are:

- Poor responsiveness by the broader legal profession and the legal system which lack respect and communicate poorly.
- Assumptions by the broader legal profession about the need for legal responses that ignore practical exigencies and personal contexts of the clients and are ill suited to their situations.
- Lack of access to early intervention and legal advice for child protection, including the administrative processes to remove children that lead to confusion, poor information and consequential stress. This leads to poor decision making that would not otherwise occur if the parents, grandparents and children have earlier legal support on their rights and responsibilities and the rights and responsibilities of others.
- There are many people who do not, for reasons of poor health, fear for their safety or intimidation by authorities attend the activities at AWAHS. Community members in the Yarning Circle and some of the Aboriginal Trusted Intermediaries suggest that opportunities to build BBM capacity to work alongside the health staff on home visits, to do training sessions with follow up potential for legal work might emerge. Reasons for isolation increase the marginalised. This places these groups more at risk of various forms of abuse

including elder abuse, carer abuse, domestic violence and abuse by authorities (child protection and housing) who intimidated them, give them the wrong information causing increased stress and anxiety and exacerbating problems.

- Trusted Intermediaries and health service managers see the value of policy and law reform and want to support funding and solving the problems at their source addressing the underlying causes of inequality. The health partner felt this desire was underutilised and that there would be more power in combined efforts that reflect both the justice and health dimensions.
- The need to build legal capability of community members from an early age was identified by several participants in the Yarning Circles with the men and women and the AWAHS Board. School education they felt is underutilised as a place to educate on how justice interventions can help them with their health, social and economic problems and how to seek help from reliable, credible sources. Currently, the Invisible Hurdles Program with its effective youth engagement and reach work with the Flexible Learning Centre (positively evaluated 2027-2022) is constrained to only this site, so its ability to do what could make real inroads into young people's legal capability is limited by funding. This funding could be expanded to increase its reach.
- Data from 2023, 2024 and 2025 showed problems in how schemes for reparation of the Stolen Generation are managed and the narrowness of its scope. Reparations to Stolen Generations should receive statutory protection from debt collectors including other government entities. The current status undermines the point of such reparations which are a recognition of harm caused, compensation and to enable healing. Often poverty and debt are a direct result of the treatment for which they are being awarded under the scheme, so the use of the compensation to pay off debt is counterproductive.

Moving forward an increase in staff, expertise and capacity through additional funding and focus of the health justice partnership should work on these areas as priorities identified in this study to Close the Gap.

In conclusion, **a BIG THANK YOU** to all the Aboriginal community participants and staff. You have always made me feel so welcome, answered my questions when I was uncertain what to do, and been such good wise counsel. Thank you so much for sharing your stories and I hope and pray I have honoured your voices and perspectives. I hope this report will improve outcomes in the lives of the community and others will learn from its findings help us do better to improve social justice outcomes. As always, I am in awe of Aboriginal communities. You know too well what needs improving and it is time that you were listened to and heard. I hope the Final Report goes some way towards this.

*Dr Liz Curran, Nottingham Law School, 19 November 2025*

# Executive Summary of the Final Report

2023- 2025

***Sharing of Knowledge & Increasing Empowerment – ‘No surprise that a program shaped and designed by community is working’. Aboriginal Participant***

***Final (of three annual) Study and Evaluation Reports***

## Preamble

This Nottingham Trent University (NTU) report entitled, ‘Sharing of Knowledge & Increasing Empowerment - “No surprise that a program shaped and designed by community is working” was a study conducted by Dr Liz Curran from Nottingham Law School (NLS) NTU.

Dr Curran met with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. She also gathered feedback from the lawyers on the program and the managers who run each of the services mentioned in the Albury Wodonga Regions of Victoria and New South Wales.

In the third and final trip to collect primary data for this study collected by Dr Curran between 26 April – 2 May 2025 there were a total of 34 participants including 21 (61%) Aboriginal participants (from AWAHS staff and with 5 in the Female Yarning Circle and 2 in the Men’s Yarning Circle and 7 in the AWAHS Aboriginal Board Yarning Circle (a new one in 2025) – noting that the number fluctuates due to the nature of Yarning Circles. This was complimented by secondary aggregated quantitative data collected by the Hume Riverina Legal Service (see Appendix to this report which contains data and analysis) and provided by Hume Riverina Legal Service in June – July 2025.

## Literature

The research and its background in literature are provided in more detail in the [First Report](#)<sup>3</sup> and [Second Report](#)<sup>4</sup>. This third and final report (2023-2025) reflects and examines the data over three years but with a specific focus on 2025. This report looks at changes over the three years of the project in terms of client outcomes and effectiveness based on data on progression against key benchmarks. It looks back since service start-up in February 2023. To avoid repetition and for brevity, the report presents only new literature relevant to developments since 2024 or literature emerging from further exploration and critical analysis in 2025. Readers curious about other back literature can look at the first two annual reports (links provided above).

## *Summary of this Health Justice Partnership Model*

*Bagaraybang bagaraybang mayinygalang* (BBM) places a lawyer and community engagement worker from the Hume Riverina Community Legal Service (HRCLS) at the

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<sup>3</sup> Liz Curran and Nisan Alici, ‘First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria’ (2023) <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

<sup>4</sup> Curran, Elizabeth, ‘Strength and Uniqueness -The Ripple Effect of the BBM Health Justice Partnership Sharing of Knowledge and Increasing Empowerment’ (2024) <<http://dx.doi.org/10.2139/ssrn.4887353>> accessed 07 August 2025.

Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, and to work collaboratively with AWAHS staff to support client wellbeing.

### *Funding*

This project is funded by the National Legal Assistance Partnership under its mental health funding stream. The funding body required that this study and *evaluation provide annual reports to staff, boards, and the advisory body. Reports were produced routinely on progress with debriefs to staff, community & management to shape and inform developing practice and to align with impact/outcome measurements including social determinants of health and justice impacts.*

Under the program aims, AWAHS and HRCLS (also part of the evaluation framework (see details in the [First Report](#)) are to provide services in an integrated Health Justice Partnership to alleviate some of the conditions that see people's mental health deteriorate, empower clients, and offer hope.

Part of the funding for this project was for this evaluation to be embedded from the outset. HRCLS have been working in this way since 2015/16 and have maintained the same evaluator, Dr Curran, leading to rich data which is uncommon in the Australian legal assistance sector. It is rare for such independent longitudinal studies in the legal assistance sector examining effectiveness, outcomes and impact. Under the funding agreement it combines service delivery with embedded evaluation to build an evidence-base around effective practice. It is co-designed with local Aboriginal community and the project partners adding a health lens. It utilises multi-disciplinary reflective practice debriefs and evaluative frameworks that enable continuous learning, development, and improvement throughout the HJP and professional development shaped by identified need. Using this blend of evidence base & service, the study has managed to leverage longer term funding beyond 2025-26 with the production of two annual reports and this final report completing the funding requirements.

### *Report to Aboriginal Community*

Contained in this report is the 'Report to Aboriginal Community of Albury Wodonga 2025' which is also separated and disseminated more broadly to the local Aboriginal community. The document is designed with community input so that it is culturally appropriate. It is adapted by the partners in conjunction with local elders so that it is a friendly, readable format for the Aboriginal Community. The 'Report to Aboriginal Community' reflects the local Aboriginal communities' right to know the outcomes of their participation. All data has been anonymised from the start of its collection and aggregated in line with the conditions in the ethics approval (see Ethics section). It is critical in Aboriginal research to respect data sovereignty so that the participants in the research receive a report on the outcomes. This study prioritises the voice of local Aboriginal community and is underpinned by recommended Aboriginal and Torres Strait Islander principles (as discussed in detail in the Final Report) as this study is about services being delivered to them, for, and with them - in their local area.

### *Structure of this Final Report*

Part A provides the introduction and background to the study and its international and local context. It outlines the ethics procedures and processes undertaken for the study, the context

of the study, service project, partnership and the methodology. For further details see the first report.<sup>5</sup>

This report also explains the Aboriginal and Torres Strait Islander principles that shaped not only the co-design of the study but also the literature that was used for the funding application in 2021-2022.

Feedback from Aboriginal participants that the program's effectiveness (across all the benchmarks and indicators used to measure the impact), in a nutshell is conveyed by this quote from an Aboriginal participant, *no surprise that a program shaped and designed by community is working* (Aboriginal Participant) a quote, from which the title of this report is taken. The study showed how critical these Aboriginal and Torres Strait Islander principles are in any projects involving Aboriginal people. This is a message to funders, policy makers and governments alike.

Part B contains the summary of data. The data represented in this Final Report is largely from the qualitative data collected in 2025 but it is representative of both the trends emerging in the quantitative secondary data (data aggregated and deidentified by HRCLS before coming to Dr Curran) and the primary quantitative and qualitative data (collected by Dr Curran) in 2023, 2024 and 2025 which was revisited in an overall analysis from July – October 2025.

The justification for using the qualitative data as the main form of data throughout this report is because iterative narrative analysis (in light of Aboriginal preferences for story telling approaches which privilege Indigenous voices) can be a useful tool to break the hold that Western perspective can have.<sup>6</sup> This narrative data has uncovered factors driving positive change, providing insights into how advice improves empowerment or leads to broader life changes. The other data collected in the other tools for 2025 is summarised and analysed in the Appendix and so is there for further reference should a reader want a deep dive.

Part C contains the Summary Findings for this three-year study. Benchmarks are used to answer the questions linked to the project aims mentioned above of this study namely,

1. *Whether the BBM Program (as a health justice partnership) is effective and impactful in empowering & alleviating Aboriginal poor community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) and what lessons can be learned?*
2. *Whether the BBM, and more broadly health justice partnerships, demonstrate effectiveness and impact through changes in behaviour, practice and policy and legal empowerment strategies through providing Aboriginal voice through its co-design, and collaborative integrated interdisciplinary practice models?*

Benchmarks and indicators have enabled a consistent process for data analysis of integrated service practice through annual data collection annually from 2023-2025.

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<sup>5</sup> Liz Curran and Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria' (2023) <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

<sup>6</sup> KL Rieger, K.L, S Gazan, M Bennett. *et al.* (2020) Elevating the uses of storytelling approaches within Indigenous health research: a critical and participatory scoping review protocol involving Indigenous people and settlers. *Syst Rev* 9, 257. <https://doi.org/10.1186/s13643-020-01503-6>

The benchmarks used to support data analysis and to determine impact and effectiveness in this study and evaluation are as follows:

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (includes voice)
- Social Determinants of Health Outcomes

Drilling down, other indicators have been developed to build up the understanding and unpack complexity and reasons for any impact. These include:

- Holistic service
- Impacts on wellbeing and the social determinants of health (including stress, hope, cultural respect and anxiety levels)
- Transformations in behaviour and changes in practice
- Enhanced decision-making client/patient/professional/organisation/policy makers and administrators
- Expanded reach
- Changes in practice and behaviours
- Flow on justice and social determinant of health outcomes
- autonomy and self-determination.

The following tools have been used annually 2023-2025:

1. Yarning Circles with local Aboriginal Community (x 2) with a further one in May 2025 with the AWAHS Aboriginal Board.
2. Guided Professional Journals kept by the legal support staff (the BBM project team – lawyer and Community Legal Engagement Worker (CLEW)). The legal support staff use ‘guiding questions’ developed by Curran linked to benchmarks for the RIE that reflect on relationship building with AWAHS, community and clients, trust, barriers, and breakthroughs as well as complexities of clients and systemic issues (de-identified).
3. A 45-minute in-depth interview with Trusted Intermediaries (i.e., those non-lawyers who support community members at AWAHS).
4. A Professional Development Evaluation Tool Pre and Post (designed by Dr Curran with a refresh due to proactive input from BBM staff in 2024) on professional training provided by HRCLS to AWAHS administered by HRCLS with results aggregated into percentages and responses to questions summarised and then provided to Dr Curran in a word document by email.
5. A 45-minute interview with Managers
6. A 30-minute Interview with legal support staff
7. Reflective Practice Conversations with managers, and operational leaders
8. BBM HJP ‘Evaluation Community Development Impact & Outcome Measurement Tool’ (administered by Curran in data analysis).
9. ‘Integrated Multidisciplinary Practice Evaluation – Collaboration Measurement of Progress Tool’ (administered by Curran in data analysis)
10. HRCLS Service Aggregated Data - Yearly Data Collection
11. Existing, relevant inhouse HRCLS Data Collection including the Community Development Reports 2023-2025 requested by Curran to supplement existing service data and relevant to a HJP (e.g. information on secondary consultations and collaboration).

These tools are discussed in more detail the [First Report](#).

Part D draws final summary conclusions returning to the aims and objectives of the BBM Health Justice Partnership. These conclusions are shaped directly by the data, tested and verified for rigor across multiple tools.

Part E examines and extracts the best and most effective practice insights from the data to inform and shape future legal assistance service delivery and changes in practice and policy and funding more universally.

Part F contains the recommendations. These also appear throughout the report under the relevant headings to explain the context and how they have been informed by the relevant data. These will hopefully shape further development of this program as well as support further funding that is needed based on the data and the changes to improve the policy and service landscape beyond BBM. This is to improve outcomes for community, not just access to justice outcomes but social determinants of health, reductions in inequality and people centred legal services.

The Appendix provides further data. It is mainly from 2025 but also includes pertinent comparative data from early years of the BBM project that have informed findings, conclusions and recommendations with some analysis should the reader seek to drill down at a granular level.

## Findings

The BBM program is reaching members of the Aboriginal community who would otherwise not turn to legal services for help. This emerged in the qualitative data as significant. Prior to the commencement of the Invisible Hurdles Project (IH), in **2015- 2016 the clientele was 6% Aboriginal for the whole of the Hume Riverina Community Legal Service**. This Invisible Hurdles project included as one of its full partners AWAHS clients but specifically targeting young people 'at risk of experiencing family violence'. This was the project which led to this BBM project building on the partnership with AWAHS. The reach and momentum with Aboriginal clients improved with the IH project (with Curran involved in this study evaluation for 7 years) extending the reach to Aboriginal community beyond this age group and with mental health or well-being issues.

In **2023-2024** this figure has **risen from 6% to 17% with 225 clients in total of HRCLS**. BBM refers Aboriginal (12-25 years) young people to the Invisible Hurdles program.

**BBM in 2024-2025 saw 111 clients 82% of whom are Aboriginal. The remaining 18% are family of Aboriginal people or staff of AWAHS/otherwise connected to AWAHS. In terms of MH, in 2018-2019 Aboriginal clients were 37% of the total client cohort of HRCLS but by 2023-2024 it was 52%.**

## Reach

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

## Engagement

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

The data reveals that all staff are committed to providing a culturally safe environment where community members are made to feel comfortable, and where legal support, advice and

strategic action including options, are tailored for the health and social circumstances of the community members.

## Capability

Whilst there is room for improvement mainly in law reform and policy, this can be done by building capability and low burdensome input from AWAHS staff and local Aboriginal community for law reform and policy.

BBM staff continue to grow, learn, reflect, change and adapt and are flexible to client and community need. The positive relationship with Elders is of note. This was evidenced in the data with significant strides in confidence and trust rising from 2023 until 2025.

Longer term impacts with inroads into justice and social determinants of health take time. This study suggests in its three years of operation the BBM program is on a trajectory to make real inroads, not just in service delivery, but in improving policy settings. This is illustrated by the way in which the BBM Team and management of both partner agencies in this Health Justice Partnership have changed their approaches in operations, in delivering community development and community legal education activities, directly responding to feedback from Aboriginal staff and community and leaning more through deliberate co-design and a story-telling approach which is atypical in much legal service provision.

## Social Determinants of Health

The BBM program is not only reaching its aim of extending reach to clients of AWAHS and in its catchment with issues in mental health and with trauma but is also seeing improvements in the client social determinants of health benchmark. This is critical in enabling access to justice for the local Aboriginal community. The tools for each year also examined levels of hope and reductions in anxiety and stress because of the justice interventions. Consistently, across multiple tools (interviews with Trusted Intermediaries (2023, 2024, 2025) and the 'Closing of File -Post Casework Survey' (2025)) where there has been a justice intervention, participants reported reductions in stress and anxiety and increases in hope. (The Appendix contains this data in more detail page 70-72).

The six 2025 case studies (as well as in the 2023 First and 2024 Second annual reports) in the Appendix demonstrate a number of cases where there have been multiple impacts on clients' social determinants of health after interactions with the legal team. They also highlight that HRCLS and the BBM team supported the client even when the legal system was unhelpful.

*Case Study: Client is a stolen generation survivor, who had significant mental health struggles before a car accident in which he lost his leg, was experiencing further mental distress due to adjusting to life with a disability, family circumstances. In addition, debt pressure from an insurance company pursuing him for a debt of over \$20,000.00 was exacerbating his poor mental health. The only funds Client had was the remainder from the stolen generation payout. The client was suicidal at the thought the insurance company would take those funds. The client would barely disclose information about the amount to his lawyers. Unfortunately given the Stolen Generation payout the client was not considered to judgment proof. The legal team had to liaise carefully with the insurance company to maintain our ethical responsibilities and protect the client. This approach allowed the legal team to be honest without full disclosure. Ultimately, working with the Trusted Intermediary support the legal team was successful in its advocacy, securing agreement that the Stolen Generation funds would not be pursued by the insurance company despite their possible legal right to do so. The client was relieved at the news; the debt had been waived. The Client retained their Stolen Generation payout funds and 'felt the weight of the situation lift off them'.*

In the primary 2025 data collected by Dr Curran through the 'Interviews with Trusted Intermediaries', the participants noted significantly improvements in the social determinant of health impact outcomes due to the health justice partnership. This tool contains a set of questions on health and wellbeing outcomes for a specific client that the Trusted Intermediaries selected. **90% of responses indicated improvements in stress, resilience, anxiety, trust, responsiveness, engagement, confidence, knowledge of rights and responsibilities, knowledge and skill over time in legal matters.**

**100% noted that the intervention of the BBM team led to an increased sense of hope.**

In relation to **flow on effects on other family members** **60% reported positive flow on effects** and in relation to the other 40% the response was 'no'. This related to isolation from family members and the complex behaviours flowing from the condition or single status. (See appendix page 93)

Examples in the data collected in 2025 (the 'Closing of File -Post Casework Survey') in the secondary data collected by HRCLS showed examples such as '**have enough to pay for food/bills/transport/utilities** and all other essential things but do not have any additional spending money'. Moving from 'couch surfing' to '**stable housing** but looking for better options', and other survey data '**always feel safe now**' from 'not safe at all'. Other clients surveyed report a move to '**I am able to pay for the things I need as well as the things I want/like/surplus money each week**' from 'I have no money at all and am in a lot of debt' when they were first referred to the BBM.

## **Collaboration**

In 2025, the management teams were working more closely and collaboratively than ever before and left the reflective practice conversation in May 2025 with Curran determined to join forces on the systemic challenges and strategic approaches to inadequate funding. The program will be funded for another 3 years from 2025 informed by the annual study and evaluation reports including the Mundy Review of the National Partnership Agreement, but with inadequate increases to cover program costs.

**FINDING** The huge strides made since the initial commencement of this embedded study and impact evaluation at project startup is best described as significant.

**FINDING:** Importantly BBM has been found to have created a trauma informed, culturally safe environment where community members are made to feel comfortable, and where legal support, advice and strategic action is occurring. This includes options that are tailored for the health and social circumstances of the community members, and the justice interventions have improved outcomes in client social determinants of health.

Dr Curran comes to this conclusion as she has strong comparison points to other programs endeavouring to achieve similar outcomes as HRCLS and AWAHS, and considerable research, practice, and evaluative experience over three decades on how to best reach the socially excluded and disadvantaged in the delivery of legal assistance services. This includes her work in Australia, Canada, and the United Kingdom. Curran has been measuring and examining effectiveness, and good practice including integrated legal practice.

This BBM program has had the benefit of the groundwork being laid in the previous seven years by the Invisible Hurdles Program in which both partners in this health justice partnership were involved. This program built existing relationships and by the time the BBM team started in early 2023 there quickly became a significant people seeking support and word of mouth had spread.

When Curran conducted the first field trip in April 2023 there was considerable scepticism within the Aboriginal community about whether the legal service offered through BBM could be trusted, would make a difference in their lives or would have any relevance. This stemmed from their previous experience with lawyers (outside HRCLS as there had been exposure to HRCLS and its Invisible Hurdles Program) and the legal system in general including the conduct of judicial officers.

When Curran returned in April-May 2025 the shift in perceived relevance of the staff at the BBM project had been significant.

**FINDING** The BBM has moved to a seamless, integrated service and all participants from each of the partner agencies felt it would be difficult to untangle the interdisciplinary way of working for clients.

Client participants, some who were also Aboriginal staff, seemed to 'love' the BBM team including commenting on their value, approachability and respect. **Aboriginal community members felt that the BBM team were approachable, trustworthy, helpful, and responsive.** This included the Aboriginal staff who were interviewed in April 2024 and 2025. The quantitative data on referrals, high numbers of secondary consultations (see definition section of this report) and legal matters undertaken, and the spread in the nature of the problems is also evidence of this engagement of the BBM Program and all the tools combined and cross referenced revealed data suggestive that all the benchmarks for effectiveness and impact (reach, engagement, capability, empowerment, collaboration) are being met with downstream positive impacts on lives including reductions in stress and anxiety – critical to improve and alleviating poor mental health.

**FINDING** The BBM program is also achieving huge gains in reaching members of the Aboriginal community who would otherwise not turn to legal services for help. The data suggests that **without the BBM none of the clients would have sought or found their way to legal help.** This shows the HJP has been critical funding. This **effectiveness is connected also to the multi-pronged integrated approach that combines provision of secondary consultation, community development and professional development. Each of these combinations has seen referrals and self-referrals and ongoing engagement with the interdisciplinary team working together.** The client journey is supported by this integrated multi-pronged approach to legal service delivery even if some clients might not be ready for taking legal action at the time.

**FINDING** The BBM program is not only reaching its aim of extending reach to clients of AWAHS and in its catchment but is specifically reaching those affected by poor mental health and with trauma. This reach is critical in enabling access to justice for the local Aboriginal community.

### What works

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

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

What is also encouraging is the range of disciplines that the primary data reflects are engaging with the BBM project. This is evidenced by participant data increasing to 9 Trusted Intermediaries in 2024, an increase from the five Trusted Intermediaries interviewed in April 2023. Also, it is evidenced by interview data which indicates **downstream use of BBM**

**services by other members in a range of teams at AWAHS. This also includes use of the information provided by BBM, including its fact sheets, on a routine basis by other AWAHS staff for clients of the health service. This downstream reach is to people who may never encounter the BBM Team. Through this BBM has been able to reach significant other clients.**

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

What is evident is that the presence of the BBM team, their visibility, responsiveness, approachability, willingness to have a go, clear explanation of risks and limitations of what the service can do, is acknowledged. In addition, as noted the BBM team is working alongside and in collaboration with the Invisible Hurdles Team, the latter with a focus on young people and which is also taking referrals from BBM to its own team. IH continues to use the same integrated approaches and methods around reach, capability, empowerment, collaboration, noting as previously discussed the BBM emerged from IH. These shared frameworks required by the study and evaluative framework that staff operate in as the shared measurement of their effectiveness is enabling consistency of approach and springboarding which is benefiting clients, local Aboriginal community and staff alike.

To a legal outsider such work of a legal support team might seem peripheral, but this community development approach (as evidenced by IH Annual Report 2)<sup>1</sup> is critical for cultural safety. This is needed for problem disclosure and sufficient information to best support Aboriginal clients with legal issues who might not identify issues as having a legal dimension and thus limiting their options for resolution. Put more simply if there are no disclosures then legal problems will remain invisible and client options are limited.

## **Funding**

Most certainly the previous seven years of the Invisible Hurdles Program cannot be ignored in terms of enabling this BBM partnership to establish itself, overcoming usual early hurdles of the start-up phase in relation to obtaining referrals and building relationships. This is evidenced by the very fact that when the BBM service project started with immediate referrals, and, based on the qualitative primary data in the first annual report, a clear anticipation and appetite for this project. Many similar projects sometimes struggle in the first six months to reach clients, obtain referrals and gain secondary consultations. This has not been the case with the BBM Health Justice Partnership.

**FINDING** As noted in the previous two annual reports, this sort of strong trajectory of making inroads on all the benchmarks can only continue with sustained and continuous funding. Short term and uncertain funding inhibit the longer-term impact and examination of outcomes. This shorter-term funding especially in Aboriginal communities and other under-served communities where trust is needed to combat suspicion of the law, lawyers and legal processes makes this difficult. This three-year funding (whilst time limited) can be utilised by other service programs. Having time to change practice and move away from siloed ways of working is a critical feature for those embarking on integrated legal practice, not just within Australia but also abroad.

## **Growth and progress from 2023 - 2025**

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

**FINDING: The BBM team is making significant inroads and has built trust.**

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

Repeating an extract from the Annual report in 2024:

*If governments want a blueprint for a model to 'close the gap' in Aboriginal disadvantage they need to be brave and understand the complexity as this section has highlighted and learn from this BBM model of health justice partnerships on the way forward, but it does require consistent commitment to longer term funding which is critical for traction and positive outcomes and impact to occur. The value of embedded outcomes evaluation cannot be overlooked whereas is the case in the Invisible Hurdles and BBM program it working, within models of action researcher, co-design and participator methodologies that are underpinned by a model of continuous reflection, learning, development and recalibration informed by a solid evidence base a point made but Curran over many years.<sup>ii</sup> In addition, the opportunities presented by law reform and policy input based on trends in case work to intervene early and prevent problems or their escalation is also key.<sup>iii</sup> The BBM is making strides in this area, and this will be revisited in 2025 to see its progress. This need has recently been underscored by Mundy in the recent review of the National Partnership Agreement of Legal Assistance Services commissioned by the Australian Government in recommendations 15, 22, 34 and 36<sup>iv</sup>. For this reason, the recommendations in this report can assist governments address closing the gap targets and are directed at funders, policy makers and government at all levels. The recommendations in this include suggestions that further funding be dedicated to not only continue this 'remarkable' BBM program but to expand the team. This was in data from the significant majority of non- HRCLS participants in the research.*

*Benefits of BBM leverage related Invisible Hurdles Program – long term funding investment and time to build trust and reach*

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

*Challenges for the Broader Legal Profession and Trust in Institutions*

In the first field trip in April 2023 there was considerable scepticism within the Aboriginal community about whether the legal service offered through the BBM could be trusted, would make a difference in their lives, or would have any relevance. This stemmed from their previous experience with mainly private and legal aid lawyers and the legal system including the conduct of judicial officers. Some of the Aboriginal participants in the 2023 study had previous contact with HRCLS community lawyers, through its Invisible Hurdles Program, specifically the Men's Shed participants and were less sceptical about the role of community lawyers. However, these participants noted, that they needed proof that BBM staff would respect them, listen to them and behave with more respect than had been their experience and or perception of lawyers and the law in general.

**FINDING** In 2025, the faith in the BBM legal team has grown but, of ongoing concern, particularly amongst the Aboriginal participants there was marked scepticism about private lawyers and the legal system in general and its relevance to them.

Noting the nature of this service is to improve mental health and address trauma, many Aboriginal participants reported that their own experience and that of their clients and family members were pivotal in their scepticism.

**Universally, however, the Aboriginal participants said that this did not apply in their experience of the BBM legal team.**

### **Areas for Improvement**

Relationship between Aboriginal community & the broader legal profession (including judiciary): There is scepticism about private lawyers and lawyers in general, the legal system and **many participants reported poor experiences of judges**. This emerged in the qualitative data as significant.

Expansion beyond civil law: **The BBM program is critical in enabling access to justice for the local Aboriginal community but there are still some missing out**. With time and increases in resources including staff (see recommendations) this will only improve. This is mainly as currently in certain areas of law where they need help for example child protection, mental health (tribunal) law, and criminal law there is not the capacity or expertise in these areas of law in the BBM team. **With time and increases in resources including staff (see recommendations) this could improve**.

The report in 2025, particularly in the section involving the data from the legal team, endeavours to unpack and understand what it is that the BBM legal team do in their conduct of the legal practice that is different to traditional modes of legal service delivery.

By doing this, Curran hopes that their professional practice might help inform and shape new ways of being a legal professional to benefit clients in general and their experience of the legal system, not specifically only when dealing with Aboriginal community members, but all members of the public who are clients of legal services and the endeavours to achieve people centred justice which is being urged by the United Nations<sup>7</sup>, and the World Justice Project<sup>8</sup>.

### **Lessons from the Health Justice Partnership that have universal application to inform and shape effective service delivery**

The lessons emerging are universal and do not just apply to the region of NSW and Victoria that is the subject of this study, or just to Australia, but are equally applicable in other jurisdictions around the world (see Part E of the report).

It is hoped that this final report will be used to shape legal education in universities that teach law and representative bodies and their regulators in training of lawyers. Critically important is that it inform regulatory bodies and legal professional bodies about how they can improve ethics in the legal profession in general and in consumer experience.

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<sup>7</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 07 August 2025; UNDP, 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>> accessed 07 August 2025.

<sup>8</sup> Work Justice Project (WJP), 'World Justice Project RULE OF LAW INDEX 2023 Insights' (2023). <<https://worldjusticeproject.org/rule-of-law-index/downloads/WJPIsights2023.pdf>> accessed 07 August 2025.

### *Role of Collaboration with Trusted Intermediaries as Critical in in improving Reach*

Reach is aided by the **willingness of Trusted Intermediaries** (see definitions section) at AWAHS to work with the BBM staff to **identify legal issues capable of a solution or options to support people with poor mental health and trauma issues**. What is also encouraging is the range of disciplines that the primary data reflects are engaging with the BBM project.

**FINDING:** The role of Trusted Intermediaries to build trust and increase reach is essential. **Trusted Intermediaries are critical as they have trust and provide holistic support providing a critical bridge of legal teams.**

### *The role of engagement in extending reach*

The BBM team is working alongside and in collaboration with the Invisible Hurdles (IH) Team, the latter continues its focus on young people, and which is also taking referrals from BBM to its own team. IH continues to use the same integrated approaches and methods around reach, engagement, capability, collaboration, and empowerment which are features from which the BBM emerged. What is evident is legal team visibility, responsiveness, approachability, willingness to have a go, clear explanation of risks and limitations of what the service can do, is acknowledged. This builds confidence in the community to not only engage themselves as they feel safe and participants noted, can observe interactions of legal staff with their community. This transfers trust, seeing them refer other Aboriginal friends and family in this case to the BBM program.

The value of running community events and being present in activities that Aboriginal community members engage in is critical. Principles of co-design, cultural sensitivity, responsiveness, reflective practice and adaptiveness are critical to program effectiveness. The 2023-2025 aggregated (qualitative and quantitative for the whole BBM study reveals unequivocally a correlation between referrals and self-referrals from this multi-pronged approach. To a legal outsider such work of a legal support team might seem peripheral, but it is in fact critical in reaching under-served populations who as in this project would not otherwise seek legal help.

**The data is also clear that without being able to turn to legal help, like the BBM, problems spiral, escalate and as a result mental health and conditions for family worsen. It is especially important for the cultural safety that is needed for problem disclosure and sufficient information to best support Aboriginal clients with legal issues who might not identify issues as having a legal dimension and thus limiting their options for resolution.**

**FINDING:** Programs which are co-designed and are built on evidence-based methodology and include collaboration and engagement at all levels are effective

**FINDING:** A community development approach with its staff presence, respect, cultural safety and co-design of activities and program elements is an essential prerequisite for success

The overall 2025 quantitative and qualitative data in the evaluative study was studied to assess the link between trust and client disclosure emerging from the responses. The findings in this report fill a vacuum in the international literature on the link between trust and client

disclosure and further strengthen new insights in the most recent Public Understanding of Law Survey<sup>9</sup>.

Put simply, if there is an absence of trust there is less or no disclosure about their problem as it may be too personal, they might feel ashamed or do not feel confident in its relevance. The data was consistent on this across all the tools and provide important insight on advice seeking behaviour. This is also consistent with previous findings in IH evaluation showing that to obtain disclosures of family violence from young people, trust needed to be obtained. **Now, as then, the community development, co-design approach is essential.**

**As a result, if there is a lack of trust between client, Trusted Intermediary and their legal team then, legal problems will remain invisible and/or client options limited.** An example of this was in one client interview where the client disclosed to the lawyer previous institutional abuse as a child that he had never disclosed to anyone before. The Trusted Intermediary interview revealed that it emerged as the client felt safe, the lawyer took time in the interview and asked open questions in a non-judgemental manner and gave the client the space and time to answer.

In the first study report it was made clear that trust can easily be lost if false promises are made, and there are lapses in visibility and presence and in continuity. This was also a feature in the data in the IH research and evaluation reports in 2018, 2021 and 2022.<sup>v</sup> that had participants who were not Aboriginal. **The BBM team has made significant inroads by the team being available and following up on promises or managing expectations around scope of service and time frames.**

**FINDING:** Trust must be built and maintained for clients to feel safe and to disclose information that can then enable the lawyer to give comprehensive advice on a range of issues including those not previously disclosed.

### **Reducing Inequality (SDG 10) and good health and wellbeing (SDG 3) and ‘Closing the Gap’**

The BBM Project is starting to address entrenched inequalities not just providing legal services but by working with the Aboriginal community to develop legal empowerment, confidence, and capability. This means the community in the catchment area for the project in the regions in Victoria and NSW increasingly have their voice heard. In Australia, this is a priority of the Federal and State governments and local councils across Australia. Given the Productivity Commission Indicators Report in 2025<sup>10</sup>, with overall small progress on justice and social determinants of health outcomes, **the BBM project is a beacon on how and what can be achieved with co-design, participatory approaches and the right model, partners, funding and longevity.**

The qualitative data verifies this and highlights that there is a significant demand for family law which is currently either not being met, at capacity or being referred out. It will be suggested in the recommendations that there was a need for funding for an additional family lawyer.

**FINDING** The BBM health justice partnership is Closing the Gap on the inequities and different social determinant of health outcomes that exist for Aboriginal communities (see data on social

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<sup>9</sup> Nigel J. Balmer, Pascoe Pleasence, Hugh M. McDonald and Rebecca L. Sandefur, ‘Public Understanding of Law Survey - Volume 3’ (*Victoria Law Foundation*, 2024). <<https://www.victorialawfoundation.org.au/research-publications/puls-volume-3>> accessed 07 August 2025.

<sup>10</sup> The Productivity Commission - Australian Government, ‘Closing the Gap Information Repository – Dashboard’ (*Productivity Commission*, July 2025) <<https://www.pc.gov.au/closing-the-gap-data/dashboard>> accessed 07 August 2025.

determinants of health from Trusted Intermediaries – quantitative and qualitative and secondary and primary data in the report).

**FINDING:** BBM is improving the experiences of Aboriginal clients and address inequality through earlier intervention by legal support services that avoids problems arising in the first place or by intervening in a timely and responsive way to ensure problems don't escalate. **If legal problems are left, as the 2022-2025 BBM data indicates, this leads to stress, relapse, and escalation of health and associated problems and poor decision making caused through poor information and anxiety - which BBM are countering.**

**FINDING:** the methodology and outcomes of BBM are Closing the Gap including progressing some of the multi-governments' stated targets<sup>11</sup>. It has done this through acknowledging and being informed through co -design of the ongoing strength and resilience of Aboriginal people by ensuring local Aboriginal community have a genuine say in the justice design and delivery of policies, programs and services that affect them. Aboriginal staff and non-Aboriginal staff (some of whom are clients of the BBM) report better life outcomes achieved (See Case studies).

The Appendix to this report contains the data and some analysis and comment where this related to breaking down what elements lead to such effective and impactful practice or policy. These sections should be referred to for more detail and guidance should the reader of this report wish.

## Recommendations

### Recommendations Core Service Delivery - Legal service (information, advice, casework, secondary consultation and representation)

Recommendation 1: In person, place-based, holistic, culturally safe and trauma informed service delivery is essential. With the current push of information technology companies, governments and the courts towards use of AI and digital interfaces, it is critical that people have recourse to in-person, place-based in community expert legal support. If people do not trust lawyers and are reticent to seek help because of poor experience they will resort to free, Artificial Intelligence which in legal matters can be incorrect, fabricated/hallucinated and not tailored to their situation. This can lead to significant issues such as loss of claims, being penalised, poor decision-making and problem escalation.

Recommendation 2: Legal literacy and health literacy are integrally connected. More work needs to be undertaken with health, allied health and social welfare agencies to demonstrate the value of justice support to expand options to help people resolve their complex problems.

Recommendation 3: The BBM service needs to be expanded in scope as, whilst it is addressing civil needs of the Aboriginal community (noting demand far exceeds capacity), that community and the Trusted Intermediary support staff, the AWAHS Board and manager of AWAHS report in the 2024 and 2025 data that the service needs more capacity and expertise in other key areas of extreme need. This includes family law, child protection (as raised in previous reports) as well as criminal expertise, expertise in mental health law and for the mental health tribunals. It was reported in the BBM data 2023-2025 that many clients can't fill out forms for the Aboriginal Legal Service or for Legal Aid and consequently disengage or are unable to access the support they need. Whilst Trusted Intermediaries have been assisting it

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<sup>11</sup> 9. Supporting progress towards appropriate housing facilitated (9), 12 children not over-represented in care and protection system (12), families are safe (13), report high levels of social and emotional wellbeing (14) and especially access to information for informed decisionmaking. See Closing the Gap Targets.  
<https://www.closingthegap.gov.au/national-agreement/targets>

is not enough. Local solicitors are at capacity and are often not interested and clients don't feel safe with many private lawyers due to previous experience or community reticence. Without this support, situations spiral and poor mental health and consequent bad behaviours result. This costs more for the system in terms of hospitalisation, corrections and harm. Yet if access to early advice and advocacy can prevent the escalation of stress that leads to things being dissipated rather than spiralling there is a clear return on investment.

Recommendation 4: Economic impact & evaluation needed. The data in the BBM study annually is showing there is a clear return on investment. It would be good in future studies for expertise in economic evaluation on cost savings due to earlier intervention and earlier advocacy and consequent saving to hospital Accident & Emergency or other relevant entry points and discharge, and pre -release, and mental health tribunal. Building this expanded expertise into the existing and trusted BBM makes sense given established relationships and points of referrals that have been developed through the health justice partnership program.

Recommendation 5: BBM should be replicated informed by local participation, knowledge and understanding in different settings. Considering the improvements in social determinants of health from having integrated legal services in multidisciplinary settings, policy makers and funders of the models such as the BBM health justice partnership should be replicated with adjustments for local exigencies considering its effectiveness as a way of reaching underserved community members, building capability and legal empowerment.

Recommendation 6 – Secondary consultations should be recognised as official data points. Official 'service type' provided to clients is not reflective of the value of other service types. It should include secondary consultations in integrated legal practice models. In addition, the value of secondary consultations should be considered as a suite of core services and resources and funding scaled up to enable greater reach, and earlier intervention at pressure points where people are currently unable to gain access to legal help but are receiving other health and social support, for example, in mental health.

#### Recommendations Core Service Delivery – Community and Professional Development

Recommendation 7: Collaborate further with those who do in-home visits. There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities attend the activities at AWAHS. Community members in the Yarning Circle and some of the Aboriginal Trusted Intermediaries suggest that opportunities might exist to work alongside the health staff who do home visits, to do training sessions with follow up potential for legal work that might emerge. There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities cannot attend the activities at AWAHS. BBM needs additional resources/funding to build its capacity to work alongside the health staff on home visits, to do training sessions with follow up potential for legal work might emerge. Knowledge of this legal support would deter those who intimidated those at risk due to isolation (e.g. elder abuse).

Due to these people's susceptibility to isolation, it was felt that they were marginalised and more at risk of various forms of abuse including elder abuse, carer abuse, domestic violence and abuse by authorities (child protection and housing) who intimidated them, gave them the wrong information causing increased stress and anxiety and exacerbating problems.

Recommendation 8: Community engagement and development should be recognised as integral to effective service delivery beyond BBM There is a clear connection emerging between greater engagement and community and professional development as a critical first step that leads to higher rates over time, notable in the 2025 data of Aboriginal self-referral and Trusted Intermediary referrals for help with legal problems. Community development and professional development is key to this pathway and public legal service delivery through

community legal centres, given their experience in community focussed service delivery, means they are ideally placed to do this work if they are informed by the good practice developed and evaluated in the IH and BBM studies over 10 years. Core legal services, to be effective, need to not be seen as only limited to information, advice, casework and representation/dispute resolution but rather as integrally linked to secondary consultations community and Professional Development and Policy and Law reform work, co-designed alongside community/clients and Trusted Intermediaries. This holistic approach to service delivery is more likely to be effective in ensuring attainment for the Sustainable Development Goals. These include (good health and wellbeing (SDG 3) reduction in inequality (SDG 10) collaboration (SDG 17) justice and strong institutions (SDG 16.3 Access to Justice). This includes the UN identified five pillars for *people centred justice*<sup>12</sup> including addressing people's everyday justice and needs. The HJP model through access to effective early support is more attuned to finding efficient dispute resolution mechanisms, the legal protection of human rights and the ability for all people to live in safety and security. The co-design model as illustrated by the BBM health justice partnership model starting from an understanding of people's needs, experiences and expectations provides a model to ensure a people-centred approach aims to strengthen systems to deliver justice and security services for all.<sup>13</sup>.

Recommendation 9: Invisible Hurdles Program to be expanded and funding provided for more capacity to develop opportunities in schools to learn about legal avenues and the extent to which there may be legal options in a 'law thick world'. This will assist in creating awareness early in young people about risks of payday lending, debt and housing and on taking AI summaries as legal advice given risks in its correctness and what are credible sources for legal information and support services.

#### Recommendations Core Service Delivery – Law Reform and Policy

Recommendation 10: Co-design of programs must continue and the success of BBM due to collaboration, co-design and reflective practice should be emulated. Programs should be shaped and designed by the community for which they service. Genuine co-design of programs, and participation of community is integral to success, effectiveness and impact. It should start at inception with how services are funded, service design, study and evaluation, process. This dialogue with community should be ongoing and have regular feedback loops. Community is best placed to inform what is appropriate, what good looks like and what will work for them, when in what contexts, in what circumstances and how.

Recommendation 11: Funding should be provided for training of judicial members, and the private profession which could be delivered by HRCLS which now has expertise in trauma informed practice, cultural safety, mental health and trauma impacts and how to treat Aboriginal clients with respect and understand the context in which legal problems arise. This training might also be useful for some public servants who have decision making roles particularly in relation to care and protection of children. It would include (in conjunction with

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<sup>12</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024; UNDP, 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>> accessed 20 September 2024.

<sup>13</sup> OECD, 'OECD Framework and Good Practice Principles for People-Centred Justice' (OECD, 2021) <[https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice\\_cdc3bde7-en](https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice_cdc3bde7-en)> accessed 18 September 2024; UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024.

Aboriginal partners) cultural safety and mental health, and trauma impacts and how to treat Aboriginal clients with respect and understand how this effects the legal contexts.

Recommendation 12: BBM staff, in future work focus on building the capability of the health partner's staff and local community to enable participation in law reform and public policy for early intervention and harm prevention in problems caused by laws, policy or their administration at a systems level. This combined health and justice lens can show decision-makers how harm can be reduced. This expertise can identify ways to reduce such harm and what reforms are needed to improve outcomes through systems reform.

Recommendation 13: Reparations to Stolen Generations should receive statutory protection from debt collectors including other government entities. In addition, funeral costs should be included. This is a fundamental deficiency in the current legislative arrangements and needs to be reformed. It undermines the whole point of such reparations and often poverty and debt are a direct result of the treatment for which they are being reperated.

Recommendation 14: HRCLS & AWAHS should continue to develop referral protocols with pro bono etc and support service delivery which is delivered in the trauma -informed and cultural safe way that HRCLS has shown expertise in and funding should be provided. This may include secondment type arrangements where BBM continue to provide client facing work and pro bono come in to support file work. The data from 2025 reflects that currently this is resource intensive work but critical if clients are going to keep engaging with the legal help once referred. This training might also be useful for some public servants who have decision making roles particularly in relation to care and protection of children.

Recommendation 15: Funding for programs such as BBM & IH should be rolled into long-term baseline funding. The Government at State and Federal level action the recommendations of the Dr Mundy Review<sup>vi</sup> (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report<sup>vii</sup> below:

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

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

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

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

### Organisational Partnership Strength and Integrated Practice

Recommendation 16 (to be read with recommendation 12 above): Increase resourcing of the justice partners in all health justice and integrated partnerships (given the reach of such integrated practice to underserved communities and enhancement for trusted intermediaries in their support to clients with unresolved legal problems) to build the capability of staff in the health/integrated partnerships to enable participation in law reform and public policy needed

to equip staff to look to the root of causes of problems for early intervention and harm prevention.

Recommendation 17: Expanding the volunteer pool and establishing a contingency plan would help manage unforeseen disruptions with client no-shows which of often due to their complex needs and trepidation about lawyers and the legal system. Additionally, adjusting appointment scheduling based on the complexity of client needs could ensure smoother operations and reduced wait times. Pre-event workshops or webinars and simplified tailored information about how the events can help them could help educate clients on the legal processes involved, reducing hesitation and improving overall efficiency.

It is noted that the BBM approach has minimised no-shows and improved attendance of community overall through trust and ensuring a lead-up to events and client interview with the trusted intermediaries and ongoing engagement with the clients by the BBM Team.

Recommendation 18: Local private law firms have a real opportunity to expand access to justice reach to those unlikely to turn to formal legal services by volunteering their valuable expertise in partnerships like this one with HRCLS and AWAHS. The rule of law and human rights of all people underpins democracy with access to justice being a key plank of equality before the law. The local private profession has an important part of protecting those rights. A well-functioning and well-regulated legal system by ensuring lawyers are ethical and professional.<sup>14</sup> The consumer confidence and trust this engenders is an important part of ensuring access to justice and needs to step up to the plate given this is a regional area and huge effort is undertaken by the HJP not only to run and organise these events on community development but as a critical reach to people who lack transportation but who make the efforts to attend. HRCLS and AWAHS value add to the profession which often lack the proper approach and training in cultural safety and trauma informed practice and working with people experiencing disadvantage and decolonising.

### **What the Study Reveals about Good Practice for Effective Service Delivery: Beyond the BBM**

This sort of study and evaluation in the legal assistance sector is rare. This is in the context of legal assistance service delivery where program funding is often only of a pilot phase or in the shorter term. This study is unique as funding rarely includes an evaluation or study of impact component making it difficult to prove effectiveness of projects. This is a point that was highlighted in the Review of Legal Assistance Services in 2023.<sup>15</sup> This contrasts with funded studies that occur in other sectors which occurs on a routine basis such as in health and education. The health justice partners were adamant that in the initial funding application an embedded study underpinned the service program. (See Part One).

The partners are to be commended for insisting on this study component in the initial funding application to the government.

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<sup>14</sup> Victorian Legal Services Board and Commissioner, 'Policy Statement Access to Justice' (2023) <<https://lsbc.vic.gov.au/sites/default/files/2023-07/D-23-98024%20%20Policy%20-%202023-04-06%20-%20Access%20to%20Justice%20-%20FINAL%20%20%20WEB%20VERSION.pdf>> accessed 07 August 2025.

<sup>15</sup> Warren Mundy, 'Independent Review of the National Legal Assistance Partnership 2020-25 – Final Report' (Attorney General's Department 2024) <<https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF>>

Whilst it is an evaluation of a Health Justice Partnership it has also studied what works, why and when and in what circumstances to inform broader integrated practices, policy and funding. Such studies are rare in the legal assistance sector in Australia and in other jurisdictions and so it is hoped that the insights from this study will foster and encourage dialogue and improvements more universally. Here are some ideas and tips for improving client experience and access to justice:

- ✓ **Embed reflective practice across legal practices so it becomes a part of a culture for continuous improvement, development and improvement. This can only help clients and be a good thing for the private and public sector.**
- ✓ **The need for proper realistic resourcing and funding of legal assistance services combining with understanding of how demanding working with community members who have entrenched inter-generational inequalities and complex needs.**
- ✓ **Client complexity and lawyer responsiveness – need for advocacy to enable greater accountability in decision-making in treatment by Authorities.**

#### **Elements include:**

- *Growth Mindset,*
- *Active Listening and Human (people)- Centred approach*
- *Proactivity in Face of Limited Funds,*
- *Professional development,*
- *Lawyer responsiveness,*
- *Advocacy to enable greater accountability in decision-making in treatment by Authorities,*
- *Collaborative practice,*
- *Persistence,*
- *Multi skilling in law reform, media to advance client voice and its challenges,*
- *Visibility and approachability,*
- *Engagement with Mental Health best practice,*
- *Active Listening and Human (people)- Centred approach,*
- *Need for strong pro bono links due to limited resources, capacity and expertise but also the need to train lawyers to support clients who are referred to ensure the referral is cultural appropriate and people-centred, and*
- *Mutual professional support through the health justice partnership.*
- *Mutual professional support through the health justice partnership/ integrated legal practices*
- *Pro bono private lawyers. - need for strong pro bono links due to limited resources, capacity and expertise but also the need to train lawyers to support clients who are referred to ensure the referral is cultural appropriate and people-centred,*
- *Visibility and approachability*
- *Engagement with Mental Health best practice*
- *Professional development*
- *Collaborative practice*
- *Persistence*

## **Addressing and acknowledging structural Issues and Inequality**

- *Multi skilling in law reform, media to advance client voice and its challenges*
- *Need to work on structural Issues that cause inequality in partnerships that are strong because of different interdisciplinary perspectives*

## **Advice to anyone setting up integrated practice for underserved groups (based on the evidence)**

*Intake work to minimise the need for the client to retell their story in legal health checks that are simple and gather lots of information with simple and clear but few questions and integrate these as much as possible to the existing partners intake assessment, so it is simple for busy people*

*Conflict of interest management from the outset with good understandable protocols.*

*Legal secondary consultations build trust, and which can enable timely support and enable reach downstream when clients may be reticent to see a lawyer at least initially until trust with intermediary and bridge to client is established.*

*Be visible*

*Mutual reciprocity and respect for different disciplines each have a contribution to make to holistic care and client outcomes. Different perspectives when combined can lead to more client options and creative problem solving – dialogue and creating time for it is key*

*Liaise with non -legal staff for help with necessary documentation to minimise stress on clients*

*Show you are interested in the client and the Trusted Intermediary (partners) perspective – respect and active listening are key.*

*Open questions encouraging narrative rather than question answer which can be like an interrogation or judgement.*

*Be curious and compassionate and patient noting that the client groups will have multiple, interesting and often cascading problems that cause stress and embarrassment and that they have little idea of the role of law*

*Flexibility to client and colleagues' contexts -doing phone appointments if needed, rescheduling when they don't attend*

*Conversation and walking with clients and alongside them to build rapport*

*Be honest, but also mindful of the impact of bad news on clients and their health and wellbeing and that of their families*

## Terminology, Definitions and Abbreviations

Aboriginal	The term used throughout this report to represent both Aboriginal and Torres Strait Islander people. This is the term we have been advised to use for this project as most apt for the local community.
ALS	Aboriginal Legal Service
ANU	The Australian National University
AWAHS	Albury Wodonga Aboriginal Health Service
BBM	<i>'Bagaraybang bagaraybang mayinygalang (BBM): Empowering &amp; Alleviating: A Health Justice Partnership (HJP) offering legal support for social &amp; emotional well-being between the Hume Riverina Community Legal Service (HRCLS) &amp; Albury Wodonga Aboriginal Health Service (AWAHS).</i>
Capability	The ability of the citizen to be informed of their legal rights and position in law and to have the wherewithal to make informed choices and take next steps. It includes (but is not limited to) awareness and identification of problems as having a legal dimension. A lack of capability amongst certain groups (often created by systemic conditions or ill health and a lack of resources) leads to a susceptibility to inaction. <sup>viii</sup> It is important to note that Curran's studies use the term 'capability' rather than 'legal capability' as this is informed by other research on advice seeking behaviour. Legal capability <sup>16</sup> is about knowing the law, how it applies and next steps and having the confidence to take action. However, examining legal capability alone does not tell the full picture, when it is dependent on a range of other factors including confidence, having the resources, energy, wherewithal and recognition that legal issues sit within the context of an array of other problems. Although law may offer an option, it may not always be able to be actioned due to a range of other factors including poor health, poor mental health and other pressures. Legal options are but one option in a larger repertoire and may or may not be appropriate depending on the contexts of the person.
FV	Family Violence

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<sup>16</sup> Nigel J. Balmer, Pascoe Pleasence, Hugh M. McDonald and Rebecca L. Sandefur, 'Public Understanding of Law Survey - Volume 3' (*Victoria Law Foundation*, 2024). <<https://www.victorialawfoundation.org.au/research-publications/puls-volume-3>> accessed 07 August 2025.

HJP	Health Justice Partnership- Health Justice Partnerships see lawyers working alongside health and allied health professionals to reach clients (who otherwise would often not gain legal support) with a range of problems capable of legal solutions e.g., debt, family violence, poor housing, consumer issues, care and protection, human rights, access to services. The aim is by resolving legal problems it also improves social and health outcomes. The clients of HJP are often complex, have more than one legal problem and a multitude of other health and social welfare problems. They often feel judged and lack trust in services and the strength of the HJP model is that lawyers work with their non-legal supports from different disciplines i.e., Trusted Intermediaries (TIs) with whom the clients are likely to disclose to support in problem identification and action.
HRCLS	Hume Riverina Community Legal Service
ILP	Integrated Legal Practice in a community agency setting with legal and non-legal services working alongside each other. Lawyers and other community service professionals work together to respond to the needs of community members. The seamless integration of practitioners' skills and expertise across disciplines enables a more holistic service response.
IH	Invisible Hurdles
Justiciable	A problem capable of a legal solution.
LANSW	Legal Aid New South Wales
LAS	Legal assistance services -Direct legal services that are delivered in Australia by Legal Aid Commissions (LACs), Community Legal Centres (CLCs) /Law Clinics including Community Legal Services (CLS) and Indigenous services (namely Aboriginal and Torres Strait Islander/First Nations Legal Services) in collaboration in civil, family and criminal legal aid. This work is performed by salaried inhouse public legal service providers and private lawyers funded by legal aid targeting unmet legal need and focusing on communities known to have limited access to justice.
MAC	Mungabareena Aboriginal Corporation
MDP	Multidisciplinary Practice
MH	Mental Health

Mixed model	A mixed model is a variety of <i>direct legal assistance service providers</i> catering to different communities and areas of law. The 'mixed component' is that they are publicly salaried staff (as opposed to charity sector funded by government). These salaried staff deliver legal services (with core funding that includes information, advice, early intervention, public legal education, case work, advocacy, and policy reform) providing general and specialist offerings. The idea is to ensure a 'one stop shop' (with strong referrals in areas outside legal expertise). Many can provide generalist advice in multiple areas of law with few demarcations on legal matter service areas. This is to minimise clients having to have their legal problems resolved in more than one location or changing personnel too often. Each have developed specific expertise and knowledge about the needs of their client communities. They then work alongside private lawyers using a judicare model alongside this mixed model.
NSW	New South Wales, Australia
OP	Other Party
Participants	Knowledge holders
RIE	Study and Impact Evaluation
RPC	A reflective practice conversation draws out the valuable knowledge and experience that resides in people's heads that can often be missed in other data collection or information systems. Usually in this study approach a data report is presented to the participants. The RPC opens a space for participants (with the significant data presented to them from study) to pause and reflect on the data and a range of elements that can be tailored to the needs of the program e.g., achievements and underlying success factors, challenges, and areas for improvement, what's working for whom, in what circumstances and why, unexpected outcomes, lessons learned, growth and insight etc. It enables consideration of unexpected outcomes, lessons learned, growth and insight and what might be needed to be effective in future service delivery and strategic approach.
SC	Secondary Consultations - Secondary consultations are where a lawyer gives one-to-one information or advice in a timely and approachable way to 'Trusted Intermediaries' likely to have contact with vulnerable and disadvantaged clients. It is an effective way of reaching clients who would otherwise not gain help or advice. The premise is that legal secondary consultations build capacity and confidence in professionals to

identify legal issues so they either support a client or, where appropriate, refer clients who would otherwise not get help because of a range of inhibitors. Legal secondary consultations enable people to identify legal issues which if unidentified or unresolved can impact significantly on their lives (Curran 2017, 2020).

SDH	Social Determinants of Health are described by the World Health Organisation as <i>nonmedical factors influencing health outcomes</i> , encompassing conditions in which individuals are born, grow, work, live, and age, along with broader forces shaping daily life. <sup>17</sup>
TI	Trusted Intermediary Staff -Frontline workers who help and support clients and act as intermediaries to support them gain legal help with legal problems to help clients holistically, so they improve their social, economic and wellbeing outcomes.
VLA	Victoria Legal Aid
WDO	Work & Development Order
YC	Yarning Circle - this tool has been informed by the First Nations Cultural Safety Framework of the Australian Evaluation Framework (October 2021) and the Indigenous Evaluation Strategy of the Productivity Commission (October 2020). A Yarning Circle is a harmonious, creative, and collaborative way of communicating in the form of a free-flowing dialogue that encourages responsible, respectful, and honest interactions between participants, building trusting relationships in a safe place so they can be heard and respond or not as they wish. Yarning Circles are designed to allow all participants to have their say in a safe space, without judgement; based on oral traditions and trauma informed practice they allow for participants to come and go and join in when they feel safe.

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<sup>17</sup> Social Determinants of Health. World Health Organization. Accessed June 1, 2022. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)

## Part A - Introduction and Background to the Study

This report, *'Sharing of Knowledge & Increasing Empowerment - "No surprise that a program shaped and designed by community is working" is a Study and Evaluation Report* examining the effectiveness of this Health Justice Partnership between the Albury Wodonga Aboriginal Health Service and Hume Riverina Community Legal Service. This service program is entitled *Bagaraybang bagaraybang mayinygalang (BBM)*. *Bagaraybang bagaraybang mayinygalang* is Wiradjuri language and means *Empowering & Alleviating*. Through a Health Justice Partnership (HJP) it offers legal support for social & emotional well-being to the local Aboriginal community

As this is the final project report, its key focus is on the overall data collected in 2023 – 2025, not just on 2025 data and examining the cumulative effect the data suggests are key learnings, findings and conclusions. As the Final Report it not only examines the annual data but looks at the data over the life of the three years of the project to share lessons and insights.

### *Study Questions*

The overarching question for this study was to test if the BBM Program as a health justice partnership is effective and impactful in *Empowering & Alleviating Aboriginal community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS)* and what lessons can be learned?

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

### *Context for the Final Report*

For more detail the 2023 report<sup>ix</sup> contains the detailed background including the literature upon which this study is based. This informed its methodology and approach. The research and its background in literature are found in more detail in the [First Report](#)<sup>18</sup> and [Second Report](#)<sup>19</sup>. To avoid repetition and for brevity, the 2025 Final Report presents only new literature relevant to developments since 2024 or literature emerging from further exploration and critical analysis in 2025. Readers curious about other literature can look at these first two annual reports.

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<sup>18</sup> Liz Curran And Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang Bagaraybang Mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of The Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support For Social & Emotional Well-Being with Aboriginal Peoples In Northeast NSW And Victoria' (2023) <Http://Dx.Doi.Org/10.2139/Ssrn.4506912>.

<sup>19</sup> Curran, Elizabeth, 'Strength and Uniqueness -The Ripple Effect of the BBM Health Justice Partnership Sharing of Knowledge and Increasing Empowerment' (2024) <Http://Dx.Doi.Org/10.2139/Ssrn.4887353>.

This third report and final report in study funded over three years, has a reflective component. It looks back since service start-up in February 2023.

This 2025 Final Report reports on data from the 2025 study and comparisons and progression since the BBM's project start-up. The study was embedded and piloted in early 2023.

The Final Report takes a 'helicopter vision' looking to find out effective practices and delve deeper into what this looks like to inform future service delivery, policy and funding decisions not just in relation to the BBM working with Aboriginal community in regional Australia. There are common lessons about what good practice looks like that are universal in application not just for under-served populations but also around legal practices and ways of working for the community in general.

In this report there is some discussion of the new literature and a critique of it in the context of this data and the feedback on the role of co-design and participatory approaches in the service program's effectiveness and recalibrations as a result align with the underpinning ATSI principles such as self-determination, encouraging and supporting indigenous leadership, impact and value, and sustainability (through earlier intervention, empowerment and enhancing legal capability) and accountability. All have played a key part of design, conduct and process that drove not only this study, but the approach the service has taken to the application for funding for the BBM HJP. This approach (based on the data examined cumulatively in the analysis in 2025) indicates that the health justice model has been key to the program's success in making inroads that seemed a challenge at service start-up in 2023.

### *Positionality Statement*

Street et al and Bowman et al<sup>x</sup> suggest a personal statement should be included in all study evaluations where the people doing the study are not from an Aboriginal background disclosing their own backgrounds, biases and the approach that has been taken. This is to ensure cultural respect and cultural safety. This is not only for the purposes of transparency but also is to make a reader explicitly aware of biases, conscious or unconscious that different backgrounds of the researchers and evaluators bring with them in working with colonised populations

Dr Liz Curran (Curran) is Australian. She has been working for Nottingham Law School (NLS) Nottingham Trent University (NTU) in the United Kingdom (full time) since June 2022 and as a for funding for this BBM Project consultant since 2021. She was commissioned by HRCLS to undertake this study in 2022 as 'key personnel'. Dr Curran is a non-Aboriginal person. She previously conducted work for the HJP project partners as a consultant and researcher prior to the closure of the School of Legal Practice at the Australian National University in 2020. She has been working with Hume Riverina and AWAHS since 2015. Dr Curran was born in Hobart Tasmania, educated in Victoria, and has spent most of her adult working life working as a community lawyer, teacher, academic and for non-government organisations including for Aboriginal community members and agencies. As a junior lawyer in 1992 on Gunditjmara Country also known as Dhauwurd Wurrung (language group), in Southwestern Victoria, Australia, began working alongside Aboriginal people, Elders and Community Controlled Organisations. Since then, Curran has worked on a range of Aboriginal studies and as a legal practitioner for three decades undertaking work with and for Aboriginal communities. This work has seen her work informed by project

Aboriginal cultural advisers. She works with participatory methodologies for study and training, checking in at regular intervals to ensure her process, conduct, behaviours, and practice are culturally appropriate and safe. This enables constant recalibration and learning. Ideally, funding would have had an Aboriginal researcher as part of the study and evaluation team. Funding only permitted a modest sum which did not fully covered the cost of this study and evaluation. Priority was given to ring fence money, and it was used for the Aboriginal cultural adviser. Government funding of research and evaluations in Aboriginal communities should cover this in future research and evaluation funding which would facilitate the ATSI principles as mentioned earlier in the section on the report's context.

For this study, Dr Curran, met with Aboriginal people, counsellors, doctors, nurses, financial counsellors, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. Information and voluntary consents were obtained from the participants. She also gathered feedback from the lawyers on the program and the managers who run each of the services mentioned.

#### AIATSTI guiding principles shaping study evaluation design in 2022

[Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders 2018](#) and the further document [Keeping research on track II 2018](#) also shaped the process. Endeavours to involve local Aboriginal members in all aspects of study undertaken in their communities and organisations seeking their diversity, priorities, needs and importantly perspective and view on what a justice service should engage with community and views over time as to whether this was being met.

AIATSTI principles align with principles that we have been guided by while doing the work. This is explained throughout this report. Self-determination, Indigenous leadership, impact and value, and sustainability and accountability have all played a key part of design, conduct and process. This includes a reflective mindset to ensure throughout that both the HJP partnership and the study are constantly checking in with community and informed by their feedback so that recalibrations can occur to reflect their views. Local Aboriginal community can have diverse view which is why we have multiple tools to enable thematic analysis of trends and concerns emerging in the study.

The Aboriginal cultural advisor, Dr Judy McDonald, a Gunditjmara woman, advised on process, looked at draft reports and data results, finalised tools and recommendations to make sure they are appropriate. Her engagement occurred since funding was granted and her appointment as advisor was made on funding being approved in late 2022.

There is a steering group for the project (as defined in the 'Understanding the Differences: Reference Committees, Steering Committees, and Advisory Boards' AHRMC) rather than the suggested 'advisory group' in the initial funding grant due to participatory input. The role and makeup of this group was determined in Phase One. It consists of the CEO of AWAHS and the Aboriginal Manager of the [Social and Emotional Wellbeing](#) (SEWB) team of AWAHS and the Principal Lawyer and Program Manager of HRCLS. It monitors progress, provides strategic direction, and resolve high-level issues. It reviews project deliverables and makes key decisions regarding scope, priorities, and resources. It also has a role in ensuring alignment with Aboriginal

priorities, timelines, and resources. It prepares, reflects and seeks to address any challenges or barriers during the project.

The study and evaluation emerged from consideration of and is situated within the context of the international research and United Nation's annualised data which indicates ongoing continuous poor outcomes for Aboriginal people in Australia and for other indigenous communities around the world especially for people of different races, particularly 'black people'.<sup>20</sup> This body of international research cannot be ignored in a report that examines the effectiveness of this Health Justice Partnership that aims to improve justice and social determinant of health outcomes for Aboriginal community members experiencing poor mental health and well-being. In addition, the "Black Lives Matter" (BLM) the worldwide movement has also shaped recent and similar movements in Australia within the Aboriginal community, particularly considering the ongoing deaths in custody, over policing, and structural racism which has been consistently documented in a range of Royal Commissions and Commissions of Inquiry.

### *Aboriginal voice in the analysis process*

To honour the importance of Aboriginal voice, self-determination, and decolonizing practices, Dr Curran, mindful of not being an Aboriginal, commenced the analysis of data from the Aboriginal participants starting with the Yarning Circle and then with the feedback from the Aboriginal Trusted Intermediaries and the AWAHS Board when first analysing the qualitative data. This is a technique that Curran has used throughout the data analysis but never articulated in the previous two reports. Her aim is to ensure that the ATSI principles that underpin this study are honoured in the data analysis. ATSI principles such as self-determination, encouraging and supporting indigenous leadership, impact and value, and sustainability (through earlier intervention, empowerment and enhancing legal capability) and accountability play a key part of design, conduct and process of the BBM staff's community development, professional development, and policy reform. This data has fed back into a reflective mindset throughout to ensure that both the HJP partnership in the reflective practice conversations and then in the annual reports, the Aboriginal cultural advisor and Aboriginal members of the management team at the health partner, AWAHS, also consider the data and significance in their feedback. This feedback is then integrated into this final report. Aboriginal voice, self-determination and autonomy are part of the indicators used to assist in ascertaining whether the benchmarks are met as discussed early in the methodology section of this report. Most relevantly data has been allocated to the heading *empowerment* which is also one of the key benchmarks in this study.

Prior to this study and evaluation project HRCLS & AWAHS already had an existing relationship of trust and work together in ways which are collaborative, client centred,

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<sup>20</sup> Patrick Simon, 'Discrimination: Studying the Racialized Structure of Disadvantage' in Ricard Zapata-Barrero, Dirk Jacobs and Riva Kastoryano (eds), *Contested Concepts in Migration Studies* (Routledge 2021) 17; and the Special Rapporteur submits annual thematic reports to the June session of the Human Rights Council (formerly Commission on Human Rights) The Office of the High Commissioner for Human Rights, 'Annual thematic reports

Special Rapporteur on discrimination against persons with leprosy (Hansen's disease)' (2024) <<https://www.ohchr.org/en/special-procedures/sr-leprosy/annual-thematic-reports>> accessed 7 August 2025; The Office of the High Commissioner for Human Rights, 'Special Rapporteur on Contemporary Forms of Racism, Country Visits' (2024) <<https://www.ohchr.org/en/special-procedures/sr-racism>> accessed 7 August 2025

trauma informed and culturally safe. This BBM HJP focuses that relationship on those experiencing mental illness/poor mental health and seeks to address their legal problems in a holistic way, recognising that health, social and legal problems are often intertwined.

Mental health professionals at AWAHS, elders and leaders have identified clients experiencing mental health difficulties as often being triggered by issues such as fines, credit & debt, poor housing, consumer issues, debts, family violence, Centrelink and other 'everyday legal problems'. This HJP sees early intervention, tailored advice, and legal help with these sorts of matters through improving legal literacy, community legal education, professional development, legal health checks, direct legal advice/representation and support to clients, systemic reform, and secondary consultations to AWAHS.

AWAHS indicated in 2022 that their clients at risk of/with poor mental health often struggle to identify problems as legal and have a distrust of legal systems due to poor previous experience over generations.

Many First Nations people experience trauma, multigenerational distress and have significant social and economic difficulty as well as feeling that their voice is not heard. In addition, systems and solutions are often alien to their lived experience or not designed to incorporate their diverse situations. This can trigger or exacerbate poor mental health. By working together, these are some of the issues that this project and the evaluation of its progress seek to tackle. Prior to the BBM start-up, over 60% of clients seen by HRCLS in 2021 AWAHS indicated mental health or disability factors. This is an increase of nearly 20% from the previous year and nearly 30% from 3 years before 2021. As a result, the emphasis in the BBM HJP is to focus support on those with mental health needs/conditions and to increase capacity to service their legal need. This service model and the study approach to evaluating it, has been a collaboration, co-designed by HRCLS & AWAHS. It is a response to the significantly high numbers of First Nations people with mental health problems often alongside compounding and complex other problems.<sup>21</sup>

## **Scope of this report**

As this is the third annual reporting and final study evaluation due to limited funding, this report uses a reflective lens over the past three years since the start-up of this BBM Health Justice Partnership to gauge progress in social determinants of health. It tests whether the benchmark data evidences key lessons when integrated on what 'good looks like' and what works or doesn't work in terms of the BBM Health Justice Practices effectiveness. This is not only relevant for the current study but provides insights for other access to justice interventions to ensure their relevance, responsiveness, and effectiveness.

### *Impact and change take time and funding evaluations needs to reflect this*

The leverage that the previous Invisible Hurdles Program partnership has helped establish in building trust, engagement and buy-in from staff and clients alike at

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<sup>21</sup> Maria Karras, Emily McCarron, Abigail Gray and Sam Ardasinski, 'Access to Justice and Legal Needs: On the Edge of Justice' (2006) <[https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR\\_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW\\_2006.pdf](https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW_2006.pdf)> accessed 7 August 2025.

AWAHS, from the 'get-go', has meant that in a short time, but with a deliberate effort of BBM Staff to be visible and approachable by Trusted Intermediaries and Aboriginal community, significant gains have been made. Most certainly the previous seven years of the Invisible Hurdles Program cannot be ignored in terms of enabling this BBM partnership to establish itself, overcoming usual early hurdles of the start-up phase in relation to obtaining referrals and building relationships. This is evidenced by the very fact that when the BBM service project started there were immediate referrals and based on the qualitative primary data in the first annual report, a clear anticipation and appetite for this project. Many similar projects sometimes struggle in the first six months to reach clients, obtain referrals and gain secondary consultations. This has not been the case with the BBM Health Justice Partnership.

As noted in the previous two annual reports this sort of strong trajectory can only continue with sustained and continuous funding. Short term and uncertain funding inhibit the longer-term impact an examination of outcomes. This shorter-term funding especially in Aboriginal communities and other under-served communities where trust is needed to combat suspicion of the law, lawyers and legal processes makes this difficult. This three-year funding (whilst time limited) can be utilised by other service programs. Having time to change practice and move away from siloed ways of working is a critical feature for those embarking on integrated legal practice, not just within Australia but also abroad.

The qualitative data in this third and final report for the BBM study evaluation whilst it looks at the annual data, also considers the incremental data gathered over the life of the three years of the project and then examine it all for features, commonalities and lessons. The data analysis of the two previous annual reports also provides a basis for which certain correlations and linking of different practices which combine to lead to outcomes, reach and earlier intervention and prevention of problems and poor health impacts. It is reflected in the conclusions, findings and recommendations later in this third and final report.

Three years of data sits behind the analysis in this report, with a particular focus in data analysis also of the annual data from 2024 to 2025. It is not possible to reproduce all the material. In the interests of brevity and focus only those extracts from the qualitative data that are repeated and replicated across the different tools and the best examples of the point being made are extracted. This avoids repetition. Extracts which evidence clear effectiveness or challenges will be extracted through use of the benchmark measurement headings of reach, engagement, capability, collaboration, empowerment, and social determinants of health outcomes. These are used in the overall analysis after all the data has been examined and consequences, effects, outcomes, ramifications, or repercussions that emerge consistently elucidated.

In Part C Findings, the data that has been extracted has been largely from the qualitative data collected in 2025 but it representative of both the trends emerging in the quantitative secondary data (data aggregated and deidentified by HRCLS before coming to Dr Curran) and the primary quantitative and qualitative data (collected by Dr Curran). The justification for using the qualitative data only, in this Findings section is because iterative narrative analysis (considering Aboriginal preferences for story telling approaches) which privilege Indigenous voices can be a useful tool to

break the hold that Western perspective can have.<sup>22</sup> This narrative data has uncovered factors driving positive change, providing insights into how advice improves empowerment or leads to broader life changes. Qualitative data can tell the fuller story that explains and provides context for the quantitative data reducing the risk of drawing conclusions from number alone which is why this study's primary focus is on qualitative data.<sup>23</sup> This is because Dr Curran's brief from the partners in the Health Justice Partnership is that the study is not only evaluative but seeks to discover what works, why, when and in what circumstances, and what does not work and to make suggestions for improvements, not just in service delivery but in policy and funding for the broader society. The other data collected in the other tools for the 2025 is summarised and analysed in the Appendix and so is there for further reference should a reader want a deep dive.

The tools refer to 'Trusted Staff' this was the preference for communication with staff by the partners. For the purposes of this study evaluation, they are called 'Trusted Intermediaries' to bring it in line with the body of research internationally and enable the report to be situated in the most recent and emerging research and evidence on the topic.

*The role of trust in creating an environment for client disclosure to enable competent and full legal support*

Based on the data from 2023 and 2024, it was decided in this data analysis for the final report we would drill down on this to cover more about the relationship between trust and disclosure. Surprisingly, in much of the literature (except for the 2024 volume 3 report of the Victoria Law Foundation's Public Understanding of Law Survey)<sup>24</sup> there is very little literature that uncovers the importance of trust in both engaging with a lawyer but also in relation to disclosure.

For the legal professional to be able to comprehensively and correctly advise clients, it is important that they have as much information as possible. In this report, Dr Curran and the project partners (HRCLS and AWAHS) wanted to see if there is a relationship between non-disclosure and lack of trust and disclosure and trust. For this reason, in this report, the topic gets specific consideration.

The other area that the partners wanted to focus on for this final report is to unpack the issues that Aboriginal community members experience within the broader legal system and legal professionals. In the data in 2023 and 2024 there was significant disillusionment with the legal system and private lawyers based on poor experiences either of Aboriginal community members themselves or their families and friends. In this report we explored not only what the problem is, what the perceptions are but also examined what sort of trauma informed, and unconscious bias training might be needed for the legal profession based on the data (See Part E). The Aboriginal community participants and Aboriginal Trusted Intermediaries were more than willing

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<sup>22</sup> KL Rieger, K.L, S Gazan, M Bennett. *et al.* (2020) Elevating the uses of storytelling approaches within Indigenous health research: a critical and participatory scoping review protocol involving Indigenous people and settlers. *Syst Rev* 9, 257 . <https://doi.org/10.1186/s13643-020-01503-6>

<sup>23</sup> Andrew Crockett and Liz Curran, 'Measuring legal services: a practical methodology for measuring the quality and outcomes of legal assistance services' (2013) 32 University of Tasmania Law Review 70

<sup>24</sup> Nigel J. Balmer, Pascoe Pleasence, Hugh M. McDonald and Rebecca L. Sandefur (2024) 'Public Understanding of Law Survey', Volume 3, Victoria Law Foundation, Melbourne, Victoria.

<https://www.victorialawfoundation.org.au/research-publications/puls-volume-3>

to make suggestions not only in 2025 but also in 2023-2024. In our findings and recommendations (Part E) suggestions as to what the legal system and legal professionals need to do in terms of their professional development, personal attitudes and improvements to ensure improved client engagement are identified.

### *Effective practice requires layered and interconnected strategies*

The focus in this report is on the consistent practice that is evidenced, which when combined, have worked over the three years of the service project. This report unpacks and explains in some detail what the data indicates is good and effective practice. This is because often it is through adopting multiple strategies that are interdependent, if not co-dependent, that aspects such as self-referrals, trust, disclosure and confidence emerge. There is a linking up of different parts of the puzzle for a complete picture of what effective service delivery to better support under-served populations, in this case, members of the Aboriginal community looks like. To illustrate the point, it is clear based on the overall data across the different tools used to extract the data that there is a connection between visibility of staff on site and referrals as well as extended reach into the Aboriginal community. Similarly secondary consultations, lead to increased trust of non-legal supports which in turn lead to borrowed trust in clients of those support services. A good experience, respectful treatment, the sense of being listened to and heard make members of the community prepared to suggest that friends and family link into the legal team, when previously the data at service start-up suggested a reticence to do so.

What works for this Aboriginal community in the catchment of the Albury Wodonga Aboriginal Health Service is different because of its cultural context and the impacts of colonisation in this community which leads to legal systems that inherently are problematic. See the first annual report 'Addressing Powerlessness'<sup>25</sup>. Even so, there are common themes and lessons emerging from the data in this report that are useful insights. Specifically, on how the legal profession can improve the way in which it practices to better support under-served communities and improve access to justice. The data suggests that some in the legal profession need to have further training and insight to adequately represent certain groups of clients.

### *International Context United Nations Objectives*

This analysis does not ignore the Sustainable Development Goals of the United Nations which the Australian Government has indicated it supports. These include (good health and wellbeing (SDG 3) inequality (SDG 10) collaboration (SDG 17) justice and strong institutions (SDG 16.3 Access to Justice). The United Nations has identified Sustainable Development Goals and in recent years has unpacked what SDG 16.3 'access to justice' looks like. In 2019 and 2023 the UN identified five pillars for *people centred justice*<sup>26</sup>. This requires addressing people's everyday justice needs.

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<sup>25</sup> Liz Curran and Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria' (2023) <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

<sup>26</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024; UNDP,

It aims to improve the lives of all members of society through access to effective and efficient dispute resolution mechanisms, the legal protection of human rights and the ability for all people to live in safety and security. Starting from an understanding of people's needs, experiences and expectations, a people-centred approach aims to strengthen systems to deliver justice and security services for all.<sup>27</sup> In looking at the data these five pillars have also been examined. These also align with the benchmarks (reach, engagement, capability, empowerment and collaboration) that were developed, and which are used in the Invisible Hurdles study in 2015 which informed the methodology for this BBM evaluation.

## **Funding, Ethics and Program Design**

*Funding application and service model and study and evaluation model informed by local Aboriginal community from its inception*

This project is funded by the National Legal Assistance Partnership under its mental health funding stream. The funding body required that this study and *evaluation provide annual reports to staff, boards, and the advisory body. Reports were produced routinely on progress with debriefs to staff, community & management to shape and inform developing practice and to align with impact/outcome measurements including social determinants of health and justice impacts.*

Under the program aims, AWAHS and HRCLS (also part of the evaluation framework (see details in the [First Report](#)) are to provide services in an integrated Health Justice Partnership to alleviate some of the conditions that see people's mental health deteriorate, empower clients, and offer hope. This section, rather than footnotes, provides hyperlinks so that others can quickly access resources that might be useful for other similar studies in Aboriginal settings.

AWAHS and HRCLS are mindful of ethical conduct in study. In recognition that this program involves First Nations' people the design for the study evaluation has been informed by the Australian Society of Evaluators *First Nations Evaluation Framework* (2021) which notes cultural safety is a journey which is why there is a reflective framework to enable dialogue, discussion, learning, reflection and improvements throughout and requiring of Dr Curran and non-Aboriginal service providers engaging in this study a framing of tools that encourage critical self-reflection with reflexivity also on impacts of decolonisation. Inter-connected domains of well-being – country, culture, spirituality, community, family and kinship, mind and emotions, and body are factored in and also insisted upon by the AWHS SEWB team that the BBM works within and whose manager is on the study and evaluation's Steering Group (see later discussion and [Dudgeon & Bray et al. 2020](#)). Dr Curran listens to Aboriginal elders, leaders and

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<sup>27</sup> 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>> accessed 20 September 2024.

<sup>27</sup> OECD, 'OECD Framework and Good Practice Principles for People-Centred Justice' (OECD, 2021) <[https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice\\_cdc3bde7-en](https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice_cdc3bde7-en)> accessed 18 September 2024; UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024.

community member who provide their own feedback on the program for example in the Yarning Circles ‘how will/do we know this is working well?’ and their reflections on her values and assumptions. Dr Curran asks, ‘is this OK, can I do it better?’ and asks these questions again in the final interview questions on whether the study evaluation has value to Trusted Intermediaries and the BBM staff and Management team. This also occurs with the professional reflection journals for BBM staff through guiding questions (see [Somerville & Keeling, 2004](#)). The [Community Development \(CD\) Evaluation Framework for First Nations \(2021\)](#) is also part of the measurement design in the tool used to evaluate the law reform and community development work of the BBM team. This tool is used to test through tools and emergent data whether the CD activity included respect, recognition, equal treatment, voice, through involvement in design of activities, content and approach.

Prior to her appointment at Nottingham Trent University (NTU) and after her separation from the Australian National University in 2020 (due to closure of its School of Legal Practice), Dr Curran had worked on previous projects with HRCLS (a program of Upper Murray Family Care (UMFC)) and AWAHS.

She was commissioned by HRCLS in a consultancy capacity to HRCLS and AWAHS to prepare the 2021 funding bid for a Health Justice Partnership between the two agencies, building on the Invisible Hurdles program which Curran had also evaluated for the previous seven years. As part of the preparation for this bid, Dr Curran spoke to local Aboriginal elders, leaders and staff (Aboriginal and non-Aboriginal) and Management of AWAHS asking them ‘what would work for community’ and ‘how the partnership might be designed including its key aims and objectives’. She also asked ‘what does ‘good’ look like to them.

Discussions took place online (due to Covid) and on What’sApp over a six-week period in September - November 2021. Some of the key literature, at the time, examined included (documents saved into Dr Curran’s BBM Funding folder in 2021-2022). Some of these documents have been superseded since 2021 or have been removed from the original web sites and so cannot be referenced with a link and may not be available on web pages with referencing due to the time lapse and transitional nature of the materials examined previously.

- [Working with Indigenous People First Nations Australians \(VACCHO, 2020\)](#)
- [National Framework for Continuous Quality Improvement in Primary Health Care for Aboriginal and Torres Strait Islander People 2018-2023](#)
- [Legal practitioners working more effectively with Aboriginal clients, Legal Aid NSW \(article by \[Loretta Kelly et al 2009\]\(#\)\)](#)
- Navigating cultural difference, 2016 (Chapter by Margaret Reuter & Carina Weng)
- [Protocols for lawyers with Aboriginal or Torres Strait Islander clients in Western Australia \(The Law Society of Western Australia\)](#)
- [Indigenous Protocols for Lawyers NSW Law Society](#)
- [Best Practice Guidelines Lawyers Working with Aboriginal Clients \(link now lost\)](#)
- General Guidance for Solicitors Representing Aboriginal and Torres Strait Islander Clients (link lost)

- Lawyers Protocols for Dealing with Aboriginal Clients in South Australia Third edition 2020 (Pdf saved in funding folder).
- Working with Aboriginal People and Communities: A Practice Resource, NSW Department of Community Services 2009 (Pdf saved in funding folder).
- Aboriginal Cultural Safety Workbook for Community Legal Centres: A Practical step-by step workbook (undated) (Pdf saved in funding folder).
- Berry Street Education Model – Trauma Informed Practice (2021) (Pdf saved in funding folder).

The project title, *Bagaraybang bagaraybang mayinygalang (BBM)* is Wiradjuri language and was suggested for the project title by an Aboriginal leader as part of the discussions with Aboriginal community as best describing the service project's aims around alleviating mental health, improving wellbeing and empowerment towards the social determinant of health outcomes.

#### *Funder*

This Study and Evaluation is a component of funding by the NSW Government funding of a Health Justice Partnership under the 'National Partnership Agreement' between governments as 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) funding to work in partnership with the Albury Wodonga Aboriginal Health Service (AWAHS) in a Health Justice Partnership (HJP) focusing on AWAHS's Aboriginal clients who are affected/impacted by poor mental health (known as the *Bagaraybang bagaraybang mayinygalang (BBM)*).

Under this service program AWAHS and HRCLS provide services in an integrated HJP to alleviate some of the conditions that see people's mental health deteriorate, empower clients, and offer hope. The funding body requires that the study and study evaluation will include bi-annual/annual reports to staff, boards, and any advisory body. Reports are produced routinely on progress with debriefs to staff, community & management to shape and inform developing practice and to align with impact/outcome measurements (discussed later under methodology) including social determinants of health and justice impacts.

Dr Curran and Nottingham Trent University (NTU) was commissioned to conduct the study including the study evaluation in late 2022 following Dr Curran's move to the University given the strong wish by AWAHS that Dr Curran be retained, considering existing trust in her approach and methodology and critical involvement in the previous IH program research. Dr Curran's time spent on the project is borne by the University demonstrating NTU's commitment to improving access to justice. Monies from the limited funding for the evaluation is carved out for the Aboriginal cultural advisor through a fixed rate invoiced to the HRCLS annually and for Dr Curran's travel costs.

The administrative and logistical support for the project is provided by the BBM staff and Program Manager at HRCLS. It also collects, aggregates and deidentifies quantitative secondary data for the project. For six months in 2023 and one month in 2025 NTU provided research assistance support.

## *Ethics*

The AWAHS Board granted Ethics approval in early 2023. Curran attended the AWAHS Board meeting on Monday 2 April 2024 to check in and sought guidance on the study from the Aboriginal members of the Board. Approval for the methodology and approach and tools has been granted from the partner AWAHS after its advice on its ethics process. Ethics approval requires Board (Aboriginal Community Controlled Organisation) level approval. There is a detailed Data Management Plan (DMP) modified in 2023 with NTU Ethics approval in late 2022. This DMP was varied in 2023 to ensure data sovereignty embedding a 'Report to Community' after input from Aboriginal staff at AWAHS and this was produced in 2023, 2024 and will occur with this Final Report.

NTU is not an Australian University however the *Australian Code for the Responsible Conduct of Research* and the *National Statement on Ethical Conduct in Human Research* informed the process. Previous methodologies used for the BBM held ethics approval under an ANU university research project the 'Invisible Hurdles' Project 2016-2022. This project research continued until end June 2022 through Dr Curran's consultancy and in her Honorary capacity at ANU. HRCLS complies with the *Risk Management and CLC Practice Guide* and the Federation of CLCs. Advice was also sought in May 2025 from the Aboriginal Health and Medical Research Council.

NTU University Ethics approval for this BBM study and impact evaluation was granted on 30 January 2023 by the Business, Law, and Social Sciences Ethics Committee of Nottingham Trent University (Ethics Committee). In relation to issues which emerged in the pilot in April 2023, In May 2023 Curran asked the University Ethics Committee to revisit some of the processes. This request was informed by recent literature on Indigenous research (this was broader than Aboriginal research as some of it was international best practice), the on-the ground experience and advice from the Aboriginal community, including data sovereignty and decolonisation.<sup>xi</sup> In light of this material a revised Data Management Plan was approved. These refinements were submitted to ensure good practice and cultural safety. On 6 December 2023 the Ethics Committee delivered a favourable opinion to the adjustments made which included approaches to provision of information, oral consent, and data sovereignty adjustments.

Critically, there is a program cultural advisor from the Aboriginal community who advises and looks at draft reports and data result, finalises tools and recommendations to make sure they are culturally appropriate. Ethics approval for this BBM study evaluation was given on 30 January 2023 by the Business, Law, and Social Sciences Ethics Committee of Nottingham Trent University (Ethics Committee). In relation to issues which emerged in the pilot in April 2023, Curran asked the Ethics Committee to revisit some of the processes. This request was informed by recent literature on Indigenous research (this was broader than Aboriginal research as some of it was international best practice), the on-the ground experience and advice from the Aboriginal community, including data sovereignty and decolonisation.<sup>xii</sup> In light of this material a revised Data Management Plan was approved.

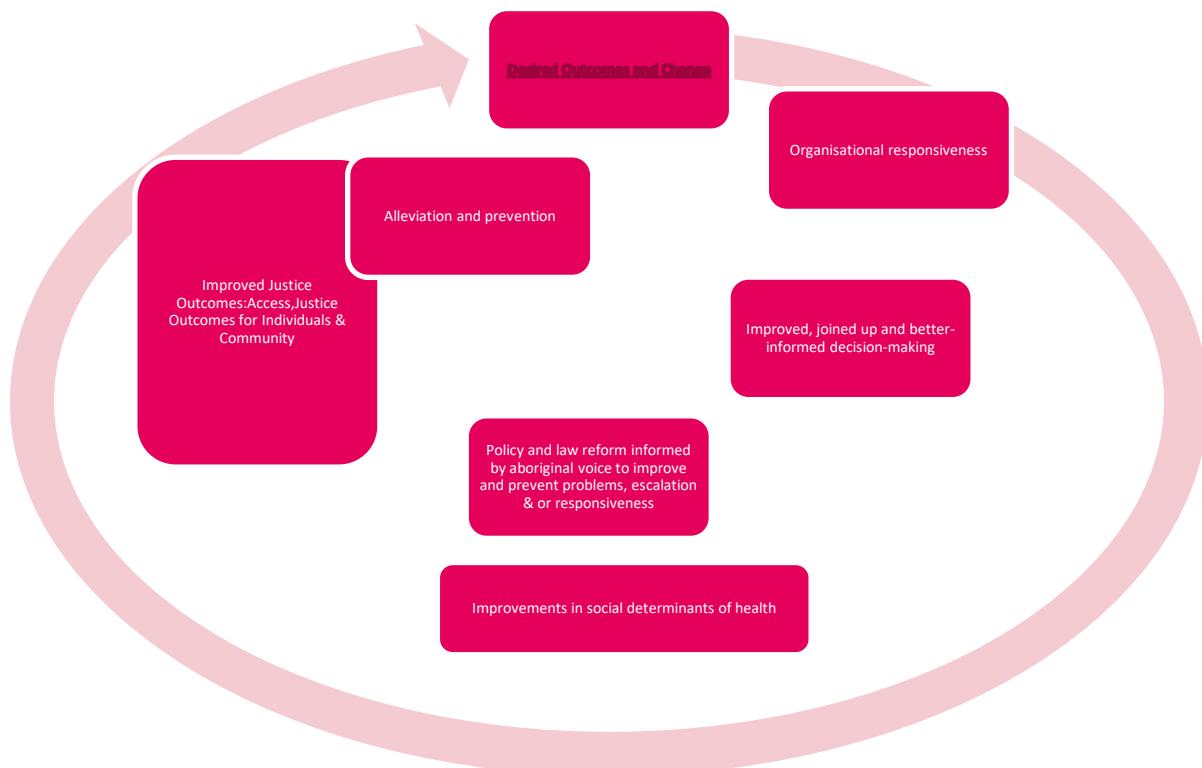
Prior to publication, this report in 2025 it was submitted to the Australian Aboriginal Health and Medical Research Council (AH&MRC) for its consideration.

## Theory of Change

A Theory of Change was developed as a part of the co-design process prior to the formal evaluation.

It is represented in the table below. (See the first evaluation report in 2023 for more detailed information.<sup>28</sup>)

*Table A BBM Desired Outcomes and Change (detailed)*



As this model was funded for three - four years (with time for recruitments and establishment) it enabled progress to be gauged along the way, as well as comparisons over time on the extent of reach, improvements in engagement, capacity, capability, confidence, collaboration, empowerment, and impacts (outcomes) on social determinants of health<sup>29</sup> (including stress, hope and anxiety levels). The program

<sup>28</sup>

<sup>29</sup> The social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. It can include these aspects or a combination of them: Income and social protection, education, unemployment, and job insecurity, working life conditions, food insecurity, housing, basic amenities and the environment, early childhood development, social inclusion, and non-discrimination, structural conflict, access to affordable health services of decent quality. (Source: World Health Organisation, 'Social determinants of health' (2025) <[https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)> accessed 7 August 2025.)

started in February 2023. The study and evaluation were embedded from service start-up, and specific to this project, enhanced decision-making (at an individual, community, organisational and policy & decision-making levels) was included in the evaluation concluding with final data collection in May 2025.

Having a project such as the BBM funded for a longer term than usual start-ups (often funded as pilots or for 12 months) enables this program time to consolidate and build on its strengths, identify pathways and new areas for specialisation or linkages to specialist supports that can inform service delivery, organisational responsiveness capturing new and effective innovations. It builds on a seven-year program called the Invisible Hurdles Program in which HRCLS and AWAHS are partners, but which has a focus on young people at risk of family violence and with two further local partner agencies.

### **Literature on trauma-informed legal practice**

AWAHS, the project partner and its staff are experts in relation to matters involving cultural safety, trauma informed practice and mental health service provision in the context of Aboriginal health service.<sup>30</sup> In the early stage of the service start -up and evaluation, Dr Curran facilitated BBM and HRCLS Management staff training in evaluation, reflective practice, and trauma informed practice, noting HRCLS' prior experience and expertise in this area and valuable input from AWAHS in its conduct. Dr Curran has been trained in these areas for over a decade. There was no funding for external training. Dr Curran circulated a summary of the literature in relation to mental health service provision and trauma informed practice in general and specific to Aboriginal service delivery to help inform new staff (referenced below). This summary has been used to guide the researchers and the legal support staff as well as the managers of HRCLS.

### **Context for the Study and Impact Evaluation and the Service Being Evaluated**

This Nottingham Trent University (NTU) BBM study examines effectiveness of the *Bagaraybang bagaraybang mayinygalang* project, '*Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP)*

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<sup>30</sup> Mental Health Commission of New South Wales & Mental Health Commission of New South Wales, 'Living well: a strategic plan for mental health in NSW 2014-2024' (2014) <<https://www.nswmentalhealthcommission.com.au/report/living-well-strategic-plan-mental-health-nsw-2014-2024>> accessed 7 August 2025; Maria Karras, Emily McCarron, Abigail Gray and Sam Ardasinski, 'Access to Justice and Legal Needs: On the Edge of Justice' (2006) <[https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR\\_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW\\_2006.pdf](https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW_2006.pdf)> accessed 7 August 2025; Pascoe Pleasence, Zhigang Wei and Christine Coumarelos, 'Law and disorders: illness/disability and the response to everyday problems involving the law' (2013) <[https://lawfoundation.net.au/wp-content/uploads/2023/11/30UJ\\_Law-and-disorders.-illnessdisability-and-the-response-to-everyday-problems-involving-the-law\\_final-paper\\_Sep-13.pdf](https://lawfoundation.net.au/wp-content/uploads/2023/11/30UJ_Law-and-disorders.-illnessdisability-and-the-response-to-everyday-problems-involving-the-law_final-paper_Sep-13.pdf)> accessed 7 August 2025 ; Southwestern Sydney Local Health District, 'People with Disability in Southwestern Sydney' (2016) <[https://www.swslhd.health.nsw.gov.au/planning/content/pdf/Vulnerable%20Communities/People\\_with\\_Disability\\_in\\_South\\_Western\\_Sydney\\_September\\_2016\\_-\\_Final.pdf](https://www.swslhd.health.nsw.gov.au/planning/content/pdf/Vulnerable%20Communities/People_with_Disability_in_South_Western_Sydney_September_2016_-_Final.pdf)> accessed 7 August 2025; Health Justice Australia, 'The rationale for health justice partnership Why service collaborations make sense' (2018), <<https://healthjustice.org.au/app/uploads/downloads/Health-Justice-Australia-The-rationale-for-health-justice-partnership.pdf>> accessed 7 August 2025; Talia Joundi, 'Trauma-Informed Lawyering' (2021) <[https://hameedlaw.ca/blog/entry/trauma\\_informed\\_lawyering](https://hameedlaw.ca/blog/entry/trauma_informed_lawyering)> accessed 7 August 2025; Golden Eagle Rising Society, 'Trauma-Informed Legal Practice TOOLKIT' (2020) <<https://www.goldeneaglerising.org/docuploads/Golden-Eagle-Rising-Society-Trauma-Informed-Toolkit-2021-02-14.pdf>> accessed 7 August 2025.

*offers legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS).*

## **About the Service Program**

*Bagaraybang bagaraybang mayinygalang* (BBM) places lawyers from the Hume Riverina Community Legal Service at the Albury Wodonga Aboriginal Health Service (AWAHS) to provide free legal advice and assistance, and to work collaboratively with AWAHS staff to support client wellbeing.

The data collected in the first field trip in 2023 for the BBM identified that for this Health Justice Partnership (HJP) to succeed, a key part of the role of the justice component delivered by HRCLS will need to challenge, and endeavour to dismantle, structural racism. Consistent themes across the multiple data collection tools in each of the years of this study that provided a powerful message (particularly from the Aboriginal participants in this project) is that systemic racism is rife in the day-to-day lives of the Aboriginal participants, and their families.

The key service aim is through the BBM HJP to improve legal, health and social outcomes (including wellbeing) for Aboriginal people using a range of approaches through integrated service models and requiring growth in the understanding of how to address legal and mental health issues in a timely, culturally sensitive, and appropriate way.

HRCLS has been embedding research and evaluation in its approach to service delivery since 2015. Curran continues in BBM with the similar methodology to the IH longitudinal study, as AWAHS indicated it liked this method, having been a partner in the IH program.

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

HRCLS routinely collect and record specific data for their various funding administrators and funders. These were shared for analysis for Dr Curran by HRCLS to reduce the burden of keeping additional data. However, Dr Curran did ask them to ask questions on secondary consultations, number, type and further information around the nature of its referrals and aggregated demographic information as well as a Survey on file opening and then closure to gather data on the clients' social determinant of health outcomes (only administered in 2025 to allow the passage of time). These additional designed questions were simple, to be less burdensome on BBM staff but to be an additional tool to cross verify and check in overtime on progress since the first client contact. In addition to this, study evaluation reports on an annual basis in 2023 and 2024 have been provided by HRCLS to funders, in July as required. This Final Report is being provided in December 2025 reflecting that it is examining the data over three years.

## **Methodology**

The three-year study uses an action research approach.<sup>31</sup> This theoretical approach is discussed in more detail in the 2023 BBM report<sup>32</sup>. This ‘action research’ approach enables lessons during study to be shared, empowering front-line services to improve practice along the way rather than at the end of the project. It enables recalibration and then testing of the practice as adapted again to see if it offers benefits and effectiveness to the community the project is designed to help. This includes exploration of integrated legal practice, community development, and policy work by the BBM and the partner organisations and unpacking what is working or could improve. This implements a reflective lens before, during and after action to see what works why and what does not work and why not and how can it be improved. The ‘Report to the Aboriginal Community’ annually, the annual reports, and reflective practice conversations, enable the active seeking of the views of not just participants, but elders, the Aboriginal cultural advisor and mangers to see what is feasible - all formed part of this learning cycle allowing the data to be heard and the implications of it being able to be robustly analysed informed by the study data over the three year study.

### ***Questions this Study Asked***

The overarching question in this study was:

1. *Whether the BBM Program (as a health justice partnership) is effective and impactful in empowering & alleviating Aboriginal poor community outcomes through its Health Justice Partnership (HJP) by offering legal support for social & emotional well-being between the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) and what lessons can be learned?*

A further question of this study was:

2. *Whether the BBM, and more broadly health justice partnerships, demonstrate effectiveness and impact through changes in behaviour, practice and policy and legal empowerment strategies through providing Aboriginal voice through its co-design, and collaborative integrated interdisciplinary practice models?*

Benchmarks inform guiding questions, data analysis, measure impact, and effectiveness – including ‘soft outcomes’ e.g. wellbeing/empowerment. The key benchmarks that are being examined to see if they improve are: **reach, engagement,**

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<sup>31</sup> Michele M Leering, ‘Enhancing the Legal Profession’s Capacity for Innovation: The Promise of Reflective Practice And Action Research for Increasing Access to Justice’ (2017) 34 Windsor Yearbook of Access to Justice / Recueil annuel de Windsor d'accès à la justice 189.

<sup>32</sup> Liz Curran and Nisan Alici, ‘First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria’ (2023) <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025

**capability**<sup>33</sup>, **collaboration, empowerment** (underserved community /frontline services) **trust** (in advice services, advice, justice system overall, outcomes, etc.) and **social determinants of health outcomes**. The benchmarks (developed through other Curran research<sup>34</sup> and indicators (tested for relevance and applicability by participants in the pilot phase of this BBM study) monitor how client problems are handled through the civil system *and levels of collaboration* (legal and non-legal services). These indicators if present in the data, help to determine whether these benchmarks are being met. The nature of these indicators is discussed in more detail below in the section on how the data was analysed.

Law reform and community development work is part of the service funding and model and that Aboriginal voice in decision-making as part of the ATSI principle of autonomy and self-determination is a benchmark and so many of the tools included questions around Aboriginal engagement and participation in law reform and community development activities of the BBM staff noting impact takes time and attribution is often collective rather than individual.<sup>35</sup> For this reason, a systems analysis framework<sup>36</sup> that examines collaborative efforts, and the strategic partnership was also key to measuring systemic change and informing policy advocacy and the community development undertaken by the BBM. A 'Collaborative Measurement and Outcomes Tool;' and the 'Community Development Measurement Tool' are used to support this analysis of the data (see 2023 report). Systems' Analysis looks at all the data collected in the study, exploring existing processes and user needs to identify problems and requirements that might help improve these but, in this BBM study, it is informed by participant data on what would work from their perspective – this is to ensure a people centred approach. This analysis, then feeds into the partnership designing a new or improved legal system or service delivery model for the health justice partnership to develop and implement that system to meet the strategic aims or goals of the BBM. This approach focuses on understanding the problem, defining what the service should do considering this, to ensure it is efficient, effective, and aligned with the HJPs strategic objectives. It also enables community feedback in the study that highlight poor practices or poor

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<sup>33</sup> It is important to note that in Curran's studies she use the term 'capability' to distinguish it from 'legal capability'<sup>33</sup> this is acknowledging the body of vast research on advice seeking behaviour that is clear legal capability is dependent on a range of other factors including confidence, having the resources, energy wherewithal and recognition that legal issues sit within the context of an array of other problems. Although law may offer an option it may not always be able to be actioned due to a range of other factors including poor health, poor mental health and other pressures. Measuring legal capability which is about knowing the law, how it applies and next steps and having the confidence to take-action does not tell the full picture that sits behind advice seeking and action.

<sup>34</sup> Liz Curran, & Pamela Taylor-Barnett (2019). 'Evaluating projects in multifaceted and marginalised communities: The need for mixed approaches. *Evaluation Journal of Australasia*, 19(1), 22-38. <https://doi.org/10.1177/1035719X19832688>

<sup>35</sup> Andrew Crockett and Liz Curran (2013) "Measuring Legal Services: A Practical methodology for measuring quality and outcomes of legal assistance services' Vol 32, 1 *University of Tasmania Law Review*, 2013, 70-95. <https://classic.austlii.edu.au/au/journals/UTasLawRw/2013/4.html>

<sup>36</sup> V Cassetti., J J Paredes-Carbonell, (2022).' Participatory Approaches to Researching Intersectoral Actions in Local Communities: Using Theory of Change, Systems Thinking and Qualitative Research to Engage Different Stakeholders and to Foster Transformative Research Processes. In: Potvin, L., Jourdan, D. (eds) *Global Handbook of Health Promotion Research*, Vol. 1. Springer, Cham. [https://doi.org/10.1007/978-3-030-97212-7\\_25](https://doi.org/10.1007/978-3-030-97212-7_25)

responses of the legal and judicial system to identify improvements that need to be made shaping Hume Riverina Community Legal Service and AWAHS's future policy work (See Part F Recommendations).

#### *Beyond Numbers and Activities: Finding out about Quality and Impact of the BBM HJP*

Numbers of referrals, clients assisted and the nature of services that are effective are included in the measurement of client outcomes and key stakeholders/staff are involved in a 360° analysis of the service experience.

This study is designed to also measure impact of justice interventions on lives and social determinants of health, namely how does this program make a difference in the lives of clients, community, service providers and the service landscape through provision of legal help in an Aboriginal health service. As noted earlier, narrative data or storytelling is used extensively to reflect the way in which Aboriginal community research suggests are culturally appropriate and enable voice. The study also explores how innovations in practice such as a HJP look different in doing this. Measuring the impact of justice interventions on lives and social determinants of health required that for the study Dr Curran meet with Aboriginal people, and diverse professionals with different disciplinary perspectives that add a richness in insight that these lenses can bring. She interviewed counsellors, doctors, nurses, financial counsellor, drug and alcohol workers, psychologists and other people who work with the local Aboriginal community. Information and consents were obtained from the participants. She also gathered feedback from the lawyers on the program and the managers who run each of the services mentioned.

A combination of quantitative secondary data, mainly provided by HRCLS to Dr Curran annually after being aggregated and de-identified by HRCLS and qualitative and quantitative data as primary data collected in person by Dr Curran. Doing this in person was critical to building trust and so participants got to know Dr Curran. Data capture included deep narratives and client journeys which the participatory co-design stage discussed below indicated were critical as culturally safe and trauma informed. Dr Curran was transparent in this noting that she was keen to identify what works, why, breakthrough moments, conditions for good practice and empowerment. The tools enabling this included Yarning Circles and interviews. Input on guiding questions and benchmarks and indicators was taken and developed in Phase One the participatory co-design stage and tested through the pilot phase in 2023. Solutions/methods to address systemic maladministration and effective resource allocation were explored after feedback from the Aboriginal community in the pilot phase discussed below because of input by the Aboriginal participants.

Numbers of services provided (often counted by legal funders) do not necessarily reflect the quality of that service and whether it is in fact making a difference in the lives of clients' mental health and wellbeing. The work is complex and complicated, and numbers alone do not reflect the intensity and overlay of issues and conditions. This study was designed to inform and build on the existing evidence base and learnings from previous service evaluations adding rigor and detail through a focus on qualitative data and community narratives (such as in the Yarning Circles). See detail in 2023 Report.<sup>xiii</sup>

The study also explores what the lessons are, to support other Integrated Service Programs and HJPs. To answer the question: *Whether the BBM and more broadly health justice partnerships demonstrate effectiveness and impact requires some examination of levels of changes in behaviour, practice and policy or practice.*<sup>xiv</sup>

Benchmarks have been developed to test and measure this. Most importantly these benchmarks are to determine whether this effectiveness and mode of practicing lead to justice interventions that improve outcomes in the day to day lives of the people the service assists. This can include justice outcomes and improvements to social determinants of health (the conditions needed for good outcomes such as stable housing, income, health, resources, wellbeing, autonomy) or the sustainable development goals (such as reducing inequality, improving accountability in government, addressing poverty, collaboration). The indicators or elements that lead to this, have been determined to be present if the following benchmarks are met, by using indicators suggestive to support this and tools in analysis.

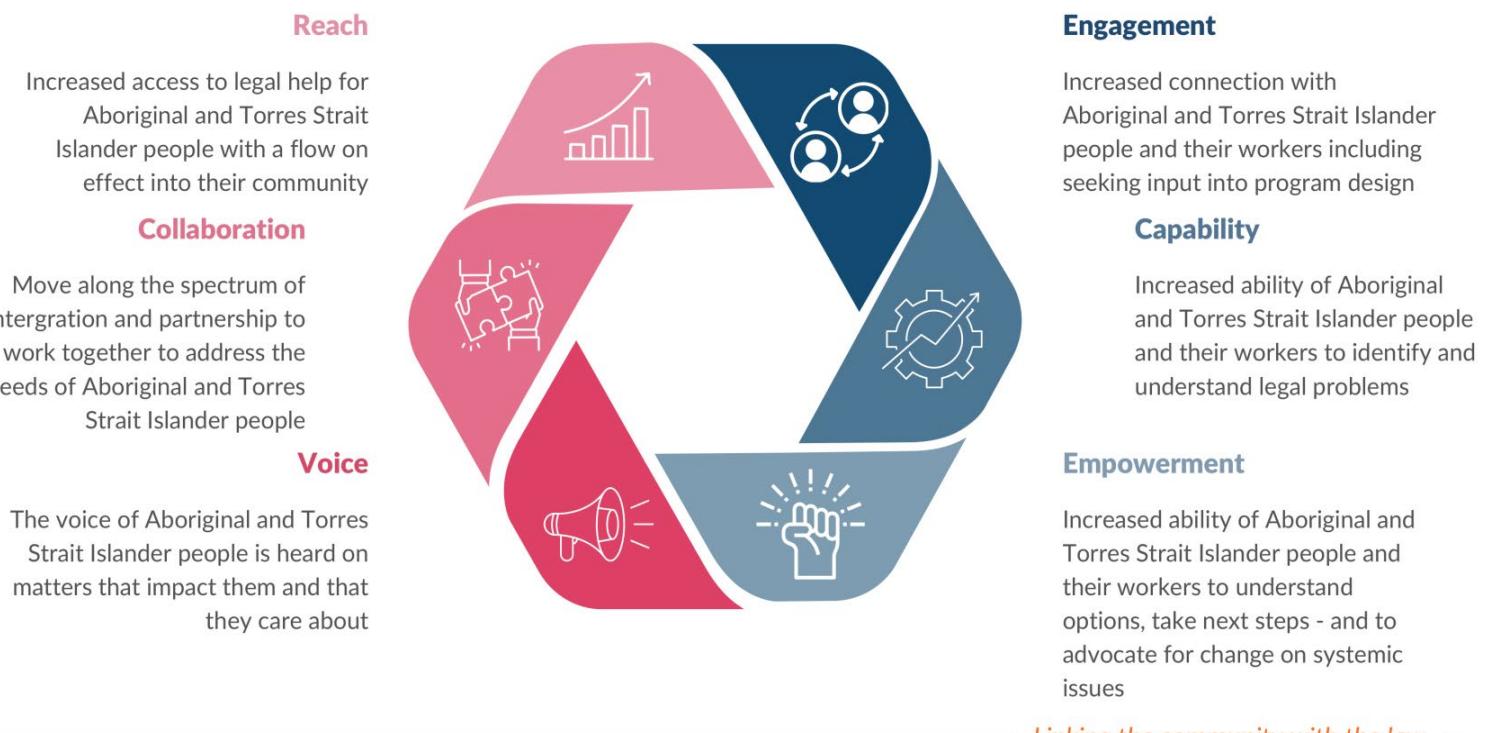
Diagram C below provides the key elements/benchmarks or proxies this HJP seeks to achieve (consistent benchmarks were used in the previous longitudinal study over seven years which included HRCLS and AWAHS as partners in the Invisible Hurdles (IH) study) and improve and includes the values important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

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (including Voice)
- Social Determinants of Health Outcomes

Below is a diagrammatic summary of the proxies used to shape service design and promote the embedded evaluation approach of the program.

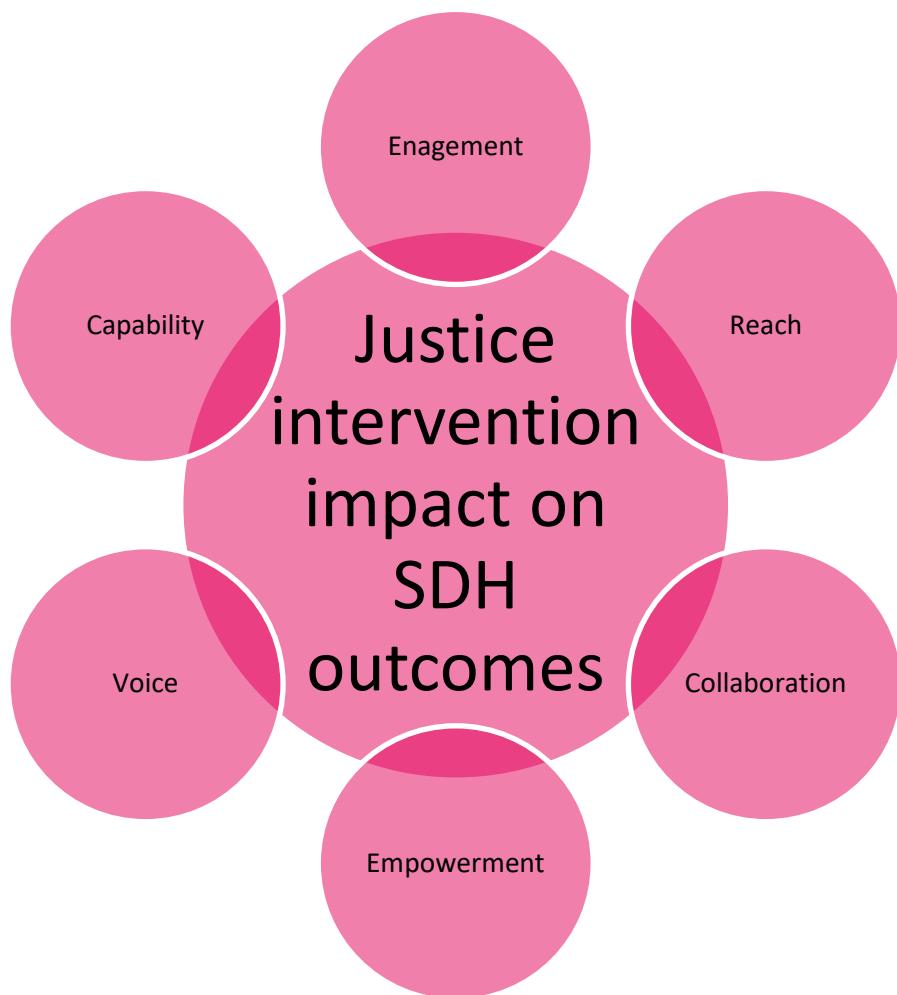
**Table B - Proxies (Benchmarks) Informed by Pilot in 2023**

## Proxies - Indicators of Success



*Linking the community with the law*

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



Considering the multiple and complex lives of the client the evaluation built two elements into the methodology:

1. 'Client journey maps' (See data in the Appendix to this report from the Trusted Intermediaries). In 2023 Trusted Intermediaries agreed to track (deidentified) client progress over the life of the three-year study and report back on the same client each year. These are discussed in the qualitative data and emerge in some of case studies in the report's Appendix.
2. Methodology around 'avoided costs'. This is notoriously challenging due to the time it takes for improvements, complex, interconnected factors, difficulty gathering data and retaining connections, attribution given multi-partner and systemic issues that can be at play but progress is being made<sup>37</sup> When Curran was first asked to conduct research in this area in 2011 a literature review revealed more about why it could not be done and how difficult it is. This has changed with emerging literature that is helpful but given the vagaries it cannot be an exact science as treasury officials and governments would like it to be. Through asking questions about downstream impacts of the early interventions in the questions to the BBM staff and Trusted Intermediary interviews and professional development journals 'avoided costs' was explored in this study. In the absence of economic expertise, not possible with the available funding for this study, it was taken broadly to go beyond just economic cost to flow on effects in terms of reach of secondary consultations and benefits for other family members and outcomes in terms of income support, housing, safety and health – stress, anxiety, social connection, resolution of other problems, hope and empowerment all features in the public health literature. For example, less admissions for example to Accident and Emergency due to de-escalation through immediate availability of legal support. Questions to unpick flow on effects and avoided costs were embedded from service start-up in questions which asked about impacts on other areas and reach to clients beyond those directly helped by the BBM. Tools include questions also around impacts of the justice intervention on family members, education, incomes support and other flow on effects in lives and saving in other areas beyond justice. It also tested whether justice interventions had an effect positively on social determinant of health outcomes. This is hard to measure in other funded projects which have a shorter time scale.

All of these additional methods were deployed in the BBM study and evaluation methodology to go beyond the story that numbers (or quantitative methods convey) using the narrative data to examine the difference in the lives of clients, community, service providers and the service landscape that the program makes and how the BBM Project made a difference unpacking complexity, by providing the narrative and some survey data about what the change looks like, how it occurred, when it occurred and what elements were critical in this outcome.

### Phase One (2022)- Participatory Co-design

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<sup>37</sup> Len M. Nichols, Timothy A. Waidman, Lisa Clemans-Cope, Bowen Garrett, Kima Taylor 'Tracing value from social determinant solutions' *Health Affairs Scholar*, 2025, 3(1), qxae173 <https://doi.org/10.1093/haschl/qxae173>

A critical element in this Study and Evaluation is its collaborative, participatory and co-designed approach guiding conversations with local Aboriginal community. Although the BBM builds on the approach and methodology used in the ‘Invisible Hurdles’ longitudinal study. An initial set of participatory conversations to shape the project in the first phase included:

1. In preparing the funding submission, partner agency and staff were asked what the shape of a program might be so that we could use this to inform what a good and effective program might look like and the elements they thought would be critical. This fed into the funding application and what it indicated would be the design of this evaluation and service model.
2. A review of recent literature in 2022 on mental health approaches, ‘avoided costs’, impact and outcome research methods to ensure this study is up to date, robust, realistic and rigorous.
3. A series of Reflective Practice Meetings with staff, operational leaders and management and the executive teams of each partner (AWAHS & HRCLS) from 25-27 April 2022. This included the Aboriginal SEWB manager and Aboriginal Operations manager who were instrumental in providing insight into cultural appropriateness, safety and mental health and wellbeing practices both in service delivery by the BBM program and the conduct and process of the study as Dr Curran is not Aboriginal – this included checking in with Elders which was also a feature throughout the study.
4. Development of the concept of Yarning Circles with community members. This was tested in Phase Two (pilot) and then rolled out in future years of the study to shape, ask their views with these conversations informing the design and approach of this specific HJP specifically the ‘Men’s Shed’ The Women’s Circle (from 2023-20250, AWAHS Board in April 2025 at AWAHS. Elders were at each Yarning Circle to ensure cultural safety and so Dr Curran could check before, during and after that processes and her conduct were culturally sensitive and appropriate.
5. Establishment of partner meetings and operational meetings at worker level at pertinent program points. This was the Steering Group as well as reflective practice conversations (see below).
6. Regular input from the Aboriginal Cultural Advisor to the project.

#### The Pilot Phase Two (2023) - Informing the Method

In this phase of the project, all the tools were piloted as well as the questions. This phase sought feedback from participants as to whether they felt that the methodology was relevant. Their views were requested on and elements of effectiveness that they thought should be included not only for the process of the study but also for the way in which the BBM service was delivered. The tools used to elicit data in the first pilot phase were as follows:

1. Reflective Practice Meeting Conversations (RPC) facilitated by Curran who kept handwritten notes. Participants were de-identified from the ‘get go’ and allocated a number. Robust conversations about data significance and operational/strategic organisational implications with stakeholders to enable emergent evidence to shape policies, funding and systems.

The RPCs explored:

- What would be the appropriate data to collect throughout the project (keeping in mind the need for a low burden on staff, given existing caseloads and commitments and the stretch of community service agencies)
- How to best evaluate the project,
- How will we know what's working/ not working and what will we do to improve it?
- How to engage the local Aboriginal community and
- How the project might obtain valuable input from the staff and local Aboriginal community of their experience of the BBM HJP - mindful of ethics considerations and the approvals in place through the AWAHS Board (Aboriginal Community Controlled Organisation) and NTU Ethics conditions. As noted above, these were varied after the first year due to on the ground experiences and modified through sharing literature on decolonisation and data sovereignty. Input of Elders and Aboriginal staff was vital here and the variation was accorded in line with these learnings. Although oral consent was a part of the initial ethics approval it became more widespread due to the need to reduce stigma through written documentation (which was made available) but translated into a more digestible and understandable explanation approved by the Elders who were present at the pilot.
- If they would be able to participate in the future study.

2. In-depth Interviews with Trusted Intermediary staff
3. Interviews with Management of the partner agencies
4. Yarning Circles with the men and women
5. Professional Development Journals with the BBM staff
6. Community Development and Policy Report annually from BBM staff
7. Secondary data from HRCLS on the BBM and its general take up rates by Aboriginal community

At the conclusion of the pilot phase one, Dr Curran, AWAHS and HRCLS revisited this Study Evaluation Framework which was revised based on feedback in Phase One. The data collected in the pilot phase in 2023 for the BBM, identified that for this Health Justice Partnership (HJP) to succeed a key part of the role of the justice component delivered by HRCLS would need to challenge, and endeavour to dismantle, structural racism. The powerful message particularly from the Aboriginal participants in this project is that systemic racism is rife in the day-to-day lives of the Aboriginal participants, and their families.

The participants expressed distrust in all formal institutional structures and service delivery, which presents challenges to this partnership and the legal support staff who are pivotal to the project success.

Evidenced in the data are the prevalence of 'micro-aggressions.' These are the 'indirect, subtle, or unintentional discrimination that occurs against members of marginalised groups.'<sup>38</sup> Consistent with this international research was that participants identified that having a government or governments who refuse to address

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<sup>38</sup> Beth Swords and Dr Ramya Shen, 'Brick Wall After Brick Wall: The lived realities and concerns of Black communities in the UK', (*ClearView Research Ltd and Black Equity Organisation*, February 2022) <<https://blackequityorg.com/wp-content/uploads/2022/09/Brick-Wall-After-Brick-Wall-V2.pdf>> accessed 7 August 2025, 16.

systemic racism endorses this behaviour. This made many of the participants in this study hold the view that racist behaviours are learned and sanctioned by these institutions so that they have become common place, normalised, and embedded in institutions, particularly the legal system and the administration of justice by police officers, judicial members, and lawyers.

Also consistent with other research<sup>39</sup> was that 'micro-invalidations', that is comments or behaviours by 'white people' that seek to invalidate or deny lived experience of Aboriginal peoples has led to Aboriginal people themselves becoming fearful of questioning comments or behaviours, being highly sensitive and responding aggressively, or being exhausted and second-guessing what sorts of behaviours might be experienced against them in informal and formal settings. Again, consistent with the UK study<sup>40</sup> the Aboriginal participants in this study indicated that they believed that this form of micro-aggression became an insidious way of keeping Aboriginal people in their place. This study evaluation process has therefore had a critical component Aboriginal voice.

The views were verified in cross checking the data across the tools, and the data was taken to the Reflective Practice Conversations and Steering Group for them to consider their service delivery models considering it which is critical if the service is to be fit from purpose for Aboriginal clients.

In addition, the community feedback further informed the benchmarks for future study and evaluation of the BBM from May 2023-2025.

### *Data Analysis*

The idea of having a multi- method approach (triangulated) to measurement, tests and verifies the results across the tools. This is to see if the results are consistent and reduce any bias that might be claimed at HRCLS as it was administering some of the secondary data collection tools for Dr Curran. This was mitigated by Dr Curran collecting primary data from the Yarning Circles, interviews, professional journals, and reflective practice conversations. In analysing the primary data Dr Curran always starts with the Yarning Circles with local community as it means she deliberately places or situates local community voice first.

There were Steering Group meetings and a catch up with the Aboriginal Cultural Adviser are held two months before the primary study in April each year, after this in May. Steering Group meetings occurred again after a data report and interim report were provided to which feedback is given in both written and oral form. This also occurs for the final reports including the Report to Community. Also, the Aboriginal

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<sup>39</sup> Markwick, A., Ansari, Z., Clinch, D. *et al.* Experiences of racism among Aboriginal and Torres Strait Islander adults living in the Australian state of Victoria: a cross-sectional population-based study. *BMC Public Health* **19**, 309 (2019). <https://doi.org/10.1186/s12889-019-6614-7>; Wicks, M., Hampshire, C., Campbell, J. *et al.* Racial microaggressions and interculturality in remote Central Australian Aboriginal healthcare. *Int J Equity Health* **22**, 103 (2023). <https://doi.org/10.1186/s12939-023-01897-4>

<sup>40</sup> Beth Swords and Dr Ramya Shen, 'Brick Wall After Brick Wall: The lived realities and concerns of Black communities in the UK', (*ClearView Research Ltd and Black Equity Organisation*, February 2022) <<https://blackequityorg.com/wp-content/uploads/2022/09/Brick-Wall-After-Brick-Wall-V2.pdf>> accessed 7 August 2025, 19-20.

Cultural advisor has always been on hand on WhatsApp to advise and guide Dr Curran whenever there was uncertainty or just to chat to reflect and explore implications or processes.

As noted above, benchmarks are used to answer the questions of this study through the lens that looks at whether the data is suggestive of the BBM Program extending/building:

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (includes voice)
- Social Determinants of Health Outcomes<sup>41</sup>

Proxies as measures/indicators of effectiveness and impact of the BBM HJP were agreed as follows (shaped by participatory design input Phase One):

- Engagement - client/patient/professional/organisation and staff
- Collaboration - client/patient/professional/organisation and staff Capacity - client/patient/professional/organisation and staff
- Empowerment - client/patient/professional/organisation and staff – it includes giving voice<sup>42</sup> for client/patient/professional/organisation and staff and improved advocacy for client/patient/professional/organisation towards systemic change.
- Social Determinants of Health outcomes (for example improvements in housing, employment, disability support, income, safety, improvements in levels of stress anxiety, reduction in relapse, hope, able to focus on other problems, reduction in isolation and flow on benefits to family (e.g. family reunification, safety), healing, reduction in problems escalating and cascading leading to greater harm.

Drilling down other indicators have been developed to build up the understanding and unpack complexity and reasons for impact. These include:

- Holistic service
- Impacts on wellbeing and the social determinants of health (including stress, hope, cultural respect and anxiety levels)
- Transformations in behaviour and changes in practice
- Enhanced decision-making client/patient/professional/organisation/policy makers and administrators
- Expanded reach
- Changes in practice and behaviours
- Justice and social determinant of health outcomes

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<sup>41</sup> C Murrp-Stewardt et al . (2019) 'Aboriginal perceptions of social and emotional wellbeing programs for Aboriginal and Torres Strait Islander Australians Perspectives'. *Australian Psychologist*, 54, 174-186. <https://doi.org/10.1111/ap.12367>.

<sup>42</sup>

➤ Autonomy and self-determination<sup>43</sup>

The benchmarks and indicators have enabled a consistent process for data analysis of integrated service practice through annual data collection annually from 2023-2025.

The following tools based on their utility informed by feedback in the pilot phase used annually in April – May each year of the study including the final year in 2025 are:

3. Yarning Circles with local Aboriginal Community x 2) with a further one in 2025 with the AWAHS Aboriginal Board.<sup>44</sup>
4. Guided Professional Journal kept by the legal support staff (the BBM project team – lawyer and Community Legal Engagement Worker (CLEW). The legal support staff use 'guiding questions' developed by Curran linked to benchmarks for the RIE that reflect on relationship building with AWAHS, community and clients, trust, barriers, and breakthroughs as well as complexities of clients and systemic issues (de-identified.)
5. A 45-minute in-depth interview with Trusted Intermediaries (i.e., those non-lawyers who support community members at AWAHS).
6. A Professional Development Evaluation Tool Pre and Post (designed by Curran with a refresh due to proactive input from BBM staff in 2024) on professional training provided by HRCLS to AWAHS administered by HRCLS with results aggregated into percentages and responses to questions summarised and then provided to the Curran word document by email.
7. A 45-minute interview with Managers
8. A 30-minute Interview with legal support staff
9. Reflective Practice Conversations with managers, and operational leaders
10. BBM HJP 'Evaluation Community Development Impact & Outcome Measurement Tool' (administered by Curran in data analysis).
11. 'Integrated Multidisciplinary Practice Evaluation – Collaboration Measurement of Progress Tool' (administered by Curran in data analysis)
12. HRCLS Service Aggregated Data - Yearly Data Collection
13. Existing, relevant inhouse HRCLS Data Collection including the Community Development Report 2023-2024 requested by Curran to supplement existing service data and relevant to the HJP Evaluation.

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<sup>43</sup> A Kennedy et al. (2022) 'Indigenous Strength-based Approaches to Healthcare and Health Professions Education – recognising the value of elders teachings. *Health Education Journal*, 81 (4) 423-438. <https://doi.org/10.1177/00178969221088921>.

<sup>44</sup> D Bessarab and B Ng'andu (2010) 'Yarning about Yarning as a Legitimate Method in Indigenous Research', *International Journal of Critical Indigenous Studies*, 3 (1), 37-50. <https://doi.org/10.5204/ijcis.v3i1.57>

## Part B - Summary of Data

### Summary: Primary Quantitative and Qualitative data (collected by Curran during the conduct of the April 2025 field work)

The quote below is from the data collected in 2025. It reflects the comments made by most of the research participants in the final two years of data collection (2024 and 2025) from the Trusted Intermediary staff: It highlights the important role justice interventions have made in terms of earlier intervention when otherwise problems could have escalated. It exemplifies the alleviation from stress and greater ability to support clients in making informed choices about their options. The HJP supports staff through attendance at health service staff meetings providing on the spot legal help that empowers clients and Trusted Intermediary staff.

*'Sometimes things just do not seem right. What we're able to do here with the legal team, is find out what we often do not know. If things are not addressed even the little things can fester and turn into big things for our community. I've only seen benefits from having the legal team here. For years, problems have just been allowed to escalate. Adding the justice dimension and being able to stand up for our clients more as a result, using reliable information means that a problem for us, is not a problem for them, and they just fix it. This without a doubt improves clients' health and well-being. The BBM team come to our staff and team meetings. They address questions and then we walk away empowered. The things we can do for chronic disease, to improve safety and to help community are emerging. As with all these things it takes time, but we are seeing the benefits and inroads.'* (Interview with Trusted Intermediary)

### Primary Qualitative Data 2024-2025 Collected 26 April- 2 May 2025

In 2025 the total number of participants in the primary qualitative data was 34. This consisted of 21 Aboriginal participants. Ten Trusted Intermediaries were interviewed, 50% of whom are Aboriginal. Five CEOs or managers were interviewed but these are not being delineated to assist with deidentification.

There were three Yarning Circles in 2025. An additional Yarning Circle was added from previous years, considering the reflective nature of this study which was also examining the progress since 2023 and the BBM program's establishment. This additional Yarning Circle was with the AWAHS's Aboriginal Board.

In all cases, Curran took handwritten notes immediately using participant numbers, so the participants were anonymised from the start. Information Forms were explained and in line with ethics approval consents taken either in writing or orally. Written consents were immediately filed securely and separated from the anonymous data. Anonymous data therefore referred only to participant numbers, and the category (this was also in line with the Data Management Plan) e.g. manager, Trusted Intermediary, Board YC, men YC, women YC e.g. Trusted Intermediary with a notation as to which represented Aboriginal voice.

In the each of the three annual studies that have occurred annually since 2023, the Aboriginal participant numbers have been consistently the same in each year. However, in 2025, Curran in discussion with the manager of the SEWB team and one

of the female Aboriginal elders discussed the complications caused by an unexpectedly large number of women who volunteered to participate in the women's Yarning Circle in 2024. This presented challenges in terms of the conditions to the grant of ethics approval that recommended smaller numbers. In 2025, after consulting with the Elder who was present at the Yarning Circle and the women in the Yarning Circle it was decided that Curran would conduct a separate Yarning Circle outside. The women acknowledged that the larger group the previous year was too large for all views to be explored. As a collective we discussed an alternative way of keeping numbers down whilst not discouraging participation. The work-around that emerged was that any women who wanted to yarn with Curran at the Yarning Circle could join her outside for the Yarning Circle for the study. The women said they were happy separating briefly from the larger group and then could all return to the wider weaving group. This worked well and underscored the voluntariness. Most of the women in this smaller group had participated in the study twice previously which was helpful as they could reflect on the BBM over time relating it back to the original fictitious scenario about a family with legal problems and their views on what works for the family in such scenarios.

## **Key Priority Area of Further Investigation in 2024-2025**

### Analysis

It was decided by the project partners and the evaluator, Curran, that in this third and final study evaluation of the BBM project the data would be more closely examined to establish whether there is a direct link between trust in the legal team and disclosure and referrals.

This includes trust by both clients and Trusted Intermediaries. Referrals and fuller disclosure of the nature and extent of legal problems enable a lawyer to provide competent and comprehensive advice on all the aspects of a client's legal problems and their associated connection to the social determinants of health outcomes.

In another study in the United Kingdom<sup>45</sup>, Curran was asked by the client who commissioned the study to prove that there was a link between client referral and client disclosure and trust. Curran embarked upon further literature review and was surprised to find relatively little literature on this point.<sup>46</sup> Whether this is because it is an assumed state of thought and therefore is underexplored, or whether it is a phenomenon that until recently was not being identified as worthy of study, it is hard

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<sup>45</sup> Liz Curran, Jane Ching, Jane Jarman, 'Regulatory Leadership on Access to Justice Report to the Legal Services Consumer Panel on Unmet Legal Need -Barriers and Creative Solutions to Access to Justice' (*Legal Services Consumer Panel*, 2025) <<https://www.legalservicesconsumerpanel.org.uk/wp-content/uploads/2025/04/25.04.01-Regulatory-Leadership-on-Access-to-Justice-Report.pdf>> accessed 7 August 2025.

<sup>46</sup> Nieke A Elbers and others, 'Exploring Lawyer-Client Interaction: A Qualitative Study of Positive Lawyer Characteristics' (2012) 5 *Psychological Injury and Law* 89; Jill Howieson and Shane L Rogers, 'Rethinking the Lawyer-Client Interview: Taking a Relational Approach' (2019) 26 *Psychiatry, Psychology, and Law* 659; Nigel J Balmer and others, 'The Public Understanding of Law Survey (PULS), Volume 3: A New Perspective on Legal Need and Legal Capability' (*Victoria Law Foundation*, 2024) <<https://puls.victorialawfoundation.org.au/publications/a-new-perspective#:~:text=The%20volume%20explores%20how%20people's,the%20legal%20matters%20they%20face>> accessed 7 August 2025.

to speculate. The Public Understanding of Law Survey volume 3<sup>47</sup> does discuss the role of trust. Considering this apparent gap in literature on the connection between trust, referral and disclosure it was determined that this would be a key priority area for further investigation in this report.

#### Findings on Trust and Lawyers (BBM data 2023-2025):

- The primary BBM data across three years of this study and evaluation consistently underscore the link between good client engagement and trust.
- Without a doubt trust is directly linked to improved disclosure.
- Clients will not fully disclose often deeper causes of the legal issues unless there is a relationship of trust, a sense of safety.
- If there are high levels of respect and the sense that clients are not being judged by their lawyer, trust is more likely. This then leads to disclosure. An example of this from the 2025 primary data was a client disclosing years of childhood sexual abuse they had never disclosed to anyone which had a profound ongoing impact on their mental health. After this disclosure his Trusted Intermediary supports could provide focussed support, and a claim could be lodged. This was prominent in direct feedback from Aboriginal community member participants; this disclosure meant that the lawyer felt better placed to provide comprehensive and competent advice to a client because the client has disclosed. As a result, more options can be explored more deeply and referrals made including to non-legal supports.
- Trust is integrally linked to the willingness of Trusted Intermediaries to refer to and engage with lawyers. It has a critical role in dispelling negative views on the value of legal support.
- The effective delivery of secondary consultation services to Trusted Intermediaries saw those who were initially sceptical about the utility of the legal system shift from 2023 BBM data to seeing the BBM HJP as a critical service in building trust between Trusted Intermediaries, their clients and access to lawyers and their consequent taking of steps to resolve problems.

#### **Evidence of Trust, Reach and Engagement and its relationship to effective legal support (data from 2025 study)**

Data from Yarning Circles and Aboriginal Trusted Intermediary staff extracted below shows similar views (common data points) across the two tools around suspicion and negative perceptions of lawyers. The importance of respectful engagement, trust and approachability in reducing this emerge as key in reducing these impressions/experiences.

The BBM staff team's work saw the shift in willingness of Trusted Intermediaries and community members to see the role legal help can play in increasing options. However, reticence remains in the context of the broader legal profession and legal system. This suggests that more needs to be done by the broader professional and legal system to

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<sup>47</sup> Nigel J. Balmer, Pascoe Pleasence, Hugh M. McDonald and Rebecca L. Sandefur (2024) 'Public Understanding of Law Survey', Volume 3, Victoria Law Foundation, Melbourne, Victoria.  
<https://www.victorialawfoundation.org.au/research-publications/puls-volume-3>

build trust.<sup>48</sup> The data collected in these two tools, because it is qualitative, allows complex factors to be unpacked and so is what is replicated. There were similar Yarning Circles comments

*I'd like to see the elderly who might not have any capability to attend these events being reached. There's also the issue of elder abuse. Some of these women can't get to our group conversations. It would be good if legal could find ways of reaching these groups who are largely invisible. (Yarning Circle)*

*You need to be aware there is some suspicion in communities that if I discuss it, it will come about. Ways to present it so the hesitancy is addressed. (Yarning Circle)*

*You have to feel comfortable not just in the environment but that what you say will be said in confidence, that you'll be listened to, respected and that you'd follow people's wishes then and only then will people disclose. (Yarning Circle)*

*Women come to the group that use AWAHS, so it's great the lawyers are here proactive and in our space. We don't have to go elsewhere this makes a difference. (Yarning Circle)*

*Aboriginal men will test the lawyers as they are white and then decide if there's trust - I'll disclose more. You must listen and be patient- these guys are. (Yarning Circle)*

*They call in, keep it simple and tell us in black and white. We know it's not as simple as that, but they don't over complicate it like other lawyers do. (Yarning Circle)*

#### Interviews with Trusted Intermediary Staff

*The client said, (speaking about the lawyer) 'she's super woman but she won't wear a cape. I know she stands by me and that nothing's a problem'. (Interview with Trusted Intermediary)*

*We know what it's like to go there. Having the lawyers available is beneficial, trust is being built, and they help us know what can be done and what can't be done. They also help us know where to go. They're open with people. They articulate a plan. Our staff used to be hesitant but now they're not. (Interview with Trusted Intermediary)*

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<sup>48</sup> See for detailed discussion of research and reasons why the legal system with its adversarial approach and problematic lawyering can lead to a reticence to have faith in the law particularly in communities experiencing disadvantaged. Chapters 1-3 Curran L (2021) *Better Law for a Better World: New Approaches to Law Practice and Education*, Publisher Routledge UK, Oxford UK Taylor & Francis.1-46

*I have to be honest, I still hate lawyers, but I don't see the BBM team as 'lawyer lawyers' because of the way they interact with us. (Interview with Trusted Intermediary)*

*The community members trust us particularly as Aboriginal staff. What I can do is listen to their problems and then bring the community members or my clients into the circle with the lawyer. It has to be respectful and collaborative. There was one incident that I recall where the client was so overwhelmed, distressed and upset. The moment the lawyer walked in with her demeanour and approach and plain speaking, caused this client to sigh with relief. The client physically appeared more relaxed and felt safe. She could reveal all and then deal with matters from then on. (Interview with Trusted Intermediary)*

*For the Aboriginal Community trust is important. If they won't disclose, the lawyer won't find out what sits behind many of their problems. Working side by side as a professional with the legal team is safe...all critical elements for trust to be generated. Unless the client feels they can reveal often sensitive material they won't disclose which makes it all the more difficult for us to help them. (Interview with Trusted Intermediary)*

#### Shifts in Trusted Intermediaries' relationships with BBM Legal Team and Factors that build Capability

Common themes emergent and consistent in data from multiple tools are that the following were critical in shifting trust according to participants:

- Openness
- Clear and simple articulation of the law and legal position without jargon
- Mixing in non-threatening settings and connecting not just in matters of law but in a human way for instance playing the didgeridoo, cultural events, weaving.
- Interdisciplinary problem solving to work out what is the best course of action, when and matters that affect client wellbeing
- That knowing legal options enables Trusted Intermediaries to increase their repertoire of how they can support their clients/patients better.
- If Trusted Intermediaries come to trust the legal team, this trust can be transferred to clients who already trust their support worker.
- Safety, cultural awareness, trauma-informed approaches to lawyering helps even when clients experience setbacks.
- Informality, not being judged, sensing that the legal team cares and will honour their promises give clients create\_space to be in assisting in recovery from the significant damage that has been done over time.
- Having non-legal support alongside the legal work enables client to take next steps and have all their needs addressed especially as the legal system can be challenging and helps deal with setbacks in mental health and layers of trauma that can deter action and wise choices. Increased awareness of the range of areas where they may be a legal option enabling early help.
- Trust takes time to build.
- There is a link between community development work of the BBM team and responsiveness of community and their engagement and self-referrals. This

also correlates with the Community Development Report data discussed later in this report.

These extracts from the data powerfully exemplify these common themes:

*To be honest I couldn't initially see the benefit of having lawyers. I've changed this view. It's due to the openness of the BBM legal people and the way they articulate things and explain the law. Our staff understand it, and our clients understand it. Why we didn't do this before I'll never know - it just is so sensible.* (Interview with Trusted Intermediary)

*Aboriginal people have had bad experiences. This includes me with the legal system and with services. They are used to being handed around. Here the people are seen, there are regular chats. They can work on their didgeridoo; they consider around and have a bite to eat. The stop of the legal team walking, sit down and have a yarn. This is what is critical to trust. It is only when this sort of approach is taken that we will talk to the lawyers. You won't reveal your problems unless you feel it's safe to do so and you won't be judged. It is a community here and no one disrespects the clients. If they do word travels fast.* (Interview with Trusted Intermediary)

*For me as a worker, having legal here is another string to my bow. It means I can work out problems with a lawyer. A lot of the time I've discovered that clients have legal problems. Before this, I had a very narrow view of what legal could help with but now, working alongside these lawyers in this project means I can proffer more options. The clients trust us and so they will trust the lawyers, if we put them forward. Key is that the lawyer smiles and treats them with respect and the clients feel at ease. It would not work if this wasn't the case.* (Interview with Trusted Intermediary)

*The legal system is hard on us. It's a process that is intense and culturally alienating. It makes community feel unhappy. Therefore, we need help with challenges. This particular client, legal were helping with, was engaging in chats by the river with the legal staff. She felt safe. It started with this feeling of safety and the workers from the legal team working alongside me as their health worker. The client feeling safe and not judged, was then able to take the legal steps required and because she had the support. The legal system is unloving and uncaring. Our communities stress levels are heightened by the legal system. They can't understand what's going on. The courts and other lawyers talk in languages that they don't understand. Our clients need a better space to be in if they are to recover from the significant damage that has been done to them often by legal processes. Culture awareness and the connectedness of the legal team help equip them to meet the challenges and deal with the setbacks that are inevitable when engaging with the legal process. I relate to this, as I have been in the same boat. If you can feel safe you can progress in leaps and bounds. This is supported by the trauma work and counselling alongside so that we feel better and stronger. 'Health and legal can help a person come to the top'. She's (the client) in such a better place now. It's been a profound and amazing shift in her. And I have to say, and I hope this is OK to share here but I want to say it, that I have had the same experience in my own personal matters in dealing with legal. This experience has also made me more*

*inclined to trust the lawyers in the BBM. I now know that I can help with housing, employment, fines, debt, child protection - although this sadly is limited but they can help me navigate when that department tells clients the wrong things.* (Interview with Trusted Intermediary)

*If I trust the lawyers, as I do here, I can then sell my trust to the clients. Have used what they advised me for my own personal information.* (Interview with Trusted Intermediary)

*Trust is an issue in the Aboriginal community health. As is appropriate staffing and consistency. Once you build trust it raises the range of topics in dialogues over time on an individual level but also at a community level. Community can work out when something bad happens or something good happens.* (Interview with Managers)

*In terms of health promotion, the legal team come to health events they learn what they need fill in the gaps in their knowledge. At the same time by being at these events they can discuss with clients' things like elder abuse. They fill in the gaps, and we can chat about these issues, and the community learns on the spot what their rights are but also that the law can help them and is not just a hindrance. For many of our clients, they see the law as being a problem rather than a solution. These community development sessions are vital for our community in getting information in different and digestible formats they can relate to. Observations as to the way they conduct the sessions that they are relaxed atmospheres where people can be frank and engage in robust discussions but with humour and dignity.* (Interview with Trusted Intermediary)

## PART C - FINDINGS

In this section on Findings, the data that has been extracted has been largely from the qualitative data collected in 2025 but it representative of both the trends emerging in the quantitative secondary data (data aggregated and deidentified by HRCLS before coming to Dr Curran) and the primary quantitative and qualitative data (collected by Dr Curran). Earlier in this report the justification for preferring the qualitative data from 2025 is justified (See Part A).

### **1. 2025 Data on Core Services - Legal Service Delivery (Information, Advice, Secondary Consultations Casework and Representation/Dispute Resolution)**

#### **Increase in Reach in line with Project Aims**

Prior to the commencement of the Invisible Hurdles Project (IH), in **2015- 2016 the clientele was 6% Aboriginal for the whole of the Hume Riverina Community Legal Service**. This Invisible Hurdles included as one of its full partners AWAHS clients but specifically targeting young people 'at risk of experiencing family violence'. This was the project which led to this BBM project building on the partnership with AWAHS. The reach and momentum with Aboriginal clients improved with the IH project (with Curran involved in this research evaluation for 7 years) extending the reach to Aboriginal community beyond this age group and with mental health or well-being issues. In **2023-2024 this figure has risen from 6% to 17% with 225 clients in total of HRCLS**. BBM refers Aboriginal (12-25 years) young people to IH. **BBM in 2024-2025 saw 111 clients 82% of whom are Aboriginal. In terms of MH, in 2018-2019 Aboriginal clients were 37% of the total client cohort of HRCLS but by 2023-2024 it was 52%**.

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 Aboriginal Australian adults with high/very high levels of psychological distress.<sup>49</sup>

Overall, in looking at the reach of HRCLS to Aboriginal clients overall over time it is suggestive that BBM has enabled it to reach more Aboriginal clients and pertinent to this project's objective to reach clients with mental health (MH).

2022/2023 (Feb - Mar)	31	58% MH
2023/2024	99	49% MH
2024/2025 (BBM April - March)	111	82% MH

<sup>49</sup> Australian Bureau of Statistics, '2018–19 National Aboriginal and Torres Strait Islander Health Survey' (*Health Survey, 2019*) <<https://www.abs.gov.au/methodologies/national-aboriginal-and-torres-strait-islander-health-survey-methodology/2018-19>> accessed 7 August 2025.

## Conclusion

Significantly, there is also a clear correlation and clear link between engagement and legal capability work of the BBM team through secondary consultations with AWAHS staff and community development activities leading to self-referrals to the BBM team that emerges from the primary qualitative data. This is discussed later in this report.

### **Secondary Consultations**

Often referrals occur after a secondary consultation. Many secondary consultations occurred not just with the SEWB Team (43) but also with a higher number of the clinical team (19) than in 2023-2024. This is indicative of the reach of the BBM team into not just the team it is located within but into other specialist realms of AWAHS. In other health justice partnerships reach into clinical teams has been notoriously difficult. This is perhaps indicative of the nature of the deep engagement of the BBM staff, their visibility and work with teams beyond the one in which they are situated.

This data reflects the volume of work and in Curran's view should be added to the 'client services' as it is an integral part of effective integrated legal practice. This means the figure that represents the official '**service type**' of 207 provided to clients from 1/4/2024 – 31/3/2025 is not reflective of the true service type but should include secondary consultations (91) in integrated legal practice models, making the total 298.

In regards to secondary consultation availability, qualitative data again reflects these can occur anywhere in a staff room, corridor, by phone, email, at the Wangaratta van, in the outside safe spaces on AWAHS grounds, while staff are in staff and team meetings and anywhere else that staff see the BBM team and their minds are prompted by this contact to ask their questions. It is this opportunistic nature of secondary consultations, its flexibility and adaptability that makes it suit and integral to the model's effectiveness. In my week on site at AWAHS Curran observed BBM staff taken aside by TIs at least 8 times for a quick chat and clearly in instances of some urgency for potential clients. Without it, TI's trust would be more difficult to establish, there could be delay in clients getting help as and when it is required as it is 'on the spot'. By using secondary consultations, legal issues can be identified and then responses can be made either by the TI or referral to the lawyer or appropriate pro bono offering swiftly.

### **Visibility of Legal Team Critical**

The 2025 BBM data shows that the visibility of the BBM team at community events, gatherings and at the health partner's staff and team leader meetings has led to strong relationships and reversed some of the negative experiences of legal professionals that were identified by Aboriginal participants in the pilot study evaluation in 2023.

This groundwork is critical to the high numbers of secondary consultations and referrals (both self-referrals and referrals from the partner agency). It is also evident in the data particularly in the year 2024 to 2025, that the responsive and comfortable nature of the community development sessions with Aboriginal community members led them to have more confidence in going to the BBM legal team for legal help.

Overwhelmingly, it is clear that a significant majority of the clients that the BBM program is reaching would not have otherwise turned to a lawyer for help, without this visibility and groundwork.

This is not to say that the qualitative data means that Aboriginal community members had positive experiences of all other lawyers including members of the private profession or improved experiences of the legal system. The relationships BBM staff have built/strengthened with the legal profession and pro bono in 2025 was commendable as there is a clear need to provide alternative services and transfer of trust when the alternative is no assistance and in areas that are beyond staff competence, in line with their ethical obligations under the conduct rules to provide competent advice in areas of their expertise (See Recommendations 14, 17 & 18).

Overwhelmingly the data suggests that those community members who interacted with the BBM team had a positive experience, and that the facilitative and human nature of the interactions led them to seek legal services. These legal services delivered (according to participants across the qualitative data in 2024 and 2025). Clearly for this group combatting mental health issues, there can be setbacks (often imposed by legal requirements) however, that overtime the interactions with the legal service providers within the BBM program and wider Hume Riverina Community Legal Service resulted in positive experiences with clear identifiable illustrations as to how the justice interventions lead to improvements in their stress, anxiety and sense of hope.

As noted in Part B consideration of the secondary quantitative data secondary consultations remain consistently a key and necessary bridge between the Trusted Intermediaries in finding out information so that they can give their clients more options, assisting Trusted Intermediaries in working out with a problem has a legal dimension, flowing information further downstream for other clients of the health service that may never come or be reflected in statistics for direct service delivery and finally, and most importantly that secondary consultations lead to borrowed trust where clients unlikely to turn to a lawyer or seek legal help for a range of reasons, are more prepared to see a lawyer if they feel their trusted worker also trusts the lawyer. It is also evident from the qualitative data that often if the Trusted Intermediary has ongoing secondary consultations that the Aboriginal client is aware of over time, then the Aboriginal client is much more inclined to having scraped the benefits of legal advice, then turn to the lawyer for legal help. This is a powerful insight as the role of building trust, hearing about the assistance rendered by the community lawyer and community engagement officer along the way and the affirmation and confidence of the Trusted Intermediary in the legal chain transfers to the clients deciding to seek legal support. For this reason, the BBM project is reaching Aboriginal community members who would otherwise not seek legal services. Another feature evident in all the data over three years indicates that Aboriginal community members talk to each other about their experiences and that these conversations about who they trust, who is reliable, who is approachable, who is relatable, lead other Aboriginal community members to self-refer. All of these elements are critical to unpack if any service wants to work out the pathway to facilitate inclusion of otherwise excluded community members from access to justice.

The data over three years, but overwhelmingly in the final year 2024 to 2025, has also demonstrated that the benchmarks that have been used for this study also intersect and overlap and strengthen and support each other. In other words, all the

benchmarks are essential elements to use in this study as indicators of effectiveness outcomes. The data indicates an increase in Aboriginal self-referrals over time, and this is suggestive that the BBM program is gaining trust, traction and relevance. From all the data it is clear a key element that leads to people seeking help, trusting the service and understanding what is going on, what the requirements of the system are, and a humane and honest environment with the legal team that can mitigate the more harmful aspects of the court or legal process. Often, the Trusted Intermediary with the requisite consents would sit side by side the lawyer and the client in the client interviews. In addition, where the lawyer or the community engagement officer could not undertake necessary form completion, Trusted Intermediaries had been trained and were able to complete forms on behalf of their clients. This meant that facilitating the legal requirements was smoother. The Trusted Intermediaries would also assist the lawyer in encouraging the client to pull together necessary documentation or follow up with authorities to obtain the necessary documentation. This at the same time built the capability of the Trusted Intermediary to be able to perform tasks such as form filling for other clients. (Yarning Circle)

The role of secondary consultations in helping people downstream who may never even have been seen by the BBM team was noted. Team leaders identified that information that they had received, or other members of the team received through secondary consultations or on the spot training were used by other staff. It was clear also from the data that if anything changed the Trusted Intermediaries were more than able to check in with the legal team to see that they were providing the right information to the client or acting on the right information to support the client.

## **REPRESENTATIVE DATA ON BENCHMARKS TO SUPPORT FINDINGS IN RELATION TO CORE LEGAL SERVICES (INFORMATION, ADVICE, SECONDARY CONSULTATIONS, CASEWORK - REPRESENTATION/DISPUTE RESOLUTION)**

### **Reach**

*With our clients you have to understand things don't progress overnight. It's a slow burn making inroads into problems. So many of our clients have lots of problems and they are so complex. No two problems are the same having the worker sitting side by side in the office, visible making a space for people to feel safe so that they can come and also being around so many other perspectives of different services and professionals means that we look at the problems and come up with new things and talk about it in different ways. Aboriginal people have had bad experiences this includes me with the legal system and with services. They used to be handed around. Here the people are seen, there are regular chats. They can work on their didgeridoo; they consider around and have a bite to eat. The stop of the legal team walking, sit down and have a yarn. This is what is critical to trust. It is only when this sort of approach is taken that we will talk to the lawyers. You won't reveal your problems unless you feel it's safe to do so and you won't be judged. It is a community here and no one disrespects the clients. If they do word travels fast. (Interview with Trusted Intermediary)*

## Engagement

*With this client it took a long time due to the client's cognitive disability and distrust for the legal team to gain their respect. The law has so much paperwork. This client froze like a rabbit in the headlights, and the judge didn't understand what the client was saying, nor did their private lawyer. They couldn't understand the impacts of the stolen generation. There was a level of intolerance and exasperation by these officials and the client's lawyer that clearly was felt by this client. The complexity of many of the Aboriginal community members situations, the medications they're on and when things spiral out of control - such as the death of a father – they are overwhelmed and often get locked up. The legal team has a vital role almost to act as interpreters in such situations. They often respect the client more than the judges and the lawyers. They take the time to go over the paperwork explain it and repeat it over and over again. The calming effect of having an intervention such as this is key. Sadly, criminal law matters are beyond the scope of what this legal service can provide and its expertise currently, but it still plays an important role if you like in preventing the privileged from treating members of our community poorly. (Interview with Trusted Intermediary)*

## Capability

*Gosh, yes (BBM team) reduced a lot of stress (Yarning Circle)*

*I have so many examples of when legal has helped clients through some dark things. Too often our clients uninformed by authority figures. The legal team have softened this. They've also enabled us as workers to speak up and **we now know from the support we have of the lawyers what to expect in court, what's acceptable what's not acceptable**. The clients they feel more comfortable knowing that not only we can do more for them but **knowing that they can speak up** and that sitting behind all this is legal support. This builds confidence, hope the latter being so essential for good mental health and well-being. (Interview with Trusted Intermediary).*

*Knowing that the worker has talked to the lawyer first means that we can then understand and then the lawyer can have a chat. **This reduces stress** because they know their stuff. (Yarning Circle)*

*You've got to try all things that haven't been done before. Too often Aboriginal people get lost in the system. I've seen this so often and I am not an Aboriginal worker. For us, so often we have to make an assessment, and we spend a lot of time trying to find stuff out and go and find where to get help. Then there are barriers as services act as gatekeepers. We try our best to give them options to give them hope. Since the BBM and with the Invisible Hurdles program it makes our job so much easier. As a service team, we wouldn't necessarily have contemplated all the legal avenues without their training, secondary consultations which I love. More important is the BBM team affinity with our clients and close connection with us. I'm generally pretty aware, I*

*know about legal. I've used it a lot in the past, but I have to say their presence here is incredibly transformative for everyone at every level. I don't know what we do if they didn't exist as part of our team here at the health service. This is integrated. It's so seamless. It's making such a difference to our clients' lives. The clients' dignity, their ability to get food on the table, look after their children, and have some say in matters that affect them whereas previously they felt powerless.* (Interview with Trusted Intermediary).

## Collaboration

*The 'peace of mind' that results from some of the community development sessions, for example the advanced care plan and wills session, have been incredible. For people experiencing trauma the potential for family issues it creates anxiety, and distress. The 'wills day' and information around advanced care planning opened up the tricky death conversation. These include conversations about carer support, doing right by their family members (which preys on their minds) and don't have to worry about it anymore. Useful is the ability to get their wills done as well. Whilst the conversation is important the follow up action is also critical.* (Interview with Trusted Intermediary)

*I put a call through to the community engagement worker to find out about my client's dad's surname as he wasn't on the birth certificate. Straight away he cut through the.... He was able to get information from them (Births Deaths and Marriages Registration) quickly. His response was so quick - so proactive. We have a tiny office and often will be working down by the river. Often the client will get a coffee and then the legal team are back on the phone ready with an answer. For clients this ease is great. Their past experience of lawyers has been disheartening. Here they're respected and they get a feeling of an answer on the same day or that if it's not on the same day someone's looking into it. This immediately reduces their stress and from my point of view reduces their risk of relapse which is a very ever-present risk.* (Interview with Trusted Intermediary)

## Empowerment (Including Aboriginal Voice)

*There's a broader understanding and without this we could sink. There's more likelihood of swimming if you can get better fast and a broader understanding of what you need to do when you need to do to get out of it (legal problem). Paying off a debt isn't going to get rid of it we need to understand all the elements. We now have that legal are here.* (Yarning Circle)

*I looked at the summary in AI on google. It says ...don't have to make a claim until the defendant is found guilty. The hospital staff were with me when I looked at it. I thought this was correct and so did the health staff at the hospital as it was online. Now I realise it is wrong and there is a time limit and that is a matter of a few months. The claim form would not have gone in (and my child, and a parent they will be dependent on)*

*would have lost the entitlements – my child's condition will be life changing. Now, I realise that it is so dangerous to rely on AI and will now seek legal help. (interview with Trusted Intermediary staff)*

*Child protection, criminal law and supporting people in mental health facilities in the area is really important if you're really going to make having inroads for the Aboriginal community. These are the burning issues for community, and we acknowledge that these are not hearing as traditionally of expertise of the legal service. We, as a health partner, would like to support but they began to be able to expand and to take on these areas of work and to do the necessary reforms to improve the experience of clients and reinforce their knowledge of their rights and responsibilities but even change the systems if they are wrong or poorly administered. We also note there is no Aboriginal Legal Service locally and that our clients often have problems with private lawyers, legal aid lawyers or the Aboriginal Legal Service itself often being conflicted out. This particularly disadvantages women in the local area. **They need to get services from people that they can trust and this is the BBM.** (Reflective Practice Conversations with partner managers)*

*It's so easy all I do is call, and have a yarn and they say yes, they can help. If they can't help, they go away and they investigate and they come back with an answer. We know they must do a conflict check before they can see the client and talk about them. In the early days, this was disheartening because it meant there would be a bit of a delay, but we now understand why - it's a protection for our clients. It's important that they explain what a 'conflict of interest' is clearly to everybody. Often, lawyers don't and we don't understand what the holdup is. The BBM sets it out in a transparent way and what they can and cannot do. They're pretty good at this now since the project started. The other thing I want to rely is the lawyer's really clear on what can be done and what can't be done. The BBM team don't just don't focus on the legal solution (which may not be ideal for the particular client's context) they come up with so many common-sense work arounds. When we do the client interview on speakerphone with the lawyer, I can see visibly that client's laughing at the lawyer's honesty but also respecting and understanding the limits of what the lawyer can do. I think it's good for in our community even though they might not want to hear it for them to understand that the lawyers also can be frustrated and thwarted and then it's not all their fault as a client. **There's a sense of awakening. The lawyers gave the clients a feeling that they have a part in it. This might not sound that great to you as a professional but the way they interact with us is not as professional to professional, but they see the part of the client as an essential element in the decision-making process. This is so empowering for our clients.** (Interview with Trusted Intermediary)*

*Having the legal team embedded as it is in this health service provides a site to improve mental health in a situation where they are surrounded by goodness. They have the support of elders. This is all more critical the lawyers, with us, can walk through clients' troubles. They (BBM) can give them choices and in some cases that provided more money so that*

*they're not living on the bread line. The fines saved are being used to pay for food that they would otherwise not have. An example of this, is a man whose trajectory was into homelessness and was not eating due to unwise decisions to keep paying a debt. The lawyers intervened and the debt was discarded providing money this man needed for a home for food. Pretty obviously improving his health outcomes. (Interview with Trusted Intermediary).*

### **Social Determinants of Health Outcomes (through justice intervention)**

*This has an incredible impact on health. Why? The sense of hope given effects their well-being. They know their problems are being managed. They know they are not alone when they are confronted with debt collection letters or fines.*

*Most of our clients are complex they're not straightforward. Aboriginal clients often have pulled that receipt and the clients here are often cognitively impaired. They're really good at covering up that I can't read or write, surviving and trying to admit that they are not illiterate. They have trouble with forms. For example, superannuation means they don't realise what it is, they ignore it, by hide it. This means that often in trying to help them I missed their entitlements. It's a coping mechanism to cover up, where they're marginalised and they don't pick up that it's something for them. This results in many of our community not getting anything even though they are entitled to it. So, what this means is other people in the community get access to their entitlements and our community continuously misses out because of their complexity. They can mask these things really well. We have the time to dig around and due to lengthy engagement with them we sometimes realise (not always) we can make referrals. Having BBM makes us more aware of options. Clients wouldn't come or get help if the BBM wasn't onsite and if they didn't trust in this Aboriginal health service. (Interview with Trusted Intermediary).*

The BBM program is not only reaching its aim of extending reach to clients of AWAHS and in its catchment with issues in mental health and with trauma but is also seeing improvements in the client social determinants of health. This is critical in enabling access to justice for the local Aboriginal community. The tools for each year also examined levels of hope and reductions in anxiety and stress as a result of the justice interventions. Consistently, across multiple tools (interviews with Trusted Intermediaries and the closing of file post casework survey, where there has been a justice intervention the participants reported in 2023, 2024 and 2025 reductions in stress and anxiety and increases in hope. (The Appendix contains this data in more detail page 57-66). The Client Journey Maps in 2025 (Appendix A Pages 44-45) and the six (Appendix A pages 45-46) 2025 case studies (as well as in the 2023 First and 2024 Second annual reports) also demonstrate a number of cases where there have been multiple impacts on client's social determinant of health of interactions with the legal system. They also highlight that although HRCLS and the BBM team supported the client, the system was unhelpful.

*Case Study- Client is a stolen generation survivor, had significant mental health struggles before a car accident in which he lost his leg and now was experiencing further mental distress due to adjusting to life with a disability, family circumstances and the debt pressure from an insurance company pursuing him for a debt of over \$20,000.00. The only funds Client had been the remainder from the stolen generation payout – they were suicidal at the thought the insurance company would take those funds, to the point the client would barely disclose information about the amount to me. Unfortunately, given the Stolen Generation payout the client was not considered judgment proof. We (BBM Team) had to liaise carefully with the insurance company to maintain our ethical responsibilities and protecting the client. This approach allowed us to be honest without full disclosure and ultimately, we were successful in advocacy. We managed to ensure here that the stolen generation funds would not be pursued by the insurance company despite their possible legal right to do so. The client was relieved at the news that the debt had been waived; they retained their Stolen Generation payout funds and felt the weight of the situation lift off of them.*

In the primary data collected by Dr Curran through the Interviews with Trusted Intermediaries, participants in 2025 noted significant improvements in the social determinant of health impacts outcomes due to the health justice partnership on a specific client that they selected to answer the questions relating to this benchmark. 90% of responses indicated improvements in stress, resilience, anxiety, trust, responsiveness, engagement, confidence, knowledge of rights and responsibilities, knowledge and skill over time in legal matters, and flow on effects for other family members. 100% noted that the intervention of the BBM team led to an increased sense of hope. In relation to flow on effects on other family members 60% reported positive flow on effects (with the 40% response of 'no' which related to isolation for family members and the complex behaviours flowing from the condition or single status). (See Appendix A pages 55-56). Examples in the data collected in 2025 (the closing of file post casework survey) in the secondary data collected by HRCLS showed examples such as 'have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money', moving from 'couch surfing' to 'stable housing but looking for better options', and other survey data 'always feel safe now' from 'not safe at all'. Other clients surveyed report a move to 'I am able to pay for the things I need as well as the things I want/like/surplus money each week' from 'I have no money at all and am in a lot of debt' when they were first referred to the BBM.

There are still some clients missing out. This is mainly as currently in certain areas of law where they need help for example family law, mental health law, criminal law and child protection there is not the capacity or expertise in these areas of law in the BBM team. With time and increases in resources including staff (see recommendations) this will only improve.

### **Recommendations Core Service Delivery - Legal service (information, advice, casework, secondary consultation and representation)**

**Recommendation 1:** In person, place-based, holistic, culturally safe and trauma informed service delivery is essential **With the current push of information technology companies, governments and the courts towards use of AI and**

digital interfaces, it is critical that people have recourse to proper in-person, place-based in community expert legal support. If People do not trust lawyers and are reticent to seek help because of poor experience they will resort to free, Artificial Intelligence which in legal matters can be incorrect, fabricated and not tailored to their situation. This can lead to significant issues such as loss of claims, being penalised, poor decision-making and problem escalation.

**Recommendation 2: Legal literacy and health literacy are integrally connected** more work needs to be undertaken with health, allied health and social welfare agencies to demonstrate the value of justice support to expand options to help people resolve their complex problems

**Recommendation 3: The BBM service needs to be expanded in scope as whilst it is addressing civil needs of the Aboriginal community (noting demand far exceeds capacity),, that community and the Trusted Intermediary support staff, the AWAHS Board and manager of AWAHS report in the 2024 and 2025 the service needs more capacity and expertise in other key areas of extreme need. This includes family law, child protection (as raised in previous reports) criminal expertise, expertise in mental health law and for the mental health tribunals. It was report in the BBM data 2023-2025 that many clients can't fill out forms for the Aboriginal Legal service or for Legal Aid. A specialist lawyer in care and protection has also been identified as a pressing need. Whilst Trusted Intermediaries have been assisting it is not enough. Local solicitors are at capacity and are often not interested and clients don't feel safe with many private lawyers due to previous experience or community reticence. Without these situations support spiral and poor mental health and consequent bad behaviours result. This costs more for the system in terms of hospitalisation, corrections and harm. Yet if access to early advocacy can prevent the escalation of stress that leads to things being dissipated rather than spiralling there is a clear return on investment.**

**Recommendation 4: Economic impact & evaluation needed.** The data in the BBM study annually is showing a there is a clear return on investment. It would be good in future studies for expertise in economic evaluation on cost savings due to earlier intervention and earlier advocacy and consequent saving to hospital A & E or other relevant entry points and discharge, and pre -release, mental health tribunal. Building this expanded expertise into the existing and trusted BBM makes sense given established relationships and points of referrals that have been developed through the health justice partnership program

**Recommendation 5: BBM should be replicated** Considering the improvements in social determinants of health from having integrated legal services in multidisciplinary settings, policy makers and funders the models such as the BBM health justice partnership should be replicated with adjustments for local exigencies considering its effectiveness as a way of reaching under-served community members, building capability and legal empowerment.

**Recommendation 6 – Secondary consultations should be recognised as official data points. - Official 'service type' provided to clients is not reflective of the value of other service types. It should include secondary consultations in integrated legal practice models. In addition, the value of secondary consultations should**

**be considered as a suite of core services and resources and funding scaled up to enable greater reach, and earlier intervention at pressure points where people are currently unable to gain access to legal help but are receiving other health and social support, for example, in mental health.**

## **2. 2025 Data on Core Services - Community and Professional Development**

In respect to the community and professional development component of the core services delivered by the BBM Project, what the study indicates over three years of the project data, is that awareness of the rights of Aboriginal people who are seeking help from the lawyers through the health justice partnership model has increased markedly. The importance of and success of community education is evidence as key in Aboriginal take up of legal help whereas previously this was rare. There is also clear evidence of greater Aboriginal voice in programs of community development and legal education and that is its tailored and responsive to their needs and is seen as relevant. An example of this was the training delivered to the Aboriginal elders and senior citizens on wills and advanced care planning which Dr Curran observed in 2025 where participants in the training were observed to freely ask questions, had fun and felt comfortable. This is also reflected in 2023, 2024 and 2025 BBM data from the Yarning Circles, Interviews, professional development journals, Community Development reports and Survey data from 'Trusted Intermediaries Survey After Training.'

What is now evident in the data however over the three years of the project is that this community development work leads to the development of trusting relationships. Because the BBM staff are so visible at events and around the health service, it means that community members are attending more community development undertaken by the BBM team. In the past year there has been a substantial effort also in promoting and co-designing this community development events so that they are relevant and seen as useful by the community members.

Also, it is evident that community members who attend these events spread the word throughout the Aboriginal community and encourage other Aboriginal community members to attend. The value of this 'borrowed trust', encouraging Aboriginal community members to engage with the BBM, is critical in the project meeting two of the key benchmarks namely, legal capability and empowerment.

In addition, there is a direct correlation between those attending community development training such as the 'wills days' that lead to self-referrals to the BBM project. This is partly because of the greater capacity in identifying issues as being legal in nature and possibly having a legal solution as options for community members. This is often termed 'justiciable issues'<sup>50</sup> in the literature. The qualitative data is useful here establishing these links between community development, greater 'expressed

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<sup>50</sup> Hazel Genn and Sarah Beinart, *Paths to Justice: What People Do and Think about Going to Law* (Hart Publishing 1999).

need' of legal problems leading to self-referral due to the trust created with visibility and informal interactions.

Testing of relationships by Aboriginal community to see if they can feel safe with the lawyer or the community engagement worker.

In 2023 data extracts from community members at the Yarning Circles in the pilot data at service start-up included:

Key lessons around what makes the community and professional development work of the BBM team effective includes:

- From the perspective of the Aboriginal Trusted Intermediaries and the Aboriginal participants in the Yarning Circles, including the AWAHS Aboriginal Board, that co-design and participation at every level is the ingredient that has been key to success. This includes in how the service is delivered, the activities undertaken by the staff (including their close connections and checking in with Aboriginal elders about how they are going), the recruitment of the staff of BBM, and the process for this very study and evaluation. All have been driven by Aboriginal community members and trauma informed and culturally safe practice.
- BBM staff are present and visible at AWAHS including at Barbeques, community cultural events consistently.
- Key to engaging with the clients who otherwise do not seek legal help is that legal service provision must be connected closely to collaboration with non-legal partners in delivering training and that blocked and available appointments after such training means that community members are most likely to disclose problems and seek help.
- The study data across all tools over three years highlights that often Trusted Intermediaries through professional development opportunities (including staff and team meeting attendance and presentations to field questions on the law, and secondary consultations (discussed later) at the early stages of their interaction with the justice partners, become aware of all of the issues that are capable of a legal solution and would not otherwise have considered legal options (see quantitative and qualitative data from interviews with Trusted Intermediaries and Survey of Trusted Intermediaries before and After Training (2024 and 2025). This means they would not be offering these justice solutions as options in the repertoire of strategies to overcome people's problems that are the core causes of poor mental health.
- Delivery by BBM staff of professional development has given rise to opportunities to address eviction, utility disconnection, poverty due to debts or fines being expunged or service as community work, protection from harm not only directly for the individuals seeking help but for their family members, as well as rights to income support and reparations that they are entitled to at law.
- Reciprocity and respect between different disciplines for what each offer and considering these multiple perspectives enables improvements in client responsiveness and sustaining clients through navigating often harmful legal processes to minimise relapses in mental health and wellbeing.

The secondary qualitative data and the primary data (quantitative and qualitative collected annually from 2023-2025) when viewed overall is clear that many clients who

had previously not been able to gain legal support through the BBM have made poor decisions, clearly connected to their lack of knowledge of their legal rights and responsibilities. The data, in the initial stages of the BBM project (as was the case with the Invisible Hurdles data, and the evaluation of the Bendigo Health Justice Partnership (2015-2018)), revealed that Trusted Intermediaries themselves lacked an awareness of the array of areas that the law covers with prevalent perceptions law was criminal and family law only. This was not assisted when many Trusted Intermediaries reported poor experiences of lawyers or the legal system themselves. Understandably these Trusted Intermediaries are reluctant to engage their clients in any process which was likely to further exacerbate their clients' poor mental state.

Yet the secondary qualitative (HRCLS) data and the primary data (Curran quantitative and qualitative collected annually) from 2023-2025 reveals a significant take up of legal help by community members and Trusted Intermediaries since the BBM project began. More Aboriginal community members are engaging. There is a clear connection emerging between greater engagement and community and professional development as a critical first step that leads to higher rates over time, notable in the 2025 data of Aboriginal self-referral and Trusted Intermediary referrals for help with legal problems.

This 2023-225 annual BBM data also reveals that due to barriers formerly in gaining legal help, the clients have not just one legal problem but multiple issues and it is not uncommon for them to have between 5-10 legal issues. This disclosure comes from greater levels of trust, visibility and approachability of BBM staff. Also noteworthy is the story telling based community legal education and professional development which people feel more comfortable with. This is preferred to the didactic modes of presentation often typical in legal education. The co-designed Community Development and responsive Professional Development is key to this pathway. Podiatrists, doctors, physiotherapists, financial counsellors, psychiatrists, psychologists, youth workers, community workers, alcohol and drug counsellors, family violence supports, mental health nurses, maternal and child health nurses, reception and administrative frontline service staff, CEOs, Board members have in this study learned more about how justice can, if done well, support their clients in resolving problems.

The legal team has learned through co-design what works and does not work for clients experiencing trauma or poor mental health and distrust. Working side by side Trusted Intermediaries in designing community and professional development and using a narrative and storytelling approach better suits their audience and is more culturally appropriate. For the BBM legal team this method in educating has changed their practice, deepening their understanding of mental health, seeing law as part of a broader picture of people's lives and understanding complex factors that affect client behaviour and engagement.

As noted above but reinforced in the data from community development and professional development across the tools. is the three years of the project is that this community development work leads to the development of trusting relationships. Because the BBM staff is so visible at events and around the health service, it means that community members are attending more community development undertaken by the BBM team. In 2025 there has been a substantial effort also in promoting and co-

designing this community development events so that they relevant and seen as useful by the community members.

Community members who attend these events spread the word throughout the Aboriginal community and encourage other Aboriginal community members to attend. The value of this 'borrowed trust' encouraging Aboriginal community members to engage with the BBM is critical in the project meeting two of the key benchmarks namely, legal capability and empowerment.

In addition, there is a direct correlation between those attending community development training such as the 'wills days' that lead to self-referrals to the BBM project. This is partly because of the greater capacity in identifying issues as being legal in nature and possibly having a legal solution as options for community members. This is often termed 'justiciable issues'<sup>51</sup> in the literature. The qualitative data is useful here establishing these links between community development, greater 'expressed need' of legal problems leading to self-referral due to the trust created with visibility and informal interactions.

Clearly established overwhelmingly in the data for three years, is that success in reaching Aboriginal clients would not be achieved by traditional legal service (i.e. information, advice, casework and representation) alone. Legal services seeking to reach under-served populations will not see changes in presentation unless other strategies, namely, the community development and professional development approaches. These need to be interconnected to traditional legal work (information, advice, casework and representation) to see referrals and engagement increase. The layers of engagement strategies used in the BBM project cannot be disentangled from program effectiveness. These engagement strategies are the sorts of activities community participants note in 2025 BBM data. These are replicated below so that other services can learn what effective engagement looks like:

*Since the BBM I've seen the benefits to elderly folk. This is because of the way we work at the health service. Community members are driven to get breakfast in the morning and then, **they know when they see the lawyer that they get help. They emerge smiling from the legal appointment. They know what's happening next.***

*It's so critical to see legal services in the context of what enables our community to engage. You cannot separate out the fact that the Aboriginal community are self-referring here. It because of in this environment. It not just because there are referrals between us workers but the **because the lawyers and the community engagement worker are visible in the groups where community gather. They see them, they get to see how approachable they are, they laugh with them, they feel better around them, and can have conversations unrelated to the law and its pressure.***

*This might be a conversation about how to improve their weaving, where the elder sits with the lawyer and guides them on their cloak design and they share stories. This might be where an Aboriginal community member at the 'men's'*

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<sup>51</sup> Hazel Genn and Sarah Beinart, *Paths to Justice: What People Do and Think about Going to Law* (Hart Publishing 1999).

*shed' teaches the community engagement worker about didgeridoo design and how to play it. It's these exchanges with community that are not disconnected from their decision to seek the help they need from the lawyer.*

*They will sit back and observe how the lawyers interact with their community members and then they will make their own choices about whether they can trust the lawyer. The clients we have here been treated appallingly by systems. Therefore, they distrust anyone who comes across as potentially representing those systems.*

*The BBM team do not represent the system. They are there for our community. This means that our community will turn to them for help when I feel safe. This means they will disclose. This disclosure means they will have multiple and often entrenched problems addressed. They have someone who's finally on their side working alongside their worker at the health service. The different perspectives of health and law and discussions between us as workers means more options.*

*Stories spread like a virus through community about how the legal team has helped. And then others will seek help. All of this must be deliberate. The visibility is critical. There are so many other services where there are outreach or people who are legal pop in and out. For our community, and probably for other marginalised communities, it is not enough to reach people who ordinarily do not seek help and feel that no one cares about them. They feel 'what's the point' the odds are stacked against them – which they are- but this model is making us all see this does not have to always be the case.* (Interview with Trusted Intermediary)

## REPRESENTATIVE DATA ON BENCHMARKS TO SUPPORT FINDINGS IN RELATION TO CORE LEGAL SERVICES - COMMUNITY AND PROFESSIONAL DEVELOPMENT

### Reach

*The 'wills days' are really important. They've covered funerals, which is often not discussed in our community unless there's forums like this it's hidden, and we don't know or think we can get legal help. (Yarning Circle)*

*The community development sessions - whilst great -still miss the people who are in the home and who can't get out. I also worry that these people are missing out on conversations that they might need to have for example if they've got cancer, they're experiencing domestic violence or just the crappy things in life. What's great is that they get transport through the health service and that improves reach. But for some of our clients with chronic and complex needs it's hard for them to get out and so it would be great to see more co-dependency between staff so that there can be step by step support offered through to these people so that they get the help that they also need. It's so easy for them to be invisible. (Interview with Trusted Intermediary)*

*There are a lot of people who can't get to the health service who are missing out on the wonderful BBM offerings at various events and information days where we yarn about different topics. Very young moms who aren't coming to the weaving circles who don't know their rights when the department (care and protection of children matters) sets them up to fail. When they take their children or grandchildren. There are also young girls and other women experiencing domestic abuse who are too frightened to engage. There are frail and elderly people who are homebound who fall victim to abuse from their family members or carers. They have no one to talk to or to find out safely what their rights are. I'd like to see some thought into how to reach these people as they also need the help of the lawyers. (Yarning Circle)*

## **Engagement**

*I'm almost jealous it used to be that the Aboriginal blokes would want to talk to me. Now what's happening is they will be in conversation with me, and they'll see the lawyer all their community engagement officer coming and they only drop my conversation with them to go and chat to the legal team. I think it's wonderful. (Yarning Circle)*

*When I first saw the lawyer at the men shed, I didn't want to talk to her. That was because of my initial reaction to finding out she was a lawyer. **Then another member of the community told me I should trust her. I went along to the men shed and someone else asked her a question. Her response made me think I've never realised that before and I'd never thought about it like that. And then thought - she knows what she's doing.** (Interview with Trusted Intermediary)*

*They are getting known in the community **they are familiar and it's beneficial**. They get the same face, and **they have trust** and faith in it. (Yarning Circle)*

## **Capability**

*The wills and advanced care sessions, the birth certificates and the way in how to navigate it is really helpful. The team has taken time to chase things up. They are very reactive but they're also proactive. In these sessions they break it down. **Critically they allow us to have a voice.** For example, during the whole voice campaign itself around the referendum - we found it so hard to understand what the vote was about and how to vote. They helped us practise it by giving us a dry run of voting and this was really useful. (Interview with Trusted Intermediary)*

## **Collaboration**

*Have used what they advised me for my own personal information. Their professional legal help steers us in the right way. **They're also honest about flaws in the system** and what to do to get around them. Because they come to my staff meetings we are also up to date and can ask questions. In this forum we can find out what's new in the legal system and we can run questions by them. **They are there on the spot in the meetings and they provide information which we can use. But being here and part of us we can achieve a lot. They don't fly in and out. They have never let me down and***

*even when things are difficult, I know that they've tried their best. By hanging around the Men's Shed and they don't sit in their offices waiting for us to come to them. I love this proactivity.* (Interview with Trusted Intermediary)

### **Empowerment (including as an Aboriginal study self-determination and Aboriginal Voice)**

*The value of these events and Yarning Circles is that they are a safe space. Some women talk about things, and some don't but what they do is take away the information. Now they have tools to make the situation better. Too often we have heard from workers do this, do that put it in writing. This puts up walls. Here we can tell our stories, and we are listened to. Elsewhere no one hears us. Too often information is like a Pebble which sinks and sinks. We are too tired, too exhausted, distressed. Building up a mental health is important before many of them will allow anyone to intervene. These ways of being person make a difference to this.* (Yarning Circle)

*The legal team explain things in a way that I can break down for other staff and for clients. They don't use legal jargon, so you know exactly what is required, and how to approach the problem.* (Interview with Trusted Intermediary)

*The legal team had the ability to seek information and to know where to go to find the information. It's provided quickly and competently and in a way that I can understand in step by step. No legal jargon. This helps me help the client. It helps clients become more self-empowered to know what to do. It's brilliant. An example of this is person was asked to go on jury duty, after extensive consultation this person was reassured that it was a legal requirement and how to provide evidence in relation to the jury process. The client was very anxious about this jury duty. The lawyers took a lot of worry off the client's mind. You have to understand the client was a part of the stolen generation and feared criminal proceedings and anything to do with them. The case involved child and so it would have been traumatic as the lady had lost a child. The horror would have brought up what was for her a traumatic history. After the death of her child awful things happened. There was a feeling of judging in formal settings. What happened to the stolen generation can pull apart someone at any turn. She had been healing but for her to do this jury service would have been a harrowing experience. She was excused from the court as a result of the support from the BBM team). As a result of this experience with the BBM the lawyer has become her 'poster girl'. She now knows she has support she's happy, she's not a shy and she's well versed as advocating not only for herself but for other people in the community. This illustrates the brilliance of this program.* (Interview with Trusted Intermediary).

### **Social Determinants of Health (through justice interventions)**

*It's been amazing this BBM. Prior to the BBM people were struggling about where to go, what to do and needed referrals. So many of our clients had issues that ongoing. For one client the issues have been ongoing and although it took a while for the client this year to be ready, she's now being referred-back and will be supported. Previously she wouldn't leave her house but now she's coming to group events and transport as it's provided has helped reduce*

*her anxiousness. She was unfairly dismissed and so the legal team had been a huge help for her and supported her. The lawyer is amazing in how she connects she's built trust and report with clients. It's not just a justice intervention it's become a why clients move forward. This BBM has given our aboriginal community confidence to stand up and sometimes to stand up alone. This is because I provide support until the clients how to do things so that they can act but only of sadly for those who have the wherewithal at the time. (Interview with Trusted Intermediary)*

*As a worker having the BBM team here puts my mind at ease. I know where I'm heading and that I'm heading in the right direction. If I need to find out something extra, I know I can do it. They are happy for me to keep coming back for further information. They help me in the process. Being given such clarity makes my job easier and less stressful and gives me options and solutions for my clients will stop it is beneficial having the BBM here I can see no detriments. All the clients want to know is when is the lawyer coming next. When I say the lawyer, I'm not excluding the community engagement officer they are brilliant too they interact with external services which is so key. (Interview with Trusted Intermediary)*

*I've had clients and community members with housing issues and legal has helped them through the system. There needs to be some advocacy in this housing space because it's so difficult so the help that they give is critical to preventing homelessness and unnecessary eviction. There could be more done in terms of people who are in fear of their life. Some of this is not obviously the fault of the legal team that relates to the way in which the system works I'm aware of this. What's great is that the legal team tried their best to navigate what is a problematic housing system. (Interview with Trusted Intermediary).*

## Recommendations Core Service Delivery – Community and Professional Development

**Recommendation 7: Collaborate further with those who do in-home visits.** There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities attend the activities at AWAHS. Community members in the Yarning Circle and some of the Aboriginal Trusted Intermediaries suggest that opportunities might exist to work alongside the health staff who do home visits, to do training sessions with follow up potential for legal work that might emerge. There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities cannot attend the activities at AWAHS. BBM needs additional resources/funding to build its capacity to work alongside the health staff on home visits, to do training sessions with follow up potential for legal work might emerge. Knowledge of this legal support would deter those who intimidated those at risk due to isolation (e.g. elder abuse).

Due to these people's susceptibility to isolation, it was felt that they were marginalised and more at risk of various forms of abuse including elder abuse, carer abuse, domestic violence and abuse by authorities (child protection and housing) who intimidated them, gave them the wrong information causing increased stress and anxiety and exacerbating problems.

**Recommendation 8: Community engagement and development should be recognised as integral to effective service delivery beyond BBM** There is a clear connection emerging between greater engagement and community and professional development as a critical first step that leads to higher rates over time, notable in the 2025 data of Aboriginal self-referral and Trusted Intermediary referrals for help with legal problems. Community development and professional development is key to this pathway and public legal service delivery through community legal centres, given their experience in community focussed service delivery, means they are ideally placed to do this work if they are informed by the good practice developed and evaluated in the IH and BBM studies over 10 years. Core legal services, to be effective, need to not be seen as only limited to information, advice, casework and representation/dispute resolution but rather as integrally linked to secondary consultations community and Professional Development and Policy and Law reform work, co-designed alongside community/clients and Trusted Intermediaries. This holistic approach to service delivery is more likely to be effective in ensuring attainment for the Sustainable Development Goals. These include (good health and wellbeing (SDG 3) reduction in inequality (SDG 10) collaboration (SDG 17) justice and strong institutions (SDG 16.3 Access to Justice). This includes the UN identified five pillars for *people centred justice*<sup>52</sup> including addressing people's everyday justice and needs. The HJP model through access to effective early support is more attuned to finding efficient dispute resolution mechanisms, the legal protection of human rights and the ability for all people to live in safety and security. The co-design model as illustrated by the BBM health justice partnership model starting from an understanding of people's needs, experiences and expectations provides a model to ensure a people-centred approach aims to strengthen systems to deliver justice and security services for all.<sup>53</sup>.

**Recommendation 9: Invisible Hurdles Program to be expanded and funding provided for more capacity to develop opportunities in schools** to learn about legal avenues and the extent to which there may be legal options in a 'law thick world'. This will assist in creating awareness early in young people about risks of payday lending, debt and housing and on taking AI summaries as legal advice given risks in its correctness and what are credible sources for legal information and support services.

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<sup>52</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024; UNDP, 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>> accessed 20 September 2024.

<sup>53</sup> OECD, 'OECD Framework and Good Practice Principles for People-Centred Justice' (OECD, 2021) <[https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice\\_cdc3bde7-en](https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice_cdc3bde7-en)> accessed 18 September 2024; UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024.

### **3. 2025 Data Core Services - Law Reform and Policy Work**

There has been an increase in the law reform and public policy input in 2025 by the BBM team. The 2025 secondary data provided by HRCLS shows an increase in policy and law reform work and engagement in that work by AWAHS staff and local Aboriginal community who provided input and case studies.

As noted in the second annual report it is rare in a health justice partnership for activity on law reform to occur in the early phases of the health justice partnership. This is because of the demands of setting up a service, establishing relationships to enable referrals, secondary consultations and client engagement and reach. All of which require significant energy. However, the BBM in its third year already has some 'buy in' from some the Trusted Intermediaries into its public policy and law reform endeavours. In line with self-determination, empowerment and voice which are critical features being examined through the benchmarks in this study, Aboriginal community members had been actively involved in the law reform and public policy initiatives of the BBM team. This includes initiatives that the HRCLS is engaging with in collaboration with other external bodies such as the Consumer Action Law Centre and Economic Justice Australia (where Aboriginal voice was heard/amplified and case studies used to inform advocacy and policy demands) and with the involvement of the BBM lawyer in the Health Justice Australia coalition and as co-facilitator CLC NSW's First Nations Working Group and the community engagement worker's convening role in the Community Legal Education Working Group of the Federation of Community Legal Services.

The data emerging from the qualitative and qualitative material in the 2025 BBM data across all of the tools indicates that the majority of participants would like to avail themselves of more involvement in law reform and public policy. Most participants recognised its value in addressing some of the causes of the communities' problems at the source of the problem.

An overwhelming majority of participants wanted more involvement in law reform endeavours either through the provision of case studies or through direct insights from the health and Aboriginal perspective. Participants, especially managers and Trusted Intermediaries from AWAHS, noted that this would only be facilitated (moving forward) with a condition for more information on law reform and policy reform that affect their clients and what their involvement might look like. They indicated the need to have their input facilitated into such projects in such a way which would not be burdensome due to their case work.

In discussions with the health partner, senior management indicated that they also would like to improve their organisational capability in public policy and facilitation of AWAHS' input. Senior management of the health partner and its board felt AWAHS as a health, ACCHO and Aboriginal expert body, directly involved in service delivery, would have a powerful perspective by joining with justice. It would provide critical insights into client and patient experience. Curran has subsequently shared examples of joint public policy submissions with the CEO and management of HRCLS that she co-ordinated in 2010 as Director of the West Heidelberg Community Legal Service which was co-located with Banyule Community Health Service (now Holstep Health)

and other law reform resources<sup>54</sup> on how to further engage partners in law reform and public health policy input and submissions.

Key areas identified in the annual data from 2023 – 2025 verified and repeated across all the tools are:

- Poor responsiveness by legal professionals and the legal system which lack respect and communicate poorly.
- Assumptions about the need for legal responses that ignore practical exigencies and personal contexts of the clients and are ill suited to their situations.
- Lack of access to early intervention and legal advice for child protection administrative processes to remove children that lead to confusion, poor information and consequential stress. This leads to poor decision making that would not otherwise occur if the parents, grandparents and children have earlier legal support on their rights and responsibilities and the rights and responsibilities of others.
- There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities attend the activities at AWAHS. Community members in the Yarning Circle and some of the Aboriginal Trusted Intermediaries suggest that opportunities might exist to work alongside the health staff who do home visits, to do training sessions with follow up potential for legal work that might emerge. Due to their isolation, it was felt that they were marginalised and more at risk of various forms of abuse including elder abuse, carer abuse, domestic violence and abuse by authorities (child protection and housing) who intimidated them, gave them the wrong information causing increased stress and anxiety and exacerbating problems. (See Recommendation 6, 7 and 2)
- Trusted Intermediaries and health service managers see the value of policy and law reform and want to support funding and solving the problems at their source addressing the underlying causes of inequality. The health partner felt this desire was underutilised and that there would be more power in combined efforts that reflect both the justice and health dimensions.
- The need to build legal capability of community members from an early age was identified by several participants in the Yarning Circles with the men and women and the AWAHS Board. School education they felt is underutilised as a place to educate on how justice interventions can help them with their health, social and economic problems and how to seek help from reliable, credible sources. As the Invisible Hurdles has expertise and success in school-based justice services this might be a logical expansion.
- Data from 2023, 2024 and 2025 showed problems in how schemes for reparation of the Stolen Generation are managed and narrowness in its scope. Reparations to Stolen Generations should receive statutory protection from debt collectors including other government entities. This undermines the point of such reparations which are a recognition of harm caused, compensation and

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<sup>54</sup> Liz Curran, 'Enabling Marginalised Voices to Be Heard: The Challenge to Law Reform Bodies' in Ron Levy, Molly O'Brien, Simon Rice, Pauline Ridge and Margaret Thornton (eds), *New Directions for Law in Australia: Essays in Contemporary Law Reform* (ANU Press 2017) ch 48, 517–27; Liz Curran, 'Policy Research, Submission Writing and Advocacy for Change' in Liz Curran, *Better: New Approaches to Practice and Education* (Routledge 2017) ch 12, 170.

to enable healing. Often poverty and debt are a direct result of the treatment for which they are being awarded under the scheme which is counterproductive.

Moving forward an increase in staff, expertise and capacity through additional funding and focus of the health justice partnership should work on these areas as priorities identified in this study to Close the Gap.

## REPRESENTATIVE DATA IN RELATION TO LAW REFORM AND POLICY WORK NEEDED

### Examples of potential advocacy issues raised - Problems with lawyers and the legal system, child protection/family law

*There are no rights for grandparents. There's no one who can help ask with child protection.* (Yarning Circle)

*They (legal representatives and legal system) treat us like the enemy. We are treated like a criminal* (Yarning Circle)

*These government departments do what they want. When you're outside the system you can ring and ring, they don't return calls or messages. You don't know what your rights are and there's sorry chaotic I'm disrespectful. There seems to be no one who can help us deal with child protection services and getting information. This creates stress.* (Yarning Circle)

*The law can sometimes create more problems for clients. The lawyer might think it's right for the client to get a remedy or protection offered under the law such as an AVO. Lawyers need to recognise it's not that simple. Families are interconnected and the flow on effects of gaining the AVO can often create further problems. For example, if you can't have him in the same car as you then you can't do two trips to the hospital for his treatment when there is no one else who drives.* (Interview with Trusted Intermediary)

### Reach

*They (government departments in Victoria and NSW – housing, child protection) take advantage of people's confusion around their lack of knowledge of their legal rights. This leads to panic and often becomes a self fulfilling prophecy. People panic and so make poor decisions which they would not otherwise make. This leads to poor parenting which if they weren't so scared and knew their rights better, would not be made. The department might start with no evidence to remove and by the time they've finished, because of the way in which they behave, they have created so much stress and anxiety that the parent becomes what they claim they are. We need to support people earlier with legal information and provide the help that people need not just intimidate them and bamboozle them. They act in ways designed to set them up to fail. They never really think about the implications longer term for the child either by removal. Some parents are a problem don't get me wrong. The way*

*the Department staff go about their job is not only unhelpful but causes damage to people's health and well-being. (Interview with Trusted Intermediary)*

## **Engagement**

*I really am just so time poor, but the BBM team made policy input easy for me and showed me how I would contribute. I have so many cases where the laws could be improved or the way they are administered particularly by government departments whose conduct and approach could also be improved. For example, I'd love to do something at the bad behaviour of the department in relation to **care and protection of children**. They can be out of control these departments. (Interview with Trusted Intermediary)*

*The health partner could be called on more by the legal partner to provide more institutional and funding support. AWAHS could play a greater role and advocating for its justice partners and providing a health perspective on justice. All the justice partner needs to do is ask. For example, there is a tendency for it to only think in terms of traditional funding sources. We (AWAHS) would be more than happy to explore other options. This program is too important and rather being strapped for cash, we would like to see it expanded to include a capability and expertise in **mental health, criminal law, family law and in care and protection**. (Reflective Practice Conversations with partner managers)*

## **Capability**

*Now you explain to me what law reform is, I would love to be involved in it. I think it's really important you got to just you got to solve the problem from its cause, but I just wouldn't know how to go about it. So, I will need the help of the legal team to do this. (Interview with Trusted Intermediary)*

## **Collaboration**

*They (BBM legal team) need to be in our schools. Finding out about those robbers in payday lending. We didn't know about it we didn't know how to navigate. These are small things, but they are about better health promotion. Where is Victoria health, where is the NSW health. They should all be funding these sorts of things. These are helping people. We now know about payday lending from BBM. This information is not known in community. Getting in there early with risks of loans and debt prevents poverty spiralling. It is closing the gap. Legal literacy and health literacy they're both connected but we never hear about legal literacy the focus is just on health literacy and yet they're so interconnected. (Yarning Circle)*

## **Empowerment (including as an Aboriginal study self-determination and Aboriginal Voice)**

*The system needs to listen. The **care and protection** case workers are often still in training and may not be a parent themselves or had any life experiences. I don't like strangers. They come and ask questions -out of context -they don't listen to the answers. They mess up my head. I feel anxious angry and out of control. They make me feel this way. I don't feel I can trust anyone in the system.*

*They are inconsistent. They try and like you make mistakes that you wouldn't otherwise make. There's no help there's no one who can help.* (Yarning Circle)

\*Note Referral made to BBM team after Yarning Circle.

### **Recommendations Core Service Delivery – Law Reform and Policy**

**Recommendation 10: Co-design of programs must continue and the success of BBM due to collaboration, co-design and reflective practice should be emulated.** Programs should be shaped and designed by the community for which they service. Genuine co-design of programs, and participation of community is integral to success, effectiveness and impact. It should start at inception with how services are funded, service design, study and evaluation, process. This dialogue with community should be ongoing and have regular feedback loops. Community is best placed to inform what is appropriate, what good looks like and what will work for them, when in what contexts, in what circumstances and how.

**Recommendation 11: Funding should be provided for training of judicial members, and the private profession which could be delivered by HRCLS which now has expertise in trauma informed practice, cultural safety, mental health and trauma impacts** and how to treat Aboriginal clients with respect and understand the context in which legal problems arise. This training might also be useful for some public servants who have decision making roles particularly in relation to care and protection of children. It would include (in conjunction with Aboriginal partners) cultural safety and mental health, and trauma impacts and how to treat Aboriginal clients with respect and understand how this effects the legal contexts.

**Recommendation 12: BBM staff, in future work focus on building the capability of the health partner's staff and local community to enable participation in law reform and public policy** for early intervention and harm prevention in problems caused by laws, policy or their administration at a systems level. This combined health and justice lens can show decision-makers how harm can be reduced. This expertise can identify ways to reduce such harm and what reforms are needed to improve outcomes through systems reform.

**Recommendation 13: Reparations to Stolen Generations should receive statutory protection from debt collectors including other government entities.** In addition, funeral costs should be included. This is a fundamental deficiency in the current legislative arrangements and needs to be reformed. It undermines the whole point of such reparations and often poverty and debt are a direct result of the treatment for which they are being reperated.

**Recommendation 14: HRCLS & AWAHS should continue to develop referral protocols with pro bono etc and support service delivery which is delivered in the trauma -informed and cultural safe way that HRCLS has shown expertise in and funding should be provided.** This may include secondment type arrangements where BBM continue to provide client facing work and pro bono come in to support file work. The data from 2025 reflects that currently this is resource intensive work but critical if clients are going to keep engaging with the legal help once referred. This training might also be useful for some public

**servants who have decision making roles particularly in relation to care and protection of children.**

**Recommendation 15: Funding for programs such as BBM & IH should be rolled into long-term baseline funding. The Government at State and Federal level action the recommendations of the Dr Mundy Review <sup>xv</sup> (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report<sup>xvi</sup> below:**

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

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

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

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

## **4. OTHER FINDINGS FROM THE OVERALL BBM DATA 2023-2025**

### **Organisational Partnership Strength and Integrated Practice**

The findings from the qualitative and quantitative data (including secondary quantitative data from HRCLS and primary qualitative and quantitative data collected by Curran (detailed in the Appendix) are as follows:

- The operating model of the BBM Health Justice Partnership through integrated service delivery with AWAHS has increased its reach to the Aboriginal community. Many of the Aboriginal community seeking legal help from the BBM would not have turned to lawyers or sought legal help otherwise. Most of the BBM clients also have more than one legal issue. This is evidenced by data of Aboriginal clients increase over 3 (BBM) and 10 years (IH) and across HRCLS service (detailed under heading Part B Data Core Services – Legal Services and in the Appendix).
- Over the three years of the BBM it has become so embedded as a way of working not only for staff but also for management and seen as an effective way of better supporting the health of clients that it is now so much the way of doing business that it would be impossible to untangle it without losing its strength. The staffing, with their energy and willingness to go the extra mile has led to the development of a deeper understanding of Aboriginal clients and the way that they need to interact with access to legal support (otherwise not offered as effectively) has enabled BBM to go from strength to strength.

- Working in partnerships, blending legal with other disciplines is an effective way of supporting vulnerable clients who benefit from the value of deeper relationships and wrap around support that can occur between organisations that care and can join each other.
- The BBM partnership builds trust, and the deeper, more complex work takes years to gain momentum. The need for visibility extends to engagement outside the office at events and in spaces that community gather and feel safe in. BBM needs long-term funding and commitment as the distrust has occurred over centuries.
- The lawyer needs to be complimented by a community engagement worker. Different personalities and skillset enable greater reach and give community members more choice as to what personality style and approach is a better fit for their own contexts enabling relationships to build and tailored to the style that they can feel comfortable with, in view of the trauma and suspicion that is inherent in many of the community about lawyers and the legal system based on their past experiences.
- Clients value lawyers who treat them with respect, actively listen and check for understanding in ways that recognise the impacts of poor mental health, trauma and reticence caused by a range of factors including memory loss, poor literacy, embarrassment, cultural restrictions, comfort, previous negative experiences of those in authority (including other in the legal profession) and fear.
- The ways of working in BBM and HRCLS provide useful insight for the private profession, the judiciary and other representatives within the legal system on integrated practice and how to interact and support clients including multidisciplinary practice. There are also lessons from HRCLS on improved practice and accountability from the private profession and legal institutions and their personnel particularly around interaction with clients, particularly Aboriginal clients but also with other clients who experience vulnerability and disadvantage.
- Critical elements to the BBM success that are also critical to inform other replicable models for integrated service delivery are identified in the study and evaluation tools 2023, 2024 and 2025 – unpacked in the qualitative data selected below are:
  - ✓ Team effort to rely on each other with a focus on helping the client and caring for them in a holistic way. This reduces stress, anxiety, prevents panic and poor decision making not just for the clients or community but also for the support workers who report they are also less stressed, have improved decision-making and enables prompt action (see also quantitative data and comments made in in depth Interviews with Trusted Intermediaries detailed in the Appendix to this report and this data in Annual Report's One and Two))
  - ✓ the seamless way in which staff now interact
  - ✓ the way in which staff from different disciplines provide different perspectives and help each other out
  - ✓ the legal team are never presenting themselves as too busy and use their time to train Trusted Intermediary staff in how to do the forms and how to collect relevant and necessary documentation etc, freeing the lawyers up to do the grittier legal work.
  - ✓ False promises are not given by the BBM Team; they are frank and honest about clients' position but in ways which minimise poor health

and wellbeing outcomes and in partnership with other supports so there is wrap around help given.

- ✓ They are also prepared to do further research if they are uncertain and explore options that might be legal, non-legal or common sense and appropriate to the client's mental health and wellbeing.
- ✓ Emails and phone calls are returned promptly
- ✓ Co-location or an outreach wouldn't work to improve social determinants of health outcomes. Program effectiveness in social determinants of health in the objective delivery and meeting benchmarks of reach, engagement, empowerment, collaboration and in achieving the indicators for effectiveness and impact (outlined in detail in the methodology section of this report) highlights the BBM staff must be on site at AWAHS, not in the offices but at events, in corridors, in each other's office, staff rooms, and at team and staff meetings, chatting to Aboriginal community members. The community needs presence, consistency of staff and not rotation.
- ✓ Empowerment is a slow burn. In the start-up phase focus is on service delivery and building trust in relationships takes time. Legal capability is a huge issue for clients but also for different professionals. It requires confidence, capacity, confidence, energy, hope as well as knowledge. This is why law reform work often occurs after many years. What is occurring in the BBM is law reform being co-designed, so it is informed and embedded in what community says is needed. Again, this next phase to build capability for policy and law reform involvement has started to gain traction with further work required by HRCLS and BBM team to help coordinate and bring the enormous expertise from the health partner to provide health perspective and evidence broadening it from just a justice focus and pivotal inclusion and assurance of Aboriginal voice who are ideally placed to suggest reforms that work for them

## **REPRESENTATIVE DATA IN RELATION TO ORGANISATIONAL PARTNERSHIP STRENGTH AND INTEGRATED PRACTICE**

### **Reach**

*I want the rest of my (medium sized regional) organisation to learn from this program about how we can better support our clients, establish links with them, and maintain healthy partnerships. Partnerships such as this one, with an Aboriginal community-controlled health service, are hard to maintain but through the process we've seen what they value, what is important, and how a deep partnership is developed. We want to invest in good partnerships like this project from the broader organisational point of view. We need to consolidate end to end service with solicitors so that vulnerable clients can benefit from the value of having such deep relationships between organisations that care and can join each other up. (Interview with Manager)*

Critical in reaching our community members is the relationship the BBM team, and also now some of the staff at the broader legal service, have going to Aboriginal group events, meeting with elders and build up overtime

relationships of trust between them all. This work takes years because the distrust has occurred over centuries.

## Engagement

*I must mention particularly the community engagement worker. This is not to ignore the role of the lawyer who is fantastic, but I don't deal with her as much. The community engagement worker is very quiet but gets stuff done in a compassionate way. They listen to the community members and take what they say on board. X was a good choice for the role. X compliments the lawyer well as they are different personalities. This gives clients choice. I hear from the board and from staff, but they are part of the team at the health service and from that information I know it's working. If clients have a legal issue and a referral is needed on behalf of someone those reporting back that it's a good referral and that I get a response within an hour or two stop by working in conjunction with the health staff the lawyers become more aware of the human side. This has led to a much better way of dealing with the person first not just the lawyer doing a job. (Interview with Manager)*

*What is reported back to us is that the Aboriginal community feel that they are being treated like a human being, which, is not their experience with private lawyers. With a private lawyer it's more like a business transaction. They rarely see our clients as a person. Everything has a disclaimer. It's formal. There is no real relationship. They say 'I'll do this for you', 'give me the reports and I'll see you in court'. They don't check that the client has understood the information. There is an issue for clients who are referred to pro bono lawyers as well. What I have been informed of is that the BBM team have started to engage in critical advocacy with the private profession and legal aid as well as Aboriginal organisations for our people to get access to justice. It is not just the Aboriginal community who have heightened distress from legal issues and legal problems. So, the private profession and others could learn a lot from the way in which the HRCLS and the BBM team interact with clients. Perhaps there's role for the legal service to insist in improved practice and accountability training for the private profession as well as the judiciary and other representatives within the legal system. (Interview with Manager)*

## Capability

*As this is your third visit, I can reflect on the BBM. It has led to deeper understanding not only for me and my staff and our clients, but for me as a manager. I value the community engagement worker and lawyer being embedded in our organisation and as part of our community. They are dynamic. It has deepened us as an organisation and health partner. To be frank, I don't know how we as an organisation would continue to be as effective as we now are if the BBM project is not continued. The staffing, their energy and willingness to go the extra mile, the development of a deeper understanding of Aboriginal clients and the way that they need to interact with them has gone from strength to strength. (Interview with Manager)*

## Collaboration

*Last year's uncertainty over funding has had a huge effect on staff. It could have meant attrition because they need the job to fund their lives and those of their families. What was really impressive was despite this, it had no effect on their service to clients. They never promised things that they can't do and so they manage expectations really well now. They know what the impact of disappointment can be on the community. I'd like to see us do things more jointly in the funding space from the health context because we really need them here. From the health perspective we've also had our own challenges with staffing over the last year, but having the BBM team embedded in our own program also assisted with grappling with these challenges **There was continuity and hard work from all sides.** (Interview with managers)*

*I have and intend to become increasingly engaged with the BBM and the whole health justice partnership approach. My organisation was invited by the HRCLS to participate and attend the Health Justice Australia conference. I learned a lot. I feel that these sorts of collaborations are important for us to support our clients, to train each other and to enhance referrals from different organisations. It's important to ensure trust is not lost and its hard work to keep it maintained. **HRCLS has embedded cultural humility which is so important for the Aboriginal community.** The BBM staff as a result are now different, and we can all learn from this practice together. **For organisations to be effective they need to mesh organisations together and encourage client centred learning.** This includes leaving egos at the door. We need come together for the benefit of the people (Interview with managers)*

*In response to the question what advice I would give other people embarking on such a health justice partnership, is **it takes time and trust.** We had traction so quickly in the BBM which would be hard for another organisation to replicate. This is because we were 'standing on the shoulders' of a 7-year Invisible Hurdles project, now in its 10th year. Ironically starting as a pilot project helped by the underpinning of positive evaluation reports became platforming for further funding. Critical is co-production and co-design in the groundwork from start up through everything, but **you do have to have a continuous learning mindset.** You cannot go into something like this thinking you have all the answers. **You have to go into it with humility.** You will never achieve anything if you don't own your mistakes and work with the other party alongside you as you grapple to overcome them. **Critical in all this has been the reflective practice conversations this study requires every year with an independent evaluator questioning, pushing and challenging us, using rigorous data.** This has informed what we do, even though sometimes it can be confronting. Legal education for community and the professionals involved and a **community engagement strategy** must be a fundamental part, as legal capability and empowerment is required and the study shaped our understanding of this with the research provided by the evaluator early on. **We have grown and learned that although we are the experts in law, the other professionals and the community itself, are experts in their own context and situation. We have had to become humble. We realise that law is only a tool and that it is up to clients, given what stage they are at in their mental state. You need to know that law is not the only solution but is a solution***

**and be aware that clients have to have autonomy to make choices based on their context and their wherewithal.** As lawyers, and legal organisations this is important. The key journey of learning and growth in our partnership has been to have respect and be prepared to respond to emerging issues. To look at the study and the data and to keep collecting it so that it is rigorous and to gain insight from the expert in evaluation, informing service delivery. It is also useful to have a researcher or evaluator who understands and has been a practitioner themselves in both the health and legal sector. This means they know the workings and understanding of organisational challenges. (Interview with Managers)

Your question as to whether in the last year is there any change, **presumes that change is always good or progress.** I'm happy to say that not much has changed. **What we see is consistency.** For an Aboriginal person the lack of consistency of services and personnel, that they see all the time with other services, can have a harmful effect. It sets community and community members back. It reduces trust so critical for them to seek help and engage with that help. Too often, they are impacted negatively by a lack of consistency of personnel. **Here the shift, from the Invisible Hurdles program that morphed into BBM, because the service was trusted was not too difficult.** There was a natural flow and that is a positive sign as partnership is working. Trust is an issue in Aboriginal community health. As is appropriate staffing and consistency. Once you build trust it raises the range of topics in dialogues over time on an individual level but also at a community level. Community can work out when something bad happens or something good happens. Then there is more sharing with others and therefore more disclosure. **If they have a good experience, then they will share this with others and others will come earlier and so over time you can build in earlier intervention.** (Interview with Managers)

### **Empowerment (including as an Aboriginal study self-determination and Aboriginal Voice)**

*This partnership it's useful on so many levels. The training is critical, and it is important that staff are refreshed. By staff I mean not just the BBM team the staff from the top down. 'No surprise that a program shaped and designed by community is working.' I consult genuinely with community there are service conversations about what good looks like, what you think about it, what should change and community input at every point including into the research. It's so important not just to hear from the bigger groups but also from the smaller groups so that they feel they can say what they mean. What's different about this project is it's local. Everybody asks how we can make it work. This builds trust. There are some logistical things between the two organisations that need to be navigated and a willingness to ask partners why this is the case or how can it be different. There is a monetary value on who is getting the benefits here and this is that it's more effective because it's designed with community. This project is not a 'tick a box'. Everyone is checking in and asking. The other thing is they don't just ask you to see it implemented. There is a real respect for Aboriginal perspectives, and we do things together. We're also always asking how well we do it together. This includes management, the researcher, the staff. People are involved and this is a big part of its strength. I*

**have to stress the value of secondary consultations. It has been so critical and integral in the design for ensuring SEWB referrals and building our staff legal capability as they support health and wellbeing of community. I want to say that the study evaluation means that we also keep an eye on things and we are forced out of being mediocre.** (Interview with Managers)

*Our organisation works with young mums. It disturbs me when babies are taken when a mum is in the maternity suite only to be given back. We need to ensure the **child protection** does the deeper work with young mums and that their rights are observed especially where there is domestic abuse and financial economic abuse. These young moms are incredibly vulnerable. **More could be done by educating mums and local workers in child protection** to promote a balanced view. The current risk focus ignores the rights issues and sometimes maternal and child health nurses would be assisted by being involved in this sort of work. **An alliance between the legal, health and child and Family Services is something I would like to see to deepen the conversation.** (Interview with managers)*

**Empowerment doesn't come overnight. It's a slow burn. You have to sort out service delivery and building trust in relationships takes time. Legal capability is a huge issue for clients but also for different professionals. It requires confidence, capacity, capability and knowledge. This is why it's not surprising we have not forged through with law reform yet as much as we would like but it is starting is being co-designed. We are doing what we can based on what community says is needed.** I'm realising that we also probably need to invest more and do more with our Health Partners and staff so that we can facilitate their involvement solving problems at the core through law reform. It's not easy due to demand so the law reform goes on the back burner. Also, we can't assume that we have the skills in law reform practice and public policy in the health justice partnership itself and we need to look at this. We are looking to find more resources so that we can address this. We know that **the issues present problems for the Aboriginal community require changes in the laws and how they are administered**. If this can occur, then we can see less damage. We are starting to see work on care and protection which is difficult given our lack of expertise in this area, but we'll do what we can. We've also done quite a bit of work in areas of consumer law. **Commitment requires commitment to longevity.** You must be able to show that you are not going to be gone in a year as this can be damaging. **This is the tension we have encountered with limited funding.** We're constantly trying to find a way. Recently we wanted to do something in the homelessness space. You can ride out difficulties because you have the right staff and because you're part of a collaboration. **You need to be willing to go on a journey and you need to ensure you have special types of people who can engage with community. People need to realise they have to be patient as things take time with Aboriginal people and must be in it for the long haul** and keep this in mind. We have learned so much through this partnership also from the program manager in the health and well-being team. At all levels we need dedication to the program – board, CEOs, managers - all chipping away at things and supporting staff. **This work is not easy. It needs perseverance.** Funding puts pressure on in relation to staff turnover and what we need to do is ensure we have good staff so that when new staff come on board. **These**

*relationships need ongoing and sustained effort. This is because we are here for the community. Critical in the health justice partnership success is that we all share the same values and convictions.* (Interview with managers)

### Social Determinants of Health (through justice intervention)

*Because the legal team is here at AWAHS they are in a place where people feel safe and there is already established trust. If Aboriginal staff decide the legal team are OK this means that Aboriginal clients and community are likely to. This cannot be underplayed as a critical element of the success of the BBM program. Were it just co location or an outreach it wouldn't work. It must be here with us and alongside us as this program shows. Community needs presence not rotation. Continuity of staff an organisation cannot be undervalued as a key element of success. What happens for community is when the people leave that I have built a relationship with, they grieve. They feel the loss intensely and the disappointment. Feel they're being left high and dry again stays with them and leads to disengagement. This can also flow on to their relationship with the health service. The carries on this sort of thing are working and making inroads into improving social determinants of health is because of the relationships of trust between the workers, the seamless way in which we now interact and the way in which we as workers from different disciplines provide different perspectives and help each other out. If the legal team are too busy, they train us in how to do the forms this means we can collect the necessary documentation understand how to write the responses to the questions and progress the clients matter and free the lawyers up to do the grittier legal work. It's a team effort and we rely on each other. False promises are not given. If something cannot be done immediately it's investigated and there is follow up. Emails and phone calls are returned promptly. All of this improves the social determinants of health of the Aboriginal community as it reduces the stress, anxiety prevents panic and poor decision making – happier- not just for the clients or community but also for us as the support workers. It's golden.* (Interview with Trusted Intermediary)

### Recommendations Organisational Partnership Strength and Integrated Practice

**Recommendation 16** (to be read with recommendation 12 above): Increase resourcing of the justice partners in all health justice and integrated partnerships (given the reach of such integrated practice to underserved communities and enhancement for trusted intermediaries in their support to clients with unresolved legal problems) to build the capability of staff in the health/integrated partnerships to enable participation in law reform and public policy needed to equip staff to look to the root of causes of problems for early intervention and harm prevention.

**Recommendation 17:** Expanding the volunteer pool and establishing a contingency plan would help manage unforeseen disruptions with client no-shows which of often due to their complex needs and trepidation about lawyers and the legal system. Additionally, adjusting appointment scheduling based on the complexity of client needs could ensure smoother operations and reduced

wait times. Pre-event workshops or webinars and simplified tailored information about how the events can help them could help educate clients on the legal processes involved, reducing hesitation and improving overall efficiency.

It is noted that the BBM approach has minimised no-shows and improved attendance of community overall through trust and ensuring a lead-up to events and client interview with the trusted intermediaries and ongoing engagement with the clients by the BBM Team.

**Recommendation 18:** Local private law firms have a real opportunity to expand access to justice reach to those unlikely to turn to formal legal services by volunteering their valuable expertise in partnerships like this one with HRCLS and AWAHS. The rule of law and human rights of all people underpins democracy with access to justice being a key plank of equality before the law. The local private profession has an important part of protecting those rights. A well-functioning and well-regulated legal system by ensuring lawyers are ethical and professional.<sup>55</sup> The consumer confidence and trust this engenders is an important part of ensuring access to justice and needs to step up to the plate given this is a regional area and huge effort is undertaken by the HJP not only to run and organise these events on community development but as a critical reach to people who lack transportation but who make the efforts to attend. HRCLS and AWAHS value add to the profession which often lack the proper approach and training in cultural safety and trauma informed practice and working with people experiencing disadvantage and decolonising.

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<sup>55</sup> Victorian Legal Services Board and Commissioner, 'Policy Statement Access to Justice' (2023) <<https://lsbc.vic.gov.au/sites/default/files/2023-07/D-23-98024%20%20Policy%20-%202023-04-06%20-%20Access%20to%20Justice%20-%20FINAL%20%20WEB%20VERSION.pdf>> accessed 07 August 2025.

## PART D - OVERALL CONCLUSIONS

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

The benchmarks were used to consider the data and to answer the overarching study question that this study and evaluation was seeking to answer. The overall conclusion is that the benchmarks and indicators (listed below) are all elements that exist and that indicate *the BBM and more broadly health justice partnerships is effective and having an impact (see detailed in the Findings Section Part C above) with necessary changes in behaviour, practice by increasing the following:*

- Reach
- Engagement
- Capability
- Collaboration
- Empowerment (includes voice)
- Positive Determinants of Health outcomes (through justice interventions) for clients and community

Indicators for the Key Benchmarks were present across the data collected and across the multiple tools and in the two years following the pilot phase therefore testing and verifying that the indicators were met and included:

- Holistic service
- Confidence
- Capability<sup>xvii</sup>
- Impacts on wellbeing and the social determinants of health (including stress, hope, cultural respect, and anxiety levels)
- Changes in practice and behaviours
- Justice and social determinant of health outcomes
- Enhanced decision-making (at an individual, community, organisational and policy & decision-making levels) - empowerment
- Autonomy and self-determination - empowerment

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

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

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

The next issue this Final Report explores, based on analysis of all the data over the three years of this study of the BBM program is 'What the Study Reveals about Good Practice for Effective Service Delivery Beyond the BBM' in Part E.

The BBM can now be referred to as a 'program' rather than 'project' as it has been refunded for a further three years NSW NLAP Legal Assistance Fund a process which was informed by the First and Second Annual Reports evaluating the BBM Project in 2023 and 2024 and the Reports to Community that accompanied these evaluation reports.

## **PART E - What the Study Reveals about Good Practice for Effective Service Delivery Beyond the BBM**

This sort of study and evaluation in the legal assistance sector is rare. This is in the context of legal assistance service delivery where program funding is often only of a pilot phase or in the shorter term. This study is unique as funding rarely includes an evaluation or study of impact component making it difficult to prove effectiveness of projects. This is a point that was highlighted in the Review of Legal Assistance Services in 2023.<sup>56</sup> This contrasts with funded studies that occur in other sectors which occurs on a routine basis such as in health and education. The health justice partners were adamant that in the initial funding application an embedded study underpinned the service program. (See Part One).

The partners are to be commended for insisting on this study component in the initial funding application to the government. Although in the end funding of this component was modest, used for travel and for the Aboriginal cultural advisor and administration. Much of the time and key personnel expertise on the project study and evaluation was pro bono and supported by Nottingham Law School through research assistance and Dr Curran's time and immense time by the BBM health partnership staff and management. This has enabled Dr Curran to examine data annually over three years and to then take a reflective lens to the overall data.

Whilst it is an evaluation of a Health Justice Partnership it has also studied what works, why and when and in what circumstances to inform broader integrated practices, policy and funding. Such studies are rare in the legal assistance sector in Australia and in other jurisdictions and so it is hoped that the insights from this study will foster and encourage dialogue and improvements more universally.

### **Reflective Practice – what a legal team can do, what they learn, how they have developed**

Project partners have indicated that they want this report to not only report on the effectiveness of this health justice partnership but to also unpick the role of the legal team in this, and what works. Dr Curran has drawn out the lessons for other legal practices as to what makes good legal practice to ensure greater rich engagement, legal capability, and empowerment which facilitates genuine collaboration not just in services serving Aboriginal community but also more broadly, what is essential to improve outcomes for other underserved communities. The pivotal underpinning of this study was, through the tools, to foster a reflective practice and growth mindset.<sup>57</sup>

In examining the legal team's data, certain practices and ways of working emerge that are effective. In addition, the barriers and challenges that the legal team are presented

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<sup>56</sup> Warren Mundy, 'Independent Review of the National Legal Assistance Partnership 2020-25 – Final Report' (Attorney General's Department 2024) <<https://www.ag.gov.au/sites/default/files/2024-06/NLAP-review-report.PDF>>

<sup>57</sup> Michelle Leering (2014) 'Conceptualizing Reflective Practice for Legal Professionals.' *Journal of Law and Social Policy* 23. (2014): 83-106. DOI: <https://doi.org/10.60082/0829-3929.1191>

with, but also more importantly how they have navigated these to ensure improved outcomes for their clients and the local community, has become clear.

Their experience and the way they meet the challenges including their approach to practice provide illumination not just for lawyers working with under-served, complex and diverse client groups with multiple, cascading and intersecting legal and other problems. The approach of the legal team provides insights for the legal profession in general, no matter who their clients are, about the human element of lawyering which must be required beyond the legal technical expertise. The legal profession must have a higher regard to improving levels of trust for necessary disclosure and client confidence. What emerges from the data collected from the legal team is exemplary in terms of ethical legal practice and people centred justice - deemed an aim by the United Nations<sup>58</sup> in improving access to justice. For this reason, this section of the report unpacks what this practice looks like.

In this third and probably final report on the BBM program, Curran has decided to dedicate a section in the report specifically on the data collected from the legal team that can shape and inform practice more broadly in the legal profession in its interaction with clients. This includes the professional development journal and Community Development Reports that the legal team was asked to complete forming part of the qualitative primary data and compiled annually in 2023, 2024 and 2025 and submitted to Curran shortly after her visit to the partnership in June – July each year. Having examined the data collected in 2025, it is consistent with the data in other secondary and primary quantitative and qualitative data. There is a consistent message across the multiple tools used to test and verify the data which has enabled Curran to unpack and establish *why* the legal team have been effective in meeting the strategic aims and objectives of the project. Also, the **key benchmarks of reach, engagement, legal capability, empowerment and collaboration** are all strongly indicated largely due to the people-centred approach of the BBM team.

The qualitative data also suggests that the legal team have been operating in a culturally safe and trauma informed way. The reflective component in the professional development journal and Community Development Reports in 2025 showed a difference to insights in 2023 and indicated their learning along the way, the ability to take on board perspectives of Aboriginal clients, the Aboriginal local community, the active engagement with Elders and the preparedness to work in co-designed and participatory ways with the manager of the SEWB Team and AWAHS staff. This then led to a shift not only in their approaches to practice but a deepening in their understanding of how they could better support their clients. This BBM Project reveals that for people with trauma and mental health issues, the legal team had to work with where their client was at, their emotional readiness and be in it for the longer haul for the client cohort that this project was targeting. File closures as a statistic, often favoured by government accountabilities and legal practices as a measure of success was not necessarily reflective of a good client outcome.

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<sup>58</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> ; UNDP, 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>>

This is as illustrated by the quote below, noting that unlike the usual approach of lawyers and the way in which data is often required to be collected by government, where file closures are counted as indicators of 'success',

*The client told me that our appointment has "lifted the weight off their shoulders". I reminded them that if the weight comes back, they can call me – I am here to help carry that weight, to advocate for them so they do not have to do so themselves. (Professional Reflection journal of legal team member)*

**The need for proper realistic resourcing and funding of legal assistance services combining with understanding of how demanding working with community members who have entrenched inter-generational inequalities and complex needs.**

This section includes headings on key themes in the BBM data from 2025 and relevant data that unpacks the factors giving rise to these themes. Many of these theme headings provide a exemplar of the sorts of attributes, skills and approaches that lead to effective practice. These elements include:

- *Growth Mindset,*
- *Proactivity in Face of Limited Funds,*
- *Professional development,*
- *Lawyer responsiveness,*
- *Advocacy to enable greater accountability in decision-making in treatment by Authorities,*
- *Collaborative practice,*
- *Persistence,*
- *Multi skilling in law reform, media to advance client voice and its challenges,*
- *Visibility and approachability,*
- *Engagement with Mental Health best practice,*
- *Active Listening and Human (people)- Centred approach,*
- *Need to work on Structural Issues that cause Inequality,*
- *Need for strong pro bono links due to limited resources, capacity and expertise but also the need to train lawyers to support clients who are referred to ensure the referral is cultural appropriate and people-centred, and*
- *Mutual professional support through the health justice partnership*

The data extracted below is verbatim (from the professional journals alongside extracts from notes from their interviews handwritten). The data reproduced in this report is provided to evidence, not only a flavour of the work undertaken by the BBM legal team but to highlight the varied but complementary and extensive nature of the work.

It also underscores the inequality of treatment of many in the Aboriginal community and the compassion felt by the legal team for the plight of the clients they are trying to help in the context of the limitations of the law and the difficulties in navigating systemic obstacles. It is this compassion and realisation that to be a good lawyer, you can also

show your clients you can be compassionate and human and still be a competent, professional lawyer.<sup>59</sup>

It also conveys the reality of public lawyers having to rely on pro bono support, the efforts involved in convincing private lawyers to help and how draining this can be on staff, time consuming on an agency with limited resources and a large case load.

The other issue ever present is the limited workload for the inevitable amount of work that a program such as this entails to be effective and the toll on staff. This is unpacked so that funders can see that funding a service at a base rate considering the innovation and multipronged approach that makes it effective to close the gap (a Government priority) needs a rethink. Governments expect a lot in their accountabilities for very minimal investment and too often rely on the energy, good will and dedication of staff.

- **Workload high**

*'It has been challenging the last four weeks to maintain client appointments, case work and the evaluation activities.'*

*'They (clients) have significant vulnerabilities and BBM are helping them with numerous civil law matters.'*

*'Feels stressful and a bit of a scramble to get lawyers (private) lined up to assist...advertising done to build up the list of people who want a Will and Power of Attorneys.'*

*'Start moving the civil matter along as I could see how much stress it was still causing her and taking her focus away from the real issues.'*

*'Pulling together of data took so much time'.*

*'A bit overwhelmed with all the driving of new initiatives or information to share. It's hard always coming up with ideas.'*

*'Our Professional Development /Community Legal Education sessions have stemmed from issues identified in staff meetings/yarns or client work – this is great and makes sure the information is relevant, but it requires a lot of thought and attention that is not always possible in busy periods.'*

*'Building this capability of staff (Trusted Intermediaries) will hopefully reduce some legal load on me.'*

*'I am struggling with enough time to complete my work still. Things seems to be slipping here and there. Takes me about two weeks to get to even simple tasks, let alone more complicated tasks to progress case work.'*

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<sup>59</sup> For the role of compassion in law see Liz Curran (2021) *Better Law for a Better World: New Approaches to Law Practice and Education*, Publisher Routledge UK, Oxford UK Taylor & Francis, 41 -45.

- **Client complexity and lawyer responsiveness – need for advocacy to enable greater accountability in decision-making in treatment by Authorities:**

*'Client on Monday was frustrated with the advice about how the housing department had treated them. The client has multiple health conditions, including poor experiences with police due to homelessness. They were moved from hotel to hotel and then given a tent and sleeping bag, no mattress, to camp out when hotels were full. The client felt like they were treated different to white people who could stay in the same motel the whole time.'*

*'It's hard to give people advice they don't like, it's even harder when morally I agree what has been done is wrong, however there are limited avenues for recourse given the state of society and the lack of adequate social services.'*

*'When the client attended (the appointment), they were much calmer and reasonable about it than what had been described to me. I listened to their concerns, validated how they felt about the situation and provided them with advice on their rights, the landlords rights and practical solutions about how to move forward in the situation. The client was very responsive to this and commented how relieved they felt, noting they were likely just stressed about it for nothing. I validated the shock of finding out the rental is being sold and therefore putting the longevity of the rental at risk in a rental crisis, but agreed that there are a few practical things our client could do to minimise negative outcomes by maintaining a good relationship with agents to improve chances they can stay in rental or be helped to find a new one.'*

*The relationship between trust and disclosure are so critically connected. Of course, it's dependent on the client and what their experience has been as well and what needs to be disclosed. More often than not I find the clients are open to me. Rarely do I find out information that is critical that I would have needed at an earlier stage. Sometimes what they think is big and they are worried about sharing is important and so this is where the trust comes in. Some are more willing to disclose impacts on their health and the precious their under. Sometimes it's because they don't want to bring stuff up because it upsets them. This is why the time spent on relationships in this mental health space is really important. I had one client who was really scared about coming to see us I was encouraged by her worker. Once she came and saw me, she opened up. She made the comment 'you're just regular people'.*

*'I had to manage their expectations about how the legal system can be used to help them. Suing the government is difficult and does not happen often, although it's frustrating the complaints process is the place to start. This was unsatisfactory for someone who has made numerous complaints over their life, and they go nowhere, nothing changes, even when the government says sorry.'*

*'They are now being pursued by the insurance company of the other driver for almost 30K. The client is now permanently disabled, living off the DSP and continued to battle the trauma of their upbringing in care since infancy (\*deidentified).*

- **Growth:** Despite initial setbacks in the earlier days of the professional journals with triage and concern about not being able to help (reflected below) the BBM staff worked with the SEWB Manager and new process were implemented and working well from half year period in this year 2024-2025. There are still issues remaining around capacity and expertise which limit services offered. This goes directly to the points of resourcing and funding and are beyond HRCLS' control but rest with funders.

*'My big take away was a reminder that people experiencing difficulties and who need to make life changes – the longest period they need to be in is often the contemplation step – deciding whether they want to make changes in their life. If they jump through to planning and action stages, like many social services do, then they are setting up for failure as the patient hasn't driven the progress to that next stage. They haven't set the desire for change and what that looks like in their eyes... it's been set by a worker who is rushing them through to achieve the goals as quickly as they can.'*

*In the community development role, we've been trying to get an Aboriginal cadet. It is a hard process. In our first year of the program there were no takers and so we suffered a setback as there were no students or courses which were a fit ... in the second year someone was interested, and we worked with CLCs NSW who stop .... but now in the third year I mean might be having a breakthrough. We have possibly two people who are keen. The idea is that they would shadow the workers from the BBM and help us help clients navigate and even track what the journey looks like for them.*

- **Proactive in Face of Limited Funds** -limitations due to BBM program budget

*'Workshop to the local area on artists rights, particularly cultural intellectual property rights. Due to costs falling outside of program budgeting BBM halted that initiative but being proactive the team persisted and prompted wider discussions including HRCLS Managing & Principal Lawyer. With newfound support from HRCLS, BBM brought the initiative to AWAHS CEO in our bi-monthly meeting. AWAHS CEO was very supportive of our initiative and was keen to fund the initiative.'*

*'Some of my biggest issues with triage process is I feel a lack of control/discretion if we are using criteria to decide who we see – we know that people do not fit into neat boxes, there are more exceptions to the rule than there is the standard case. I like the freedom to help with random and weird matters. I also take issue with only helping "the most vulnerable". I don't think this is always the best use of our time and resources. Often helping people before they hit the downward spiral is a more efficient and effective use of our time – prevention of vulnerability. I personally struggle with the idea of means testing to screen people in and out – it's an important factor but not always the most important. I want a triage system that assess referrals from a holistic perspective – is it a core area of practice, are they vulnerable, how much time is going to be required, what is the client's capacity to complete requested tasks, how much mental support will they need, what is the benefit to the client, what are the law reform/advocacy prospects, how will taking the matter benefit the partnership/relationships within partnership, what is my caseload already like,*

*how complex are my other matters, who/where can we refer the matter to – and do we trust that referral avenue etc.’*

*‘It’s been busy, and I don’t have capacity to keep helping people, so I am referring everything after advice which I hate. ‘*

- **Professional development:**

*‘...in cultural safety, trauma etc - completed the Changemakers workshop ran by Australian Rural Leadership Foundation over 2 days -stages of changemaking -The training has given me confidence that beyond recognising the need for change, there is now hope that I can contribute to making change whereas previously I may have felt helpless and insignificant in the face of giant issues.’*

*‘Some examples are things like law reform, closing the gap, decolonisation, generational trauma: all seem way too challenging and difficult for any one person to change. I’ve learned that with the right training we can all to learn to think about things in different ways that are more generative to change.’*

*‘Their view of self-determination was based around Agency – building agency, choice and drive in their patients from a holistic health perspective to achieve outcomes. They had some useful tools of how they measure their success / how well staff implement their model.’*

- **Collaborative practice:**

*‘It was great to see AWAHS workers inviting us to co-present and support them in their PD work internally.’*

Secondary Consultation – *‘This will hopefully build the capability of staff to take the initiative to do advocacy work they can do.’ ‘I’ve had a lot of secondary consults this month early on – it’s great that people are reaching out for varied questions.’*

*‘We are seeing high levels of referrals and secondary consults which indicate increased engagement from staff and community willing to self-refer.’*

*‘Preparation of Wills and Power of Attorney-day which relies on input from local profession. At these events community members are encouraged to attend in a safe and culturally appropriate space leveraged by the health justice partnership. The BBM team provides community legal education and then whilst the community members are keen at the same venue private lawyers can help them by taking instructions if they want their will done. This year tried to get local lawyers involved rather than rely on city law firms. This was not easy.’*

*‘The wills day at AWAHS which was a collaborative effort between HRCLS, AWAHS and local private lawyers. It was empowering for community to be able to have a Will made...thoughts and opinions and voices of the people accessing the service about what they thought they needed.’*

*'Our Wills Day advertising has caught the attention of VACCA operations manager – they have reached out to talk with us about some two-way intro sessions to better familiarise with each other's services.'*

*'Support worker communicated to me before the appointment about how stressed the client has been, feeling sick and getting angry about the possibility of this money being taken. Threatening their life if it does. I talked with the client about how real the risks were now, to try managing client stress levels.'*

*'Co-presenting with Dhelk Dja team – the day before their PD session the Dhelk Dja manager reached out to ask if we were free to come along and support them in the presentation to the clinical team. She had also invited the SEWB intake worker to show how we all collaborate and how each person's role in the process is so important.'*

*'Teamed up with the AWAHS Dhelk Dja team to present to the clinical staff about FV, consent laws, strangulation laws, coercive control laws.'*

- **Persistence:**

*Client 'difficult to get a response from, but he is now reaching out...really happy to get this feedback as I was worried the young dad would disengage because it's all a bit serious'.*

*'I'm a bit stressed about the Wills/POA day – we have no volunteer lawyers as yet...Always having to drive these initiatives is draining on top of legal work.'*

*'They came back this year with everything we need to collate their application – they have made such incredible strides in that time towards emotional healing after serious ongoing sexual violence'*

*In community development work I have a tendency to second guess myself I think that people feel less of me. Aboriginal people are good at judging what you do. It's so important for me to demonstrate that I can help and that I want to make a difference. I realise now but people want to engage unless I demonstrate that I'm different and that I have value. I have to earn this not just think that people will think I have value. The area that I think I've been really good at is persistence in working with clients but also researching information and backing what we come to in the perspectives with this research that I've done.*

*In my personal life I've had to figure out how things are done and come up with a plan. Undertaking research helps me stop, I realise now, I don't have to figure it out myself I just have to come out with a plan and then do the research. I realise I can look to others as well for feedback and for support in changing practise.*

- **Multi skilling in law reform, media to advance client voice and its challenges:**

*'Reminded the client that the media is not their friend, they will tell them anything to get a story.'*

*'By educating staff through Secondary Consultations and Professional Development sessions we are building their capacity to identify legal issues and take appropriate action through referrals.'*

- **Visibility and approachability:**

*'BBM attended the Men's Fishing Day Out – it was an all -day event but we just popped by around lunchtime and stayed for an hour or so. It was so lovely out at the Mungab boat ramp, the weather was perfect, although the fish weren't biting much. Had chats with some of the regular men we see around, and AWAHS staff who were present.'*

*'Teaming up with the Dhelk Dja team increased our reach across AWAHS staff, we had the clinical team audience.'*

*It's been a little bit more challenging recently, as we've moved to a different location in the building and we're not as visible as we were and the SEWB is not located in the same area. We were known and more embedded in a sense so where we are is more isolated. This means we have had to make a lot more effort. It's still about talking, wandering around and actively seeking out the psychiatrist or the financial counsellor. It's perhaps had an impact on secondary consultations as well. **It just highlights that visibility has an impact.** Checking in the whole way - making sure we go into the lunchroom and have those conversations is critical. **So, I don't sit at my desk I will go for a walk around and that way I cross paths with everybody.** It's genuinely easier to engage when we have a 5-minute chat. **Will get ideas and this will spark action. For anyone else embarking on a health justice partnership or integrated legal practise visibility is key in establishing the partnership.** I had never really appreciated how important this is.*

*'Went to NAIDOC main event on Sunday – was a great turn out, good community vibes. Saw some old faces I hadn't seen for a while and caught up with a few regulars for a yarn and some weaving.'*

- **Engagement with Mental Health best practice:**

*'Their mental health has been a significant factor in their legal issues however, they (clients) have come so far since we first engaged with them. The client told me they feel very supported by HRCLS as they have a team of 3 for the Family Law matter and myself for the civil matter. It flows now to trust in HRCLS.'*

*'The women's group allows me to meet new faces, people who don't necessarily engage with the legal service otherwise.'*

*Trust definitely has a role in client disclosure. If they trust you there's a willingness to engage. The other day, I called a client referral - she had mental health issues.*

*It took us a number of tries and a couple of weeks to get her to come and close collaboration with her drug and alcohol worker whom she trusts- it's also that trust in the other worker that helped me build her trust. This work was critical in building the trust. She didn't want to come to an appointment. She didn't want to talk about her abuse and family violence issues – it is traumatic, and she felt it was useless. It was around victim impact. It was this effort and informality in chats that led to trust, and she came her present situation but what was also disclosed was childhood abuse. When she left, she said she had 'no idea that you could help me'. We are also helping her with her birth certificate and other issues working alongside her alcohol and drug worker. And now it is his changed she's a woman in her 70s. She feels she has the courage to change, the will to protect her own children and now the narrative has shifted with the symbolism about starting over.*

*'I will do everything I can to finalise it in a way that keeps their money and their health safe. At the same time, I had to manage their expectations that I could not guarantee anything – although I can think certain outcomes are more likely than not, I can't tell them 100%.'*

*Debts are causing significant distress. In one case a client wouldn't answer the phone and was too frightened to leave their house. They had mounting debts. They wanted it sorted out so they could have a better life. They didn't know they're entitled to Victim Support. A shift in their demeanour was incredible. They became totally hopeful for stop they could now see that there were steps. Steps that we were going to help them take.*

*Another thing we got them to do was to write their story which was hen was used to put into the statutory declaration. This built their capability and as the client said it was able to be used to smash it out of the park'. When he returned, I didn't recognise him as he looked so different from the person I first met. He had his hood off, he was fresh faced, clean manicured and taking care of himself. He gave his account to his counsellor to proofread. Through reading it she could see he was blaming himself for what had happened to him. Now she's working with him on his self-blame. She also helped him write it better and so this was a powerful collaboration for the client. This was a safe space for him. He felt so much more powerful. We worked with the counsellor, the client and as a result together we were able to achieve with things.*

- ***Pro bono private lawyers. - need for strong pro bono links due to limited resources, capacity and expertise but also the need to train lawyers to support clients who are referred to ensure the referral is cultural appropriate and people-centred,***

Pro bono (see Recommendations 11, 14, 17 and 18) whilst good as the extracts demonstrate is hard work and the **BBM staff have discovered that the client journey with pro bono lawyers is not an easy one**. So BBM staff have had to remain involved to check that their clients have been handled appropriately often providing training or translation services to support client when the private pro bono offerings are not properly tailored. **This is time intensive work** but has been identified by the BBM team as a part of their role in improving client social determinants of health outcomes and keeping the clients engaged with their legal matter in line with the key objectives of a health justice partnership:

*'It was really difficult to get a pro bono lawyer for estate work. this is a big gap in services for vulnerable clients who can't afford a lawyer.'*

*'Our client was very upset that there is no legal support for someone without money for this issue. indicated they would fatally harm themselves and hung up on me. I was very stressed and unable to get in contact with the client.'*

*'Assisted two clients with pro bono referrals for difficult matters, building network/partnerships of broader help to grow capacity of program. BBM as conduit/connector.'*

*'Goes beyond the capacity of myself and the CLC, but the bigger firms just see the western law and no prospects of success. The tribunal is yet to dismiss the matter, so I have tried one last attempt to get the pro bono lawyers on board, if not, I have told the client the legal limitations, and will guide her best I can but that it may have to be a see what turns up/what is said kind of matter.'*

- **Structural Issues and Inequality** (this section informs the recommendations section on law reform above):

*'Accountability is rarely achieved through complaints processes. This is valid, the fatigue of not being listened to is a real issue with the Aboriginal community. They are constantly speaking up only to be ignored.'*

*'Many of my clients have the "what's the point" attitude towards these processes. We see the same thing with Police complaints – the government /authority are never in the wrong legally, but morally, the way they treat people is horrific and they just get away with it.'*

*'It seems cruel that the government can give people this money (reparations scheme) for such great harm caused to them, and yet not protect the funds from debt collectors etc. the trauma the money is meant to compensate for is what has left many people in circumstances where they are more likely to incur significant debts, and to allow that money to be taken is morally wrong.'*

*Law reform and policy work is not my strong suit, so I've been working with the lawyer. I'm developing confidence in some areas. I have an interest in youth justice.*

*'This (non-protected reparations money) is highlighting a potential area that needs change – the protection of this money is vital for the health and wellbeing of those who receive it. My client is worried sick every time they talk to me about this legal matter – threatening suicide if it goes badly – I can calm them by reminding them of the work I am doing to get a good outcome and that there are many steps that need to be taken.'*

- **Active Listening and Human (people)- Centred approach:**

*'Listening to the women at women's group, learning about their lives, their gripes and their expression of culture through weaving, possum skins etc.'*

*'One of my clients from last year had a referral sent in because their daughter was having Family Law issues. I screened the referral as not something really needing an appointment so called them just to check in. they were grateful for the call and I gave them legal information about the best way to handle what is happening – encouraging them to get their daughter to engage with her lawyer first, then let me know if they need my support after that to avoid too many lawyers and confusion. The client was so grateful for the call and continued assistance. There is clear trust there with me – they wanted to get my thoughts on everything.'*

*'I'm seeing signs of Aboriginal clients having alleviation and the prevention of the health symptoms with improvements in their mental health or well-being. You can say this especially for example with the birth certificate work. When we engage with them at the beginning there it isn't cool or even show up art let me give them information and we give them these opportunities in these events like the wills day they see us here, they get to know us. Also, their family structures are such that there might be a mother and children, and they see us and when one member of the community is appreciative and they see the relief that it leads to then others engage.'*

*'To clearly explain to the client what the options are, I need to break down each one into plain language, about what could happen to them.'*

*'The client told me that our appointment has "lifted the weight off their shoulders". I reminded them that if the weight comes back, they can call me – I am here to help carry that weight, to advocate for them so they do not have to do so themselves.'*

*'...but wanted to exhaust all options before breaching confidentiality to do so. Thankfully the client texted back and was relieved with the update. I was so relieved they were okay that I cried. The adrenaline rush was overwhelming after a stressful week in general. I did not call the client to avoid things escalating again; however, I texted them a few times to make sure they were in a better state of mind. I got our client's consent to talk with their GP who had referred them and booked them in for a follow up appointment the next week. I was supported by my colleagues who were present at the time, and my supervisor with a debrief after the events.'*

*'I created a safe space for the client to share her feelings about the termination, people's views of her after and her frustrations with people questioning her response to the child's ashes being lost. Our client was experiencing a very complicated situation and emotions. I held space for her to share and explained to her that I do not hold judgement for her choices and respect that it was not, and is not, an easy thing to go through.'*

➤ ***Mutual professional support through the health justice partnership// integrated legal practices***

*'This was a stressful situation; it was helpful to be able to share the concern with the GP and act as a team of supports and validate my response. It also highlights how the lack of legal supports for individuals experiencing trauma compounds their feelings and can have a significant effect on their ability to feel hopeful, worthwhile and meaningful. This client did not feel those things when told there was no free legal supports available'*

## **Advice to anyone setting up integrated practise and trying to reach underserved groups**

Key suggestions for people seeking to engage in integrated legal practice from the legal team data include:

*Intake work to minimise the need for the client to retell their story in legal health checks that are simple and gather lots of information with simple and clear but few questions and integrate these as much as possible to the existing partners intake assessments.*

*good intake and referral that is simple for busy people*

*managing of conflict of interest from the outset with good understandable protocols*

*legal secondary consultations build trust, and which can enable timely support and enable reach downstream when clients may be reticent to see a lawyer at least initially until trust with intermediary and bridge to client is established.*

### ***Be visible***

*Mutual reciprocity and respect for different disciplines each have a contribution to make to holistic care and client outcomes. Different perspectives when combined can lead to more client options and creative problem solving – dialogue and creating time for it is key*

*liaise with non -legal staff for help with necessary documentation to minimise stress on clients*

*show you are interested in the client and the Trusted Intermediary (partners) perspective – respect and active listening are key.*

*Open questions encouraging narrative rather than question answer which can be like an interrogation or judgement*

*Be curious and compassionate and patient noting that the client groups will have multiple, interesting and often cascading problems that cause stress and embarrassment and that they have little idea of the role of law*

*Flexibility to client and colleagues' contexts -doing phone appointments if needed, rescheduling when they don't attend*

*Conversation and walking with clients and alongside them to build rapport*

*Be honest but also mindful of the impact of bad news on clients and their health and wellbeing and that of their families*

*'Some might say the approach I take is 'unprofessional' I try and do what's appropriate and I assess the client and what they need, what their energy level is and engage with them at their level. You develop an ability to read the client as you go. It includes not*

*just their verbal but their nonverbal communication. You have to hear. What's critical is we have an extra 20 minutes on the usual appointment time, and this allows us to pick up the extra things that might come up. The clients have so many different legal issues because often they have not seen a lawyer or felt they can come and see a lawyer until we see them. If a client has debts and fines, they're likely to have closed off as the body language tells us this. I don't want to be here. At intake we try and minimise need for the client to retell their story so that when the questions happen, they're happy to tell me at a surface level. Often it helps that we've got documents that explain the context of the client before they see us that the client consents can be shared with us from the other worker. In the story we might say something like 'So what happened here?' You have to show interest. So, for example, the other day I had a big disclosure about childhood sexual abuse. This then led to further advice. They said something like, 'no that's not for me' then they said, 'no that's not correct there's a time limit'. In each instance, this information was incorrect. In the meeting I could tell that was a shift.'*

*'Just being flexible with my clients, doing phone appointments if needed, rescheduling when they don't attend, highlighting their success and ensuring they don't gaslight their own feelings.'*

*'Always taking the opportunity to talk at the staff meetings in our regular spot, being a regular presence at the women's group, secondary consultations'. 'We talked about assessing the most popular problem type each month and using that as a guide to deliver PD/CLE.'*

*I try to be straightforward. Around the interview like it's a chat or a yarn. I make it open-ended, so they tell this story and that's how you find out all sorts of things. you wouldn't if you just ask lots of questions. The conversation and walking with them and alongside them to build rapport. Sometimes it's about silence as well. It depends on the person. I think it's my clothing too I wear jeans and Aboriginal shirt, so they know I'm part of a safe space for them. I try and minimise control so that they have control. 'You told me this, what do you want from me' is the sort of approach I take. Then it's up to us to work it out together.'*

## Part F - Recommendations Consolidated

### BBM Recommendations Final Report 2025

#### Recommendations Core Service Delivery - Legal service (information, advice, casework, secondary consultation and representation)

Recommendation 1: In person, place-based, holistic, culturally safe and trauma informed service delivery is essential. With the current push of information technology companies, governments and the courts towards use of AI and digital interfaces, it is critical that people have recourse to in-person, place-based in community expert legal support. If people do not trust lawyers and are reticent to seek help because of poor experience they will resort to free, Artificial Intelligence which in legal matters can be incorrect, fabricated/hallucinated and not tailored to their situation. This can lead to significant issues such as loss of claims, being penalised, poor decision-making and problem escalation.

Recommendation 2: Legal literacy and health literacy are integrally connected. More work needs to be undertaken with health, allied health and social welfare agencies to demonstrate the value of justice support to expand options to help people resolve their complex problems.

Recommendation 3: The BBM service needs to be expanded in scope as, whilst it is addressing civil needs of the Aboriginal community (noting demand far exceeds capacity), that community and the Trusted Intermediary support staff, the AWAHS Board and manager of AWAHS report in the 2024 and 2025 data that the service needs more capacity and expertise in other key areas of extreme need. This includes family law, child protection (as raised in previous reports) as well as criminal expertise, expertise in mental health law and for the mental health tribunals. It was reported in the BBM data 2023-2025 that many clients can't fill out forms for the Aboriginal Legal Service or for Legal Aid and consequently disengage or are unable to access the support they need. Whilst Trusted Intermediaries have been assisting it is not enough. Local solicitors are at capacity and are often not interested and clients don't feel safe with many private lawyers due to previous experience or community reticence. Without this support, situations spiral and poor mental health and consequent bad behaviours result. This costs more for the system in terms of hospitalisation, corrections and harm. Yet if access to early advice and advocacy can prevent the escalation of stress that leads to things being dissipated rather than spiralling there is a clear return on investment.

Recommendation 4: Economic impact & evaluation needed. The data in the BBM study annually is showing there is a clear return on investment. It would be good in future studies for expertise in economic evaluation on cost savings due to earlier intervention and earlier advocacy and consequent saving to hospital Accident & Emergency or other relevant entry points and discharge, and pre -release, and mental health tribunal. Building this expanded expertise into the existing and trusted BBM makes sense given established relationships and points of referrals that have been developed through the health justice partnership program.

Recommendation 5: BBM should be replicated informed by local participation, knowledge and understanding in different settings. Considering the improvements in social determinants of health from having integrated legal services in multidisciplinary settings, policy makers and funders of the models such as the BBM health justice partnership should be replicated with adjustments for local exigencies considering its effectiveness as a way of reaching underserved community members, building capability and legal empowerment.

Recommendation 6 – Secondary consultations should be recognised as official data points. Official 'service type' provided to clients is not reflective of the value of other service types. It should include secondary consultations in integrated legal practice models. In addition, the value of secondary consultations should be considered as a suite of core services and

resources and funding scaled up to enable greater reach, and earlier intervention at pressure points where people are currently unable to gain access to legal help but are receiving other health and social support, for example, in mental health.

#### Recommendations Core Service Delivery – Community and Professional Development

Recommendation 7: Collaborate further with those who do in-home visits. There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities attend the activities at AWAHS. Community members in the Yarning Circle and some of the Aboriginal Trusted Intermediaries suggest that opportunities might exist to work alongside the health staff who do home visits, to do training sessions with follow up potential for legal work that might emerge. There are many people who do not for reasons of poor health, fear for their safety or intimidation by authorities cannot attend the activities at AWAHS. BBM needs additional resources/funding to build its capacity to work alongside the health staff on home visits, to do training sessions with follow up potential for legal work might emerge. Knowledge of this legal support would deter those who intimidated those at risk due to isolation (e.g. elder abuse).

Due to these people's susceptibility to isolation, it was felt that they were marginalised and more at risk of various forms of abuse including elder abuse, carer abuse, domestic violence and abuse by authorities (child protection and housing) who intimidated them, gave them the wrong information causing increased stress and anxiety and exacerbating problems.

Recommendation 8: Community engagement and development should be recognised as integral to effective service delivery beyond BBM There is a clear connection emerging between greater engagement and community and professional development as a critical first step that leads to higher rates over time, notable in the 2025 data of Aboriginal self-referral and Trusted Intermediary referrals for help with legal problems. Community development and professional development is key to this pathway and public legal service delivery through community legal centres, given their experience in community focussed service delivery, means they are ideally placed to do this work if they are informed by the good practice developed and evaluated in the IH and BBM studies over 10 years. Core legal services, to be effective, need to not be seen as only limited to information, advice, casework and representation/dispute resolution but rather as integrally linked to secondary consultations community and Professional Development and Policy and Law reform work, co-designed alongside community/clients and Trusted Intermediaries. This holistic approach to service delivery is more likely to be effective in ensuring attainment for the Sustainable Development Goals. These include (good health and wellbeing (SDG 3) reduction in inequality (SDG 10) collaboration (SDG 17) justice and strong institutions (SDG 16.3 Access to Justice). This includes the UN identified five pillars for *people centred justice*<sup>60</sup> including addressing people's everyday justice and needs. The HJP model through access to effective early support is more attuned to finding efficient dispute resolution mechanisms, the legal protection of human rights and the ability for all people to live in safety and security. The co-design model as illustrated by the BBM health justice partnership model starting from an understanding of people's needs,

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<sup>60</sup> UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024; UNDP, 'People Centred Justice and Security' (UNDP, 2023) <<https://digitalguides.undp.org/guide/people-centred-justice-and-security>> accessed 20 September 2024.

experiences and expectations provides a model to ensure a people-centred approach aims to strengthen systems to deliver justice and security services for all.<sup>61</sup>.

Recommendation 9: Invisible Hurdles Program to be expanded and funding provided for more capacity to develop opportunities in schools to learn about legal avenues and the extent to which there may be legal options in a 'law thick world'. This will assist in creating awareness early in young people about risks of payday lending, debt and housing and on taking AI summaries as legal advice given risks in its correctness and what are credible sources for legal information and support services.

#### Recommendations Core Service Delivery – Law Reform and Policy

Recommendation 10: Co-design of programs must continue and the success of BBM due to collaboration, co-design and reflective practice should be emulated. Programs should be shaped and designed by the community for which they service. Genuine co-design of programs, and participation of community is integral to success, effectiveness and impact. It should start at inception with how services are funded, service design, study and evaluation, process. This dialogue with community should be ongoing and have regular feedback loops. Community is best placed to inform what is appropriate, what good looks like and what will work for them, when in what contexts, in what circumstances and how.

Recommendation 11: Funding should be provided for training of judicial members, and the private profession which could be delivered by HRCLS which now has expertise in trauma informed practice, cultural safety, mental health and trauma impacts and how to treat Aboriginal clients with respect and understand the context in which legal problems arise. This training might also be useful for some public servants who have decision making roles particularly in relation to care and protection of children. It would include (in conjunction with Aboriginal partners) cultural safety and mental health, and trauma impacts and how to treat Aboriginal clients with respect and understand how this effects the legal contexts.

Recommendation 12: BBM staff, in future work focus on building the capability of the health partner's staff and local community to enable participation in law reform and public policy for early intervention and harm prevention in problems caused by laws, policy or their administration at a systems level. This combined health and justice lens can show decision-makers how harm can be reduced. This expertise can identify ways to reduce such harm and what reforms are needed to improve outcomes through systems reform.

Recommendation 13: Reparations to Stolen Generations should receive statutory protection from debt collectors including other government entities. In addition, funeral costs should be included. This is a fundamental deficiency in the current legislative arrangements and needs to be reformed. It undermines the whole point of such reparations and often poverty and debt are a direct result of the treatment for which they are being reperated.

Recommendation 14: HRCLS & AWAHS should continue to develop referral protocols with pro bono etc and support service delivery which is delivered in the trauma -informed and cultural safe way that HRCLS has shown expertise in and funding should be provided. This

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<sup>61</sup> OECD, 'OECD Framework and Good Practice Principles for People-Centred Justice' (OECD, 2021) <[https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice\\_cdc3bde7-en](https://www.oecd-ilibrary.org/governance/oecd-framework-and-good-practice-principles-for-people-centred-justice_cdc3bde7-en)> accessed 18 September 2024; UNDP, 'Human Rights: The Global Program for Strengthening the Rule of Law, Human Rights, Justice, and Security for Sustainable Peace and Development Phase IV (2022-2025)' (UNDP, 1 January 2022) <<https://www.undp.org/rolhr/publications/human-rights-global-program-strengthening-rule-law-human-rights-justice-and-security-sustainable-peace-and-development-phase-iv>> accessed 20 September 2024.

may include secondment type arrangements where BBM continue to provide client facing work and pro bono come in to support file work. The data from 2025 reflects that currently this is resource intensive work but critical if clients are going to keep engaging with the legal help once referred. This training might also be useful for some public servants who have decision making roles particularly in relation to care and protection of children.

**Recommendation 15: Funding for programs such as BBM & IH should be rolled into long-term baseline funding.** The Government at State and Federal level action the recommendations of the Dr Mundy Review<sup>xviii</sup> (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report<sup>xix</sup> below:

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

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

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

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

### Organisational Partnership Strength and Integrated Practice

**Recommendation 16 (to be read with recommendation 12 above): Increase resourcing of the justice partners in all health justice and integrated partnerships (given the reach of such integrated practice to underserved communities and enhancement for trusted intermediaries in their support to clients with unresolved legal problems) to build the capability of staff in the health/integrated partnerships to enable participation in law reform and public policy needed to equip staff to look to the root of causes of problems for early intervention and harm prevention.**

**Recommendation 17: Expanding the volunteer pool and establishing a contingency plan would help manage unforeseen disruptions with client no-shows which of often due to their complex needs and trepidation about lawyers and the legal system.** Additionally, adjusting appointment scheduling based on the complexity of client needs could ensure smoother operations and reduced wait times. Pre-event workshops or webinars and simplified tailored information about how the events can help them could help educate clients on the legal processes involved, reducing hesitation and improving overall efficiency.

**Recommendation 18: Local private law firms have a real opportunity to expand access to justice reach to those unlikely to turn to formal legal services by volunteering their valuable expertise in partnerships like this one with HRCLS and AWAHS.** The rule of law and human rights of all people underpins democracy with access to justice being a key plank of equality before the law. The local private profession has an important part of protecting those rights. A well-functioning and well-regulated legal system by ensuring lawyers are ethical and

professional.<sup>62</sup> The consumer confidence and trust this engenders is an important part of ensuring access to justice and needs to step up to the plate given this is a regional area and huge effort is undertaken by the HJP not only to run and organise these events on community development but as a critical reach to people who lack transportation but who make the efforts to attend. HRCLS and AWAHS value add to the profession which often lack the proper approach and training in cultural safety and trauma informed practice and working with people experiencing disadvantage and decolonising.

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<sup>62</sup> Victorian Legal Services Board and Commissioner, 'Policy Statement Access to Justice' (2023) <<https://lsbc.vic.gov.au/sites/default/files/2023-07/D-23-98024%20%20Policy%20-%202023-04-06%20-%20Access%20to%20Justice%20-%20FINAL%20%20%20WEB%20VERSION.pdf>> accessed 07 August 2025.

# APPENDIX A: 2025 INDICATIVE DATA (NOT ALL DATA)

## Client Journal Maps

in 2023 in the first annual trip to collect data, Curran invited Trusted Intermediaries to choose a client that we could follow in each of the annual visits and identifying them and giving them a letter come up for example A, B C and D and make a note of this so that each year. Each year Curran would in the Trusted Intermediary interview check in to see the trajectory of that client in terms of their social determinants of health justice outcomes. This was with a view to be able to track progress because of the justice intervention through the health justice partnership over time. This approach was to acknowledge that impact can often take time to occur as well as the fact that legal interventions can often be short in generation or take considerable time. Basically, although second hand, it was not appropriate to follow this directly through client interviews and so this mechanism to collect client journey maps seemed like an opportunity to get this sort of long-term data. 30% of Trusted Intermediaries participants were return participants in 2025. Whilst it is not ideal, it is better than not being able to have any long-term insight as to the impacts over time for clients of having a justice intervention in a health justice partnership such as this. One eager Trusted Intermediary came to the interview with more than one client that she had decided to track in this way. Curran has also deleted some specific material in the journey mapping as it would have identified the client and so the information is provided with generality. An example of this is specific mental health conditions or physical conditions that what identify easily the client in the local community. This material has been redacted. Nonetheless the essence of the content and the implications for the social determinants of health because of the justice intervention remain.

Due to a staff turnover at the health partner in 2025 some of the staff who were tracking clients had left and so it was not possible to continue to track for his clients in 2025. There were three returning Trusted Intermediary participants who came prepared to their interview with information about their clients' journey.

In 2024 one client had disengaged with the health and the justice partners. This is the nature of working with clients with significant issues of trauma, mental health and life setbacks. This client reengaged with the services in 2025. Their journey is also discussed below. In relation to the quantitative data emerging from primary study question 21 *Think of a specific client (do not identify or name them. Have you noticed any of the following improvements in the client since the involvement of the lawyer/s in the inter-disciplinary team of the HJP as a result of the legal support of the BBM team?* the Trusted Intermediaries were asked to think about the client selected for their client journal mapping while they answered this question.

For all other Trusted Intermediaries answering question 21 they were asked to identify one client they had supported in recent weeks and asked to respond to the same question with that client in mind.

## **Client Journey One**

A is an ex-health professional. A trusts TI as TI works in an Aboriginal service. If A does not trust TI A will not get help. She will not disclose what we need to know if trust is not there. Her matter involved a disability support payment application. A had the wrong surgery performed on her. It was a medical negligence case. Material was contained in her surgical notes which makes it quite clear (TI is a health professional) that there had been medical errors. The lawyers are acting for A kept saying to TI as her worker that the A was lying. Because a story seems unlikely does not mean that factually it is. Whilst this was occurring over a long period of time the A was sleeping in her car, treatment was delayed, and despite protesting that she did not lie to her solicitor no one would believe her. A did not trust her legal team in Melbourne. She did however trust TI. When TI suggested she contact the BBM Team she did it due to ease as they were based here on site and there was transferred trust. Since then, TI has helped her navigate and understand what is going on. BBM have made her lawyers behave themselves. Work as a team TI will ask BBM what is needed and then TI does what they can help A with documentation. BBM gives options and BBM help give TI and the client hope. The client was living in poverty struggling to pay her bills and so needed monetary benefits. As a result of BBM justice intervention, she is now only getting the lawyers to listen and a range of other measures and problems sorted out. BBM have not only helped A, but health and justice teams all come together for a whole range of disability support pension clients and helping A get an outcome. With more information as the client discloses and trusts health justice BBM, with our different lens of different ways of asking people about their complex problems. What we see is over time earlier disclosure of there are problems along the way and we can then sort them out rather than let them fester or letting her feel alone and stupid or a liar which was the starting point.

## **Client Journey 2**

B should be on disability support pension. was living in poverty. B's health had deteriorated result with her suffering. B was struggling to pay her bills and so needed monetary benefits. As a result of the justice support, B has been able to sort out their life over time. This includes housing, paying her bills and access to other monetary benefits, such as victims of crimes referrals.

## **Client journey 3**

This case involves C's total permanent disability insurance. In this case TI have observed the BBM worker prepared to go the extra mile. It's been a lot of work. There are lots of disincentives for them in trying to help her. The legal team ask, 'how can I help you' and so this forged client involvement and engagement. C has a feeling that we are all combining to help together to get an outcome. This has been different from the way C has been questioned previously by lawyers and elicits more information. C was marginalised. On so many levels over time C's mental health has improved. The way in which the BBM approached C is trauma informed. Together TI and BBM use narrative therapy which means listening, sitting, talking, and listening. This has been critical for this client to get her childhood trauma issues the recognition that they deserve. It has had a significant effect at all levels on C's mental health in a positive way.

## **Client journey 4**

D was a foster carer with children who were removed, through no fault of her own. There were false allegations by a family member. It was devastating for her. She was referred to the BBM. Although the BBM couldn't help her with her case, they stepped the lady through the steps and they put her in touch with referral agencies and linked her into other court services. Although the lady was disappointed that BBM could not support her directly, she appreciates their recommendations and referrals and is grateful for their intervention and ongoing peripheral support. TI wouldn't have known how to help this woman and counter the allegations that were made against her. She now had a better sense of her rights and is navigating a complex system as a result better than she would have otherwise been able to do. For too many Aboriginal people, they are poor and struggle because they get distressed telling their story. This means they are not listened to. When there is a lawyer, other authorities take notice. It reverses the power imbalances and makes it more level. This is occurring in so many interventions when the BBM come onto the scene.

## **Client journey 5**

E Has improved a lot through the justice intervention of the BBM. The lawyer explains things clearly and simply so that they can make informed decisions. Often because of knowing more information the clients can turn a yes into it now. That means is that they are not doing something because I don't understand, they can question and often decisions turn on this that can be in their favour. In this particular client's journey, E's cl matter has involved malpractice. This card is illiterate. They received paperwork that they did not understand from the lawyers and others throughout. The matter arises from systems failure at a hospital. The BBM lawyers organised a meeting and laid out E's situation. Since then, BBM have been the go between or support for this client. Whenever a client doesn't understand something, they come back to the BBM. TI has seen over the three years the client has been able to be more proactive in everyday life. The power imbalance has been recalibrated through the presence of the BBM who articulately demonstrate the client situation. The client is able to understand that they have done nothing wrong, makes wiser choices and knows they can hold authority to account rather than feel worthless and hopeless. This is key not only to recovery but to helping them not worry and take this approach in resolving other challenges improving their mental health. E's anxiety has been reduced. E's suicidal thoughts have gone down. Now they check in and don't do anything without establishing what might be required. For E they have moved from inaction to acting. According to the TI this means E has a sense of hope. They are getting justice and feel they are no longer locked out. E has shifted from the victim mindset and merely surviving.

## **Client journey map 6**

F's stress levels and financial duress (by debt collectors) has undoubtedly affected their mental condition. This client had attempted suicide on several occasions. She has a brain acquired injury and deep psychological stress. F worries about criminal Court cases, family law and child protection matters. The BBM team has been integral in minimising this stress. Through their advice, consistent and over time, the BBM team has reduced her fines, debts in representations to multiple authorities. Often where other lawyers have been involved, such as duty lawyers, they did not

understand F's context. The BBM team have been able to navigate a range of issues for this client with F's different levels of literacy. For F, it takes more than 12 months to work out what's going on. With other services there is a high turnover of legal teams and so the client does not get to explain or continue their relationship. It is crucial and incredibly valuable for F to have such continuity. Why? They are seeking to escape a violent and cunning partner. This is to improve life choices for herself and her child. F has found it hard to get advice on domestic violence. F needed to be easily referred and to have a sense of control. The BBM team gives her clearer ideas so she can make decisions. She returns to the legal team and the allied health services for further protection and housing needs from time to time. This continuum is crucial. It has built F's trust and confidence. Every effort to repair her life has taken its toll in previous years and so now she has this support with her domestic violence matters she has been able to take action. She is in regular contact with the TI and now it's just a matter of fine tuning her housing and nearing accessing her national disability insurance entitlements.

## **Case Studies from Trusted Intermediary Interviews (Primary Data)**

### *Case Study One*

The client has used their WDO reduction in fines of \$1000 secured by the BBM team to be debt free. For them \$1000 is a lot of extra money and so they will pay off their debt quicker and not experiencing the stress and anxiety that flies from debt collectors.

### *Case Study Two*

Mother was already seeing the T. She has at 14-year-old daughter who was experiencing cyberbullying at school and was suicidal. Her mother didn't know what could be done. The TI sought assistance from the BBM Team. The BBM Team explained 'Dolly's Law' to the client, her daughter and the TI. The new NSW laws cover sending abusive emails, posting threatening or hurtful messages, photos or videos online or repeatedly sending unwanted messages. It also provides a basis for victims of cyberbullying to seek apprehended violence orders. The laws emerged from a case involving Amy 'Dolly' Everett, who took her own life after sustained cyberbullying.

### *Case study three*

The client was on remand and did not have a national disability scheme plan prior to the release. This would have placed the client at significant risk. Normally it takes four to five months to get a plan implies and this client would have been imminently released. With the support of the BBM team we were able to rush a plan. They were able to talk to camera, cemented advocates and negotiated further up the system on behalf of the client. This meant the client was released from prison with a national disability insurance scheme plan in place.

### *Case Study four*

One of the elders was being pushed by younger person into providing them with money. Armed with the information provided to them by the BBM team this elder was

able to stand up for themselves. By knew they had reliable information. For this client there is no doubt it improved the client's health and welfare.

#### *Case study five*

This client had schizophrenia and a split personality with five different personalities telling them what to do. They were also bipolar. I have a history of constant drug abuse. In appearance they shuffle, and they will not look you in the eye. They engage in petty shoplifting to survive. Little by little their engagement with the BBM team has meant that a lot of their legal issues are being sorted out. He usually was quite aggressive accosting people for money, but this has settled down.

#### *Case study six*

In this case a partner of someone who is renting had done damage to the house and the authority wanted to charge the client for the damage done. The TI made an appointment for the client to see the BBM. This client was in shock, trauma engraving for stop They worked with this client who is now empowered. Housing was forced to cancel their claim. The partner is now in gaol and so in the immediate turn the cycle of abuse is. It was very hard for her to break out of the cycle. She has developed the skills over time and has had the spice that she needs. It has helped her repair although of course there is also the issue about what will occur on his release from prison.

#### *Case study 7 seven*

This was a case involving housing issues. Through the intervention of the BBM team, This client was able to move two more secure housing which was particularly important as it was a domestic violence situation. Legal team managed to secure financial resource is on the client's behalf which meant she had more income. She is also now strong enough to seek legal help if she needs it. She was also strong enough to follow steps that the lawyers jested she take in relation to the police. They have made her much stronger, and she is now pleased with who she is. The partner has been locked up and she feels hope and recently said to me 'how great her life is.

#### *Case study eight*

Previously when I went quote with this client on 2 occasions winning the magistrate asked questions she froze like a deer in the headlights. As a result, from a secondary consultation with the BBM legal team I was able to guide the client on how to respond to the magistrate. Because of my presence the magistrate who was originally rough and abrupt with the client on hearing of the experience of the elder as a member of the stolen generation who had been through a boy's home renowned for atrocities that occurred, I witnessed the magistrate change his complete attitude. TI March and there are too many examples of where BBM has helped clients through really dark experiences so that they are able to articulate them in matters that mean that their rights are at risk if they do not. The TI indicated they spoke up only because they had support previously from the lawyer on what to expect in court and felt comfortable putting information forward in the suggested framework that the lawyer explained was useful to a magistrate in coming to a decision.'

*Case study nine* This client suffers anxiety and panic attacks. I rarely leave home. They were scared of a \$3000 debt. TI introduced them to the lawyers after establishing the BBM would help them. The client turned up for the interview and said the lawyer blew his mind. She put him at ease he explained that he had opened up about other situations he had never told anyone before. He felt that the way the interview went helped him feel that resolution of things from the past and what might be possible sure there was a lot at the end of the tunnel. Now this cloud is pursuing compensation in relation to matters that previously they had never disclosed to anyone and did not know that they had any legal rights.

#### *Case study ten*

The client's partner's daughter had a baby and needed her mother's support due to a range of issues. Because of the client's huge numbers of legal problems which were unaddressed, he was unable to give his partner the support that she needed through difficult times as he was stressed, frightened, and dependent. As a result of the BBM team's work with this client he has become more self-reliant and less anxious and dependent on his partner. Previously, there were so many issues hanging over his head, he was a huge burden to her. Since getting the support from the legal team his partner has more space. She can leave him behind at home without worrying and can support her daughter. Previously she was concerned about leaving her home in case something happened to the client.

#### *Case study eleven*

The client is between 63-65 years old. The client has emphysema, a chronic lung condition, where the air sacs (alveoli) in the lungs are damaged, making it difficult to breathe. They also have chronic obstructive pulmonary disease, causing breathing difficulties, a condition that results in airflow obstruction, making it harder for air to move in and out of the lungs. The client was refusing to pay a fine. He came to the Trusted Intermediary upset and saying he refused to pay the fine. He had never voted. He said 'who are these people and why do they want me to pay it'. He said 'it's not their land. 'They took my land. I am not paying it.' The issue was that the police and the sheriff had become involved. The whole experience was just verifying this gentleman's views about the system. He said, 'I just want to live my life, and they come bothering me, who are these people.'

### **Summary: Secondary Quantitative Data (HRCLS)**

This secondary data is data collected and administered internally by Hume Riverina Community Legal Service and the 2024 data was provided to Curran on 6- 10 June 2025. HRCLS data collection system is 'Actionstep', along with other community legal centres in Australia. Primarily Actionstep is used, noting that some data (such as secondary consultations and referrals) still needs to be collected manually.

It is noted that this was the first time in over a decade that a service, being evaluated by Curran, has provided the data early in the data analysis phase for it to be considered holistically for the synthesis phase. HRCLS is to be commended for this timeliness. Some of this data is service data ordinarily collected however as noted

above, some data has been requested by Curran to be collated, de-identified, and aggregated in house by HRCLS for BBM such as Professional Development Surveys and data on secondary consultations and referral practice.

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

### **Types of Clients and Comparison since start-up**

#### **For Period 1/4/2024 – 31/3/2025**

##### **# clients:**

There were **111** clients seen during the reporting period.

At service start-up (year 1) 2023 **75** clients were seen for the same period.

This is an increase of 67.5% and it is noted that from the service opening its doors due to anticipation of the project starting leveraged of the Invisible Hurdles Program of seven years

In view of the objectives of the BBM critical is to examine whether over the three years since service start-up there has been an increased reach to Aboriginal clients because of the HJP.

#### **Increased Reach to Aboriginal clients with mental health/wellbeing issues since service start-up**

Self-referrals for Aboriginal clients the following period are:

Project start-up -February 2023 to end of March 2023 = **18 self-referrals**

April 2023 to end of March 2024 = 54 self-referrals

March 2024 to end March 2025 = **94 Self referrals**

#### **Analysis**

Prior to the commencement of the Invisible Hurdles Project (IH), in **2015- 2016 the clientele was 6% Aboriginal for the whole of the Hume Riverina community legal service**. This Invisible Hurdles included as one of its full partners AWAHS clients but specifically targeting young people 'at risk of experiencing family violence'. This was the project which led to this BBM project building on the partnership with AWAHS. The reach and momentum with Aboriginal clients improved with the IH project (with Curran involved in this research evaluation for 7 years) extending the reach to Aboriginal community beyond this age group and with mental health or well-being issues. In **2023-2024 this figure this risen from 6% to 17% with 225 clients in total of HRCLS**. BBM refers Aboriginal (12-25 years) young people to IH. **BBM in 2024-2025 saw 111 clients 82% of whom are Aboriginal. In terms of MH, in 2018-2019 Aboriginal clients were 37% of the total client cohort of HRCLS but by 2023-2024 it was 52%**.

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 Aboriginal Australian adults with high/very high levels of psychological distress.<sup>63</sup>

Overall, in looking at the reach of HRCLS to Aboriginal clients overall over time it is suggestive that the BBM has enables it to reach more Aboriginal clients and pertinent to this project's objective to reach clients with mental health (MH).

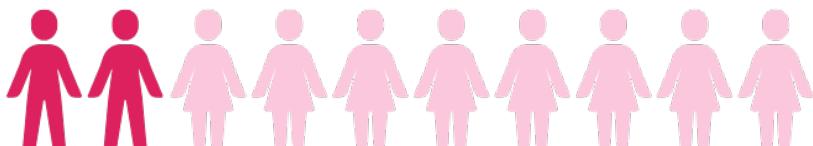
2022/2023 (Feb - Mar)	31	58% MH
2023/2024	99	49% MH
2024/2025 (BBM Apr - March)	111	82% MH

## FINDING

Significantly, there is also a clear correlation and clear link between engagement and legal capability work of the BBM team through secondary consultations with AWAHS staff and community development activities leading to self-referrals to the BBM team that emerges from the primary qualitative data. This is discussed later in this report.

## Client Demographics

### Visual Representation 1/4/2024-31/3/2025

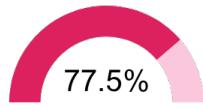


23.4% identified as male and 76.6% identified as female.

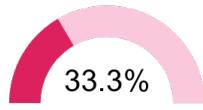
<sup>63</sup> Australian Bureau of Statistics, '2018–19 National Aboriginal and Torres Strait Islander Health Survey' (*Health Survey, 2019*) <<https://www.abs.gov.au/methodologies/national-aboriginal-and-torres-strait-islander-health-survey-methodology/2018-19>> accessed 7 August 2025.



are impacted by poor mental health.



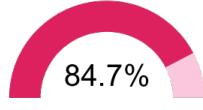
are experiencing, or at risk of family violence.



are experiencing, or at risk of homelessness.



are experiencing financial disadvantage.



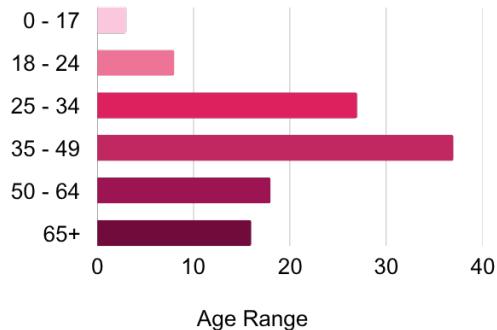
identify as Aboriginal or Torres Strait Islander.

Of the 111 clients seen during the period:

- 34 have a disability (all disability indicators – physical, psychological, intellectual and other)
- 91 indicate that they have mental health issues
- 86 are experiencing or at risk of family violence
- 37 are experiencing or at risk of homelessness
- 109 are experiencing financial disadvantage
- 94 identify as Aboriginal and/or Torres Strait Islander
- 25 male, 84 female

### Age Range:

- 0-17 = 3
- 18-24 = 8
- 25-34 = 27
- 35-49 = 37
- 50-64 = 18
- 65+ = 16
- Not specified = 2



### Family Type:

- 40 Not living in a family (for example, living as boarder, in shared house, alone, in hostel, boarding house etc)
- 45 Sole parent family with dependent children
- 9 Two parent family with dependent children
- 18 Family type Other
- 4 Not stated

## Problems – Multiple and Cascading

Many Aboriginal people experience trauma, multigenerational distress and have significant social and economic difficulty as well as feeling that their voice is not heard. In addition, systems and solutions are often alien to their lived experience or not designed to incorporate their diverse situations. This can trigger or exacerbate poor MH.<sup>64</sup> BBM through working together with AWAHS, is reaching the most marginalised groups of people ordinarily hard to reach. This cohort often has multiple legal needs (often between 5-10 legal problems as reflected in the ‘problem type’ figures below). When read with the qualitative data it is clear their issues are often left to exacerbate and cause poor social determinant of health outcomes over time if they are not

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<sup>64</sup> Maria Karras, Emily McCarron, Abigail Gray and Sam Ardasinski, ‘Access to Justice and Legal Needs: On the Edge of Justice’ (2006) [https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR\\_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW\\_2006.pdf](https://lawfoundation.net.au/wp-content/uploads/2023/11/49PJR_On-the-edge-of-justice-the-legal-needs-of-people-with-a-mental-illness-in-NSW_2006.pdf) accessed 7 August 2025

reached earlier (which BBM seeks to do) and that when clients do present their issues are complex, and often cascading, and entrenched. This is consistent with international research<sup>65</sup> but what is different in this study evaluation is that BBM is showing clearly that inroads can be made with integrated legal service practice, building of trusting relationships<sup>66</sup>, sustained funding and time.

111 clients receiving 235 services presented with **357** problem types (= average of 3.2 problems per client).

The breakdown is as follows:

Civil law: 268

Criminal law: 17

Family law: 72

Top 10 problem types noting although these are broken up into legal matters each has a social determinant of health implication in the context of critical human rights and has implications for safe living in daily life:

1. Victims Compensation (65)
2. Family law (56)
3. Housing (38)
4. Credit & debt (37)
5. Other civil (35)
6. Family violence (27)
7. Government complaints (27)
8. Child support (18)
9. Fines (17)
10. Consumer (17)

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<sup>65</sup> Tara Mulqueen and Lisa Wintersteiger, 'Understanding local legal needs: Early Intervention and the Ecosystem of Legal Support' (Nuffield Foundation, 2025), <<https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/Understanding-Local-Legal-Needs-Early-intervention-and-the-ecosystem-of-legal-support.pdf>> accessed 7 August 2025; Nigel J. Balmer, Pascoe Pleasance, Hugh M. McDonald and Rebecca L. Sandefur, 'Public Understanding of Law Survey - Volume 3' (Victoria Law Foundation, 2024). <<https://www.victorialawfoundation.org.au/research-publications/puls-volume-3>> accessed 07 August 2025; Pascoe Pleasance and Nigel Balmer, 'Justice and the capability to Function in Society' (2019) 148(1) Daedalus 140; Christine Coumarelos, Deborah Macourt, Julie People, Hugh M. McDonald, Zhigang Wei, Reiny Iriana and Stephanie Ramsey, 'Access to Justice and Legal Needs Legal Australia-Wide survey: legal need in Australia' (New South Wales Law and Justice Foundation, 2012) <[https://lawfoundation.net.au/wp-content/uploads/2023/11/31PJR\\_Legal-Australia-Wide-Survey.-Legal-need-in-Australia\\_2012.pdf](https://lawfoundation.net.au/wp-content/uploads/2023/11/31PJR_Legal-Australia-Wide-Survey.-Legal-need-in-Australia_2012.pdf)> accessed 7 August 2025; Nigel J. Balmer and Pascoe Pleasance, Tenielle Hagland and Cosima McRae, 'Law... What is it Good For? How People see the Law, Lawyers and Courts in Australia' (Victoria Law Foundation, 2019) , <<https://www.victorialawfoundation.org.au/research-publications/law-what-is-it-good-for>> accessed 7 August 2025; Nigel J. Balmer, Ash Patel, Alexy Buck, Katrina Denvir, Pascoe Pleasance, 'Knowledge, Capacity and the Experience of Rights Problems' (2010) <<https://research.monash.edu/en/publications/knowledge-capacity-and-the-experience-of-rights-problems>> accessed 7 August 2025.

<sup>66</sup> Mark F Harris, Jenny Advocat, Benjamin F Crabtree, Jean-Frederic Levesque, William L Miller, Jane M Gunn, William Hogg, Cathie M Scott, Sabrina M Chase, Lisa Halma, and Grant M Russell, 'Inter-professional teamwork innovations for primary health care practices and practitioners: evidence from a comparison of reform in three countries' (2016) 9 *J Multidiscip Healthc*, 35–46, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4743635/>

## Analysis

Interestingly, government complaints and family violence are equal at **27**. In much of the qualitative data significant concerns have been raised about the behaviour of public authorities in their interaction with members of the Aboriginal community. This is particularly a concern in relation to the care & protection services around children. Also, given the interplay between family violence and family law, the figure represents significant number of cases. The qualitative data verifies this and highlights that there is a significant demand for family law which is currently either not being met, at capacity or being referred out. It will be suggested in the recommendations that there was a need for funding for an additional family lawyer because of these figures.

HRCLS does not undertake criminal law largely because of capacity, expertise and its focus on civil law matters. Many Aboriginal community members indicated that they would like further support in criminal matters and that often private lawyers were inadequate in the way in which they interacted with Aboriginal clients. In the quality data many Aboriginal clients expressed disappointment at this limitation in scope but understood why. Comments were made that are relevant to an examination of this quantitative data that because the 'BBM employs lawyers who are so good' they felt that they would be ideal in trying to address some of the disillusionment with the operation of the criminal justice system and the legal profession that work within it.

Currently, much of the criminal matters has to be referred off to pro bono services or legal aid. Also indicated in the qualitative data in each year of this study, 2023, 2024, 2025, was disillusionment and dissatisfaction with the provision of criminal legal aid by the Aboriginal Legal Services. Aboriginal community members often particularly women, were conflicted out in regional areas or they felt they were dealt with as churn rather than treated with respect. They also indicated that they often felt their voices were not heard and that assumptions were made about their cases without detailed investigation. This may be an issue of capacity given the large numbers of Aboriginal clients that Aboriginal Legal Services need to support but also suggests issues around training. This was specifically mentioned in relation to the non-Aboriginal lawyers in Aboriginal legal services. There is certainly a case based on this experience, for consideration of recruitment of Aboriginal lawyers by Aboriginal Legal Services. BBM is building relationships with Aboriginal Legal Services, legal aid and pro bono with referrals that often go beyond warn referrals to training lawyers in cultural sensitivity and mental health, but this takes time and is resource intensive.

### **The types of Legal Support BBM Provided 2024-2025 and a picture since service start-up**

#### **Legal Services**

**235 services** were provided to clients from 1/4/2024 – 31/3/2025.

The data collected uses the terminology of the reporting frameworks required by government. The [National Legal Assistance Data Standards Manual](#) is the primary document governing data collection across the legal assistance sector. Data is

collected in accordance with the manual across the legal assistance sector. It is produced by the Attorney-General's Department:

Legal Advice<sup>67</sup> and tasks<sup>68</sup> on open date

Files on closed dates

Service type	Count
Legal Advice	118
Legal Task	50
Files/cases	30
<b>Grand Total</b>	<b>198</b>

**Open during period:**

Service type	Count
Legal Advice	118
Legal Task	50
Files/cases	49
<b>Grand Total</b>	<b>217</b>

**Closed during period:**

Service type	Count
Legal Advice	117
Legal Task	55
Files/cases	30
<b>Grand Total</b>	<b>202</b>

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<sup>67</sup> 'A Legal 'Advice Service' is the provision of fact-specific legal advice to a Service User in response to a request for assistance to resolve specific legal problems.

The Service User can be an individual or a person seeking advice on behalf of an organisation or a group.' Source Community Legal Centres Australia. <https://clcs.org.au/services/data/discrete-services/legal-task/>

<sup>68</sup> 'A Legal Task is where a Centre undertakes a discrete, clearly defined, one-off piece of legal work (an identifiable deliverable) to assist a Service User in their own efforts to resolve a legal problem, with no commitment to support the Service User beyond the completion of that piece of work. The two main types of work in a Legal Task are revising or preparing particular documents for a Service User to use in their legal proceedings; or a limited instance of interacting with a third party to help progress a Service User's legal matter'. Source: Community Legal Centres – Australia, 'Legal Task' (2022) <<https://clcs.org.au/services/data/discrete-services/legal-task/>> accessed 7 August 2025.

In the pilot phase in 2023, reflecting the growth or comparison starting point for legal work in 2023 the figures for February – April 2023 was:

Advice	31
Legal Tasks	30
Open Files	11
Case Load Total (tasks and files)	41

**Total 113**

In the second year of the BBM project for the period 1/4/2023 – 31/3/2024

251 services provided to the 99 clients for reporting period. The figures below include those already open at the beginning of reporting period.

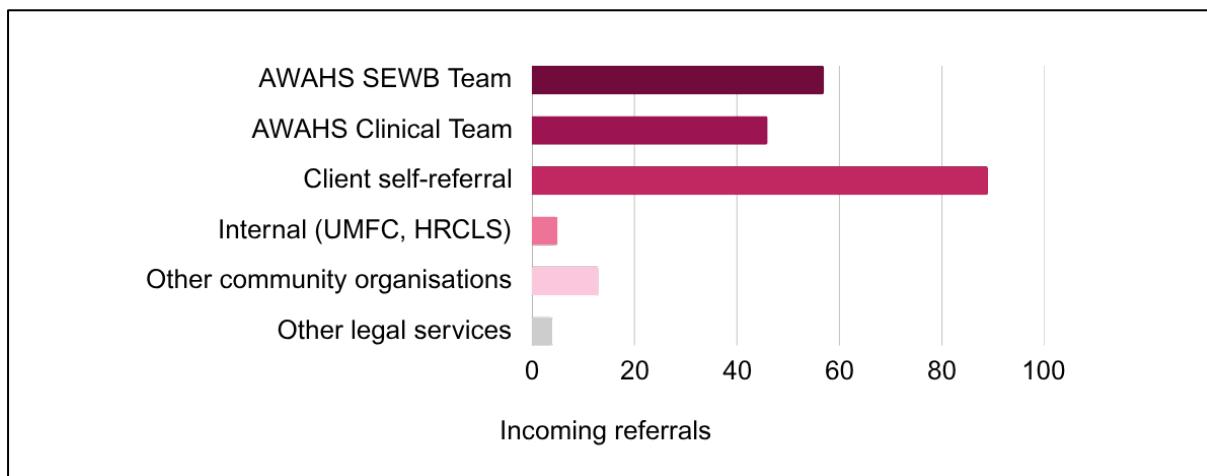
Service Type	Count
Court/Tribunal	1
Legal Advice	139
Legal Task	78
Other Representation	33
<b>Grand Total</b>	<b>251</b>

*Open during reporting period:*

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

**FINDING** These figures reflect a consistent level of services and also in light of the BBM staff consisting of lawyer and community engagement worker embedded with the Social & Emotional Wellbeing (SEWB) Team of AWAHS working onsite for 3 days per week providing timely, responsive legal support to AWAHS clients, working collaboratively to address their MH and other cultural/social needs as well as providing information, secondary consultations (SC) and referrals to AWAHS staff. (This may include outreach to mental health facilities, as needed). The remaining two days (at HRCLS office, will provide space and time for the complex casework that will arise, while still being available to clients and staff via phone.

## Referrals Incoming from AWAHS and others



## ANALYSIS of referral data

### Secondary Consultations

Legal Secondary Consultations (SC) has now been shown in multiple studies to be critical in reach and on the spot training for busy Trusted Intermediaries and clients who for clients who for a range of reasons cannot engage with a lawyer at the time of disclosure.<sup>69</sup>

<sup>69</sup> Sara Gilboe and Liz Curran, 'The Role of Justice in Addressing the Social Determinants of Health' (2025) 55 International Journal of Social Determinants of Health and Health Services 249, <<https://doi.org/10.1177/27551938251321973>> accessed 7 August 2025.; Elizabeth Curran and Sue James, 'Integrated Legal Practice - Going to Where the People Are Who Need Our Help – Legal Empowerment and Multidisciplinary Innovation.' (2025) <<https://doi.org/10.2139/ssrn.5220964>> accessed 7 August 2025; Elizabeth Curran, 'Final Report 'Knowledge Really Is Power: NLS Legal Research and Impact Evaluation Report - Measuring the Effectiveness and Impact of NLS Legal in Improving Access to Justice, Key Social Development Goals, and Its Role in Student and Staff Development.' (2025) <<https://doi.org/10.2139/ssrn.5107677>> accessed 7 August 2025; Elizabeth Curran, 'Strength and Uniqueness -The Ripple Effect of the BBM Health Justice Partnership Sharing of Knowledge and Increasing Empowerment' (2024) <<https://doi.org/10.2139/ssrn.4887353>> accessed 7 August 2025; Ab Currie, 'Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice' (2017) <[https://www.haltonlegal.ca/wp-content/uploads/2019/06/LSC\\_Report-final.pdf](https://www.haltonlegal.ca/wp-content/uploads/2019/06/LSC_Report-final.pdf)> accessed 7 August 2025; Ab Currie, 'The Needs of Helping Organizations in the Community' (Canadian Forum on Civil Justice (CFCJ), 2021), <<https://cfcj-fcjc.org/wp-content/uploads/The-Needs-of-Helping-Organizations-Ab-Currie.pdf>> accessed 7 August 2025; Liz Curran, 'Sharing elements of effective practice to address earlier, signs of family violence' (2019) 44 Alternative Law Journal 182; Liz Curran, 'Lawyer Secondary Consultations: Improving Access to Justice: Reaching Clients Otherwise Excluded through Professional Support in a Multi-Disciplinary Practice' (2017) 8 Journal of Social Inclusion 46; Pamela Taylor-Barnett and Liz Curran, 'Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report' (2021) <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3867295](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295)> accessed 7 August 2025; Liz Curran, 'Getting out of Debt: The Road to Recovery for Victim Survivors of Family Violence' (2020) <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3512672](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3512672)> accessed 7 August 2025; Liz Curran and Pamela Taylor-Barnett, 'Overcoming the Invisible Hurdles to Justice for Young People' (2018) <[https://www.hrcls.org.au/wp-content/uploads/2018/11/DESIGNED\\_Full-final-Report\\_October\\_20181102.pdf](https://www.hrcls.org.au/wp-content/uploads/2018/11/DESIGNED_Full-final-Report_October_20181102.pdf)> accessed 7 August 2025; Liz Curran, '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'(2017) <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3085677](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3085677)> accessed 7 August 2025; Liz Curran, 'A Research and Evaluation Report for the Bendigo Health-Justice Partnership: A Partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services' (2016) <<https://ssrn.com/abstract=3076407>> accessed 7 August 2025; Liz Curran, Katia Sanderson, Lachlan Edwards,

In the period 1/4/2024 – 31/3/2025 **91** secondary consultations occurred with staff of AWAHS or related community agencies. This body of work by the BBM team should also be seen as a critical element in the service delivered as it enables reach to clients who may not present directly to lawyers with express need and also enables AWAHS staff to gain immediate advice and information on whether a problem has a legal dimension i.e. is 'justiciable' or help navigating legal requirements or on the spot legal support to AWAHS staff to address other health concerns that are interconnected. Internal referrals show an increase support for Aboriginal clients across HRCLS, Other organising beyond the partnership also show growing awareness of BBM in Aboriginal community and demand for services. AWAHS has been a critical entry point to BBM for the Aboriginal community

The table below shows the nature of the secondary consultation and the way in which it took place.

Nature of Query	Problem Type	Contact Method (email/phone)
Victims of Crime	Victims of Crime	In person
native title advice	Native title	in person
Tenancy eviction - FV damage	Tenancy	In person
IVO/FL referral	IVO	phone
WDP	Fines	Phone
health insurance	Consumer	in person
child protection	Child protection	in person
guardianship	Wills & Estate	in person
guardianship	Wills & Estate	in person
birth certificate	Birth Certificate	phone
Tenancy eviction - FV damage	Tenancy	phone/email
Youth crime	Youth Crime	in person
CP	Child protection	in person
IVO/Housing	IVO	in person

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Jillian Williams, 'Second Evaluation Report of Consumer Action Law Centre's Worker Advice Service -A Legal Secondary Consultation Service to Community sector professionals: One year on' (2017) <<https://researchportalplus.anu.edu.au/en/publications/second-evaluation-report-of-consumer-action-law-centres-worker-ad>> accessed 7 August 2025; Susan Ball, Cindy Wong and Liz Curran, 'Health-Justice Partnerships Development Report 2016' (2016) <<https://lsbc.vic.gov.au/resources/health-justice-partnership-development-report-2016>> accessed 7 August 2025.

stamp Duty	Other civil	in person
claim follow up	Victim of Crime	email
Birth Certificate	Birth Certificate	email
Birth Certificate	Birth Certificate	Phone
Workplace discrimination	Employment	Email & in person
Victim of Crime	Victim of Crime	Phone
criminal and abuse law	Criminal	Phone
Child contact	Child contact	phone
Scam	Scam	email
Employment law	Employment	in person
signatures on document	Contract	email
Employment law	Employment	phone
Fine	Fines	phone
Housing	Tenancy	in person
Housing	Tenancy	in person
Birth Certificate	Birth Certificate	phone
Victim of crime	Victims of Crime	Phone
Housing	Tenancy	in person
CP	Child protection	in person
NDIS/Housing	Tenancy	in person
Suicide Prevention	Employment	in person
Referral - FL	Family law	phone

Centrelink	Centrelink	in person
housing	Tenancy	phone
deceased estate debt	Wills & Estate	email
License suspension	Youth Crime	phone
Vic of Crime form	Victims of Crime	Phone
Fines ACT	Fines	phone
IVO - Court	IVO	Phone
scams	Scams	phone
Referral	Referral support	in person
Family law	Family law	phone
Subpoena to give evidence	Court support	Phone
Wills	Wills & Estate	email
WWCC review	WWCC	phone
Employment law	Employment	phone
Victim of crime	Victims of Crime	phone
SA victim of crime	Victims of Crime	phone
preferred name stat dec	Other civil	phone
Crisis Accom for Men	Tenancy	phone
Employment law	Employment	Phone
Youth Crime	Youth Crime	Phone
Unclaimed money	Other civil	Phone
property settlement	Family law	In person
FV, victims of crime	Victims of Crime	phone
staff referral process	Referral support	email
Referral	Referral support	In person
issue with police conduct	Police complaint	phone
What we help with	Referral support	In person
Family Violence, Victims of Crime	Victims of Crime	phone
Wills	Wills & Estate	Phone
NZ ACC claim	Compensation	phone

Debt	Debt	email
support letter	Victims of Crime	phone
FL/CP	Child protection	In person
Employment law	Employment	In person
Victim of crime	Victims of Crime	phone
childcare	Child contact	In person
FV renting rights	Tenancy	phone
surprise inspection - possible eviction	Tenancy	phone
AOD support re rental/money	Tenancy	phone
rental bond loan	Tenancy	phone
referral	Referral support	phone
	Other civil	phone
	Referral support	in person
subpoena	Court support	in person
abusive FB message	Other civil	phone
divorce	Family law	email
Police check	Other civil	phone
ID	Birth certificate	email
Complex birth certificate	Birth certificate	in person
INSP App / EVP Payment	Victims of Crime	phone
witness doc	Other civil	in person
NDIS	NDIS Complaint	In person
Fine - unregistered vehicle	Fines	in person
housing	Tenancy	in person
CP complaints	Child Protection	in person

The table below shows the type of legal secondary consultation (SCs) and referrer, their role and the team from AWAHs or the associated agency connected with it. Importantly in SC the client is not and cannot be identified, and there is no disclosure of individual information that would breach client privilege or give rise to an interference (or actuality) of the Centre being regarded as acting for the client<sup>70</sup> but

<sup>70</sup> Community Legal centres Australia 'Risk Management Guide' (2022) <<https://clcs.org.au/services/class/user-manual/services/secondary-consultation/>> accessed 7 August 2025, paragraph 6.7.23, also paragraphs 2.19.5, 6.7.24-27 and 8.5.11-15.

rather it is provided to the Trusted Intermediary to help them support the client, make a referral or navigate the legal system/requirements.

This study has uniquely sought to drill down more closely into the quantities and nature of secondary consultations and so, is unique in its detail in comparison to much of the previous literature. The BBM team were asked to collect detailed data over the life of this project in addition to the normal service data ordinary required by the National Government.

This data provides useful information on who uses SCs, the nature of the exchange, the role of professional and its mode as well as the nature of the inquiry. This has been redacted to a large degree to avert risk of identification in the table below but gives a flavour of the nature of SCs undertaken and their value.

**ANALYSIS** Often referrals occur after a secondary consultation. Many secondary consultations occurred not just with the SEWB Team **43** but also with a higher number of the clinical team **19** than in 2023-2024. This is indicative of the reach of the BBM team into not just the team it is located within but in other specialist realms of AWAHS. In other health justice partnerships reach into clinical teams has been notoriously difficult. This is perhaps indicative of the nature of the deep engagement of the BBM staff, their visibility and work with teams beyond the one in which they are situated

This data reflects the volume of work and in the Curran's, view should be added to the 'client services' as it is an integral part of and effective integrated legal practice. This means the figure that represents the official '**service type**' of **207** provided to clients from 1/4/2024 – 31/3/2025 is not reflective of the true service type but should include secondary consultations **91 in integrated legal practice models making the total 298**.

In Regards to secondary consultation availability, qualitative data again reflects these can occur anywhere in a staff room, corridor, by phone, email, at the Wangaratta van, in the outside safe spaces on AWAHS grounds, while staff are in staff and team meetings and anywhere else that staff see the BBM team and their minds are prompted by this contact to ask their questions. It is this opportunistic nature of secondary consultations, its flexibility and adaptability that makes it suit and integral to the model's effectiveness. In my week on site at AWAHS Curran observed BBM staff taken aside by TIs at least 8 times for a quick chat and clearly in instances of some urgency for potential clients. Without it, TI's trust would be more difficult to establish, there could be delay in clients getting help as and when it is required as it is 'on the spot'. By using secondary consultations, legal issues can be identified and then responses can be made either by the TI or referral to the lawyer or appropriate pro bono offering swiftly.

**Recommendation - Official 'service type' of 207 provided to clients is not reflective of the true service type but should include secondary consultations in integrated legal practice models.**

SC Requester - Referrer. AOD Worker, GP, etc.	Group
Counsellor	SEWB Team
Cultural advisor	SEWB Team
Psychologist	Clinical Team
Dhelk Dja Team	SEWB Team
AOD worker	SEWB Team
SEWB team	SEWB Team
Clinical team	Clinical Team
Clinical team	Clinical Team
Clinical team	Clinical Team
Dehlk Dja support worker	SEWB Team
Dhelk Dja	SEWB Team
VACCA	Other Community Organisations
VACCA	Other Community Organisations
VACCA	Other Community Organisations
SEWB team	SEWB Team
FV Support worker	SEWB Team
Pathways on Country	Other Community Organisations
DHelk Dja Team	SEWB Team
Nurse	Clinical Team
DHelk Dja Team	SEWB Team
DHelk Dja Team	SEWB Team
mental health	SEWB Team
Admin Team	Admin Team
Operations Team	Operations Team

SEWB Team	SEWB Team
SEWB Team	SEWB Team
mental health	SEWB Team
child maternal health team	Clinical Team
NDIS Support worker	SEWB Team
Social worker	Clinical Team
counsellor	SEWB Team
SEWB team	SEWB Team
Psychologist	Clinical Team
NDIS Support worker	SEWB Team
CCC	SEWB Team
DHelk Dja Team	SEWB Team
DHelk Dja Team	SEWB Team
Clinical team	Clinical Team
Beyond Housing	Other Community Organisations
Clinical team	Clinical Team
DHelk Dja Team	SEWB Team
AOD Counsellor	SEWB Team
DHelk Dja Team	SEWB Team
DHelk Dja Team	SEWB Team
child maternal health team	Clinical Team
DHelk Dja Team	SEWB Team
DHelk Dja Team	SEWB Team
doctor	Clinical Team
AOD worker VACCA	SEWB Team
SEWB team	SEWB Team
Dhelk Dja Team	SEWB Team
Dhelk Dja Team	SEWB Team

Clinical team	Clinical Team
NDIS Support worker	SEWB Team
Dhelk Dja Team	SEWB Team
Dhelk Dja Team	SEWB Team
mental health	SEWB Team
Psychologist	Clinical Team
Dhelk Dja Team	SEWB Team
Clinical team	Clinical Team
Nurse	Clinical Team
Dhelk Dja Team	SEWB Team
AOD	SEWB Team
Dhelk Dja Team	SEWB Team
Clinical team	Clinical Team
Dhelk Dja Team	SEWB Team
Admin team	Admin Team
Dhelk Dja Team	SEWB Team
child family health nurse	Clinical Team
Admin Team	Admin Team
Dhelk Dja Team	SEWB Team
Clinical team	Clinical Team
Dhelk Dja Team	SEWB Team
NDIS Support worker	SEWB Team
NDIS Support worker	SEWB Team
Dhelk Dja Team	SEWB Team
CFH team	SEWB Team
AOD	SEWB Team

Nurse	Clinical Team
Admin Team	Admin Team
BTB	SEWB Team
SEWB team	SEWB Team
mental health	SEWB Team
AOD	SEWB Team
Nurse	Clinical Team
Dhelk Dja	SEWB Team
Psych	Clinical Team
NDIS Coordinator	SEWB Team
NDIS Coordinator	SEWB Team
Counsellor	SEWB Team
Counsellor	SEWB Team

**FINDING** Also notable is the engagement in secondary consultations with the administration team 5. In the qualitative interviews in 2023 and 2024 with front of office staff they noted how important at times it was when clients were in a heightened state of distress to be able to email and or call the BBM Team and have a secondary consultation to gain an immediate answer to ease the stress of people at reception. The BBM team has been also utilised by such administration staff on the figures in the table above.

**Lawyer Client Survey with Client at File Opening and Closure – Social Determinants of Health** – (X-referenced with data from Trusted Intermediary Interviews)

In view of the parameters of ethics grant conditions to mitigate risk to participants and minimise anything that might retraumatise participants by way of interviews was rightly a consideration. The study evaluation already uses the Yarning Circle with a common scenario and questions around what a good service looks like to them rather than specifically examining personal contexts.

This survey for the BBM HJP lawyer enabled some exploration of social determinant of health outcomes because of justice interventions. Although it had ethics approval in 2023 it was decided to only administer it in the final year of this evaluation to enable the responses to reflect the impact over time i.e. at file closure. This recognises that legal processes in themselves are often stressful and allows time for things to settle and reflection.

It is noted that some bias exists where the legal team providing the service to the client are also the ones collecting the survey responses. This tool was designed to get direct insight from the client on the impacts of them personally of the BBM but in an environment where they already felt safe and with prior consent secured.

The risk of the client only giving positive feedback because the BBM personnel was administering the survey is mitigated however where there are other multiple tools, as

in this study, so that if the feedback is consistent across different tools, then it reinforces validity. The Trusted Intermediaries were also asked to anonymise a client and answer similar questions about this client each year and their progress giving a second-hand account and so cross referencing occurs here even though the BBM lawyer survey may not be the same client, who is also anonymous.

The responses also reflect that people's wellbeing and the nature of mental health issues can go up and down. It is also not easy to have a problem and have to go through the legal or other decision-making processes which can be taxing and outside a lawyers' ability to control (this is recognised in some of the survey responses of clients) as they are systems-wide however they can in the way they work minimise its impact. Overall, however, there clear evidence in the participant responses that the legal intervention '**compared to before**' they got BBM legal support has alleviated the participant and reduced their overall levels of stress and anxiety.

### **POST – survey (at conclusion of file)**

#### **Client Survey 1**

1. Compared to before you came to see me, how would you rate your levels of stress/anxiety now?

Stress

1 Very stressed	2 high	3 medium	4 low	5 not stressed at all
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More stressed than before	The same	Less stressed
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Anxiety

1 Very anxious	2 high	3 medium	4 low	5 not anxious at all
----------------	--------	----------	-------	----------------------

More anxious than before	The same	Less anxious
--------------------------	----------	--------------

2. Compared to before you came to see me, how secure is your housing?

1 homeless	2 couch surfing	3 staying with friends/family short-term	4 emergency housing	5 transitional housing	6 stable housing but looking for better options	7 secure/long-term housing
---------------	--------------------	---	------------------------	---------------------------	--	-------------------------------

Less secure than before      The same      More stable/secure

3. Compared to before you came to see me, how would you rank your health?

1 very poor health / chronic illness / pain	2 poor	3 some illness	4 well / fit and healthy	5 very well, fit and healthy
--	-----------	-------------------	-----------------------------	---------------------------------

Worse than before      The same      Better than before

4. Compared to before you came to see me, how would you rate your financial stability?

1 I have no money at all and am in a lot of debt	2 I have no money at all in my pocket or in the bank	3 I can't meet basic needs	4 I can't get through the week without borrowing money	5 It varies week to week. Some weeks I have money and some weeks I don't	6 I struggle to pay for food/bills/transport/utilities and all other essential things	7 I have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money	8 I am able to pay for the things I need as well as the things I want/like/surplus money each week
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Worse than before      The same      Better than before

5. Compared to before you came to see me, how safe do you feel at night?

1 not safe at all	2 rarely feel safe	3 sometimes feel safe	4 usually feel safe	5 always feel safe
----------------------	-----------------------	--------------------------	------------------------	-----------------------

Worse than before	The same	Better than before
-------------------	----------	--------------------

6. Has our service met your cultural needs?

1 yes	2 no	3 N/A
----------	---------	----------

Is there anything we could do better?

7. Compared to before you came to see me, how confident are you in accessing legal help in the future?

1 not confident	2 not sure	3 depends on the problem	4 depends on how safe & comfortable I feel	5 confident to access legal help through IH/partner	6 confident to access legal help through my local CLC directly	7 confident to access legal help through any lawyer, including a private lawyer
--------------------	---------------	-----------------------------	---	--	---	--

8. Compared to before you came to see me, do you understand the law better?

1 yes	2 no	3 I don't know
----------	---------	-------------------

9. Is there a law or a problem that you think should be fixed?

No.

10. Do you have any other feedback for me or for BBM? (You can provide this to your teacher/worker if you would prefer)

No.

## Client Survey 2

1. Compared to before you came to see me, how would you rate your levels of stress/anxiety now?

Stress

1 Very stressed	2 high	3 medium	4 low	5 not stressed at all
-----------------	--------	----------	-------	-----------------------

More stressed than before	The same	Less stressed
---------------------------	----------	---------------

Anxiety

1 Very anxious	2 high	3 medium	4 low	5 not anxious at all
----------------	--------	----------	-------	----------------------

More anxious than before	The same	Less anxious
--------------------------	----------	--------------

2. Compared to before you came to see me, how secure is your housing?

1 homeless	2 couch surfing	3 staying with friends/family short-term	4 emergency housing	5 transitional housing	6 stable housing but looking for better options	7 secure/long-term housing
---------------	--------------------	---	------------------------	---------------------------	--	-------------------------------

Less secure than before	The same	More stable/secure
-------------------------	----------	--------------------

3. Compared to before you came to see me, how would you rank your health?

1	2	3	4	5
---	---	---	---	---

very poor health / chronic illness / pain	poor	some illness	well / fit and healthy	very well, fit and healthy
---	------	--------------	------------------------	----------------------------

Worse than before	The same	Better than before
-------------------	----------	--------------------

4. Compared to before you came to see me, how would you rate your financial stability?

1 I have no money at all and am in a lot of debt	2 I have no money at all in my pocket or in the bank	3 I can't meet basic needs	4 I can't get through the week without borrowing money	5 It varies week to week. Some weeks I have money and some weeks I don't	6 I struggle to pay for food/bills/transport/utilities and all other essential things	7 I have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money	8 I am able to pay for the things I need as well as the things I want/like/surplus money each week
---	---	-------------------------------	---	---	--	---	---

Worse than before	The same	Better than before
-------------------	----------	--------------------

5. Compared to before you came to see me, how safe do you feel at night?

1 not safe at all	2 rarely feel safe	3 sometimes feel safe	4 usually feel safe	5 always feel safe
-------------------	--------------------	-----------------------	---------------------	--------------------

Worse than before	The same	Better than before
-------------------	----------	--------------------

6. Has our service met your cultural needs?

1 yes	2 no	3 N/A
----------	---------	----------

Is there anything we could do better?

7. Compared to before you came to see me, how confident are you in accessing legal help in the future?

1 not confident	2 not sure	3 depends on the problem	4 depends on how safe & comfortable I feel	5 confident to access legal help through IH/partner	6 confident to access legal help through my local CLC directly	7 confident to access legal help through any lawyer, including a private lawyer
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Lawyer been amazing. She's helped me with a lot of debt matters.

8. Compared to before you came to see me, do you understand the law better?

1 yes	2 no	3 I don't know
----------	---------	-------------------

9. Is there a law or a problem that you think should be fixed?

There are heaps. I don't think people should be able to give evidence to get lighter sentences. I think father's deserve equal rights in family court.

10. Do you have any other feedback for me or for BBM? (You can provide this to your teacher/worker if you would prefer)

Lawyer amazing.

### Client Survey 3

1. Compared to before you came to see me, how would you rate your levels of stress/anxiety now?

Stress

1 Very stressed	2 high	3 medium	4 low	5 not stressed at all
-----------------	--------	----------	-------	-----------------------

More stressed than before	The same	Less stressed
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Absolutely less stressed since meeting Gabby

Anxiety

1 Very anxious	2 high	3 medium	4 low	5 not anxious at all
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More anxious than before	The same	Less anxious
--------------------------	----------	--------------

I've reframed my anxiety. Gabby helping me filling in the calendar. Just those little things.

2. Compared to before you came to see me, how secure is your housing?

1 homeless	2 couch surfing	3 staying with friends/family short-term	4 emergency housing	5 transitional housing	6 stable housing but looking for better options	7 secure/long-term housing
---------------	--------------------	---	------------------------	---------------------------	--	-------------------------------

Less secure than before	The same	More stable/secure
-------------------------	----------	--------------------

Less stable, but nothing to do with Lawyer.

3. Compared to before you came to see me, how would you rank your health?

1 very poor health / chronic illness / pain	2 poor	3 some illness	4 well / fit and healthy	5 very well, fit and healthy
--	-----------	-------------------	-----------------------------	---------------------------------

Worse than before	The same	Better than before
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4. Compared to before you came to see me, how would you rate your financial stability?

1	2	3	4	5	6	7	8
I have no money at all and am in a lot of debt	I have no money at all in my pocket or in the bank	I can't meet basic needs	I can't get through the week without borrowing money	It varies week to week. Some weeks I have money and some weeks I don't	I struggle to pay for food/bills/transport/utilities and all other essential things	I have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money	I am able to pay for the things I need as well as the things I want/like/surplus money each week

5. Compared to before you came to see me, how safe do you feel at night?

1	2	3	4	5
not safe at all	rarely feel safe	sometimes feel safe	usually feel safe	always feel safe

6. Has our service met your cultural needs?

1	2	3
yes	no	N/A

Is there anything we could do better?

7. Compared to before you came to see me, how confident are you in accessing legal help in the future?

1 not confident	2 not sure	3 depends on the problem	4 depends on how safe & comfortable I feel	5 confident to access through IH/partner	6 confident to access legal help through my local CLC directly	7 confident to access legal help through any lawyer, including a private lawyer
--------------------	---------------	-----------------------------	---	---	---	--

8. Compared to before you came to see me, do you understand the law better?

1 yes	2 no	3 I don't know
----------	---------	-------------------

9. Is there a law or a problem that you think should be fixed?

Victoria to do more about coercive control and family violence.

10. Do you have any other feedback for me or for BBM? (You can provide this to your teacher/worker if you would prefer)

Everyone is brilliant. You've [HRCLS] done so much to help me.

#### Client Survey 4

1. Compared to before you came to see me, how would you rate your levels of stress/anxiety now?

Stress

1 Very stressed	2 high	3 medium	4 low	5 not stressed at all
-----------------	--------	----------	-------	-----------------------

More stressed than before	The same	Less stressed
---------------------------	----------	---------------

Anxiety

1 Very anxious	2 high	3 medium	4 low	5 not anxious at all
----------------	--------	----------	-------	----------------------

More anxious than before	The same	Less anxious
--------------------------	----------	--------------

2. Compared to before you came to see me, how secure is your housing?

1 homeless	2 couch surfing	3 staying with friends/family short-term	4 emergency housing	5 transitional housing	6 stable housing but looking for better options	7 secure/long-term housing
---------------	--------------------	---	------------------------	---------------------------	--	-------------------------------

Less secure than before      The same      More stable/secure

3. Compared to before you came to see me, how would you rank your health?

1 very poor health / chronic illness / pain	2 poor	3 some illness	4 well / fit and healthy	5 very well, fit and healthy
--	-----------	-------------------	-----------------------------	---------------------------------

Worse than before      The same      Better than before

4. Compared to before you came to see me, how would you rate your financial stability?

1 I have no money at all and am in a lot of debt	2 I have no money at all in my pocket or in the bank	3 I can't meet basic needs	4 I can't get through the week without borrowing money	5 It varies week to week. Some weeks I have money and some weeks I don't	6 I struggle to pay for food/bills/transport/utilities and all other essential things	7 I have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money	8 I am able to pay for the things I need as well as the things I want/like/surplus money each week
---	---	-------------------------------	---	---	--	---	---

Worse than before      The same      Better than before

5. Compared to before you came to see me, how safe do you feel at night?

1 not safe at all	2 rarely feel safe	3 sometimes feel safe	4 usually feel safe	5 always feel safe
----------------------	-----------------------	--------------------------	------------------------	-----------------------

Worse than before	The same	Better than before
-------------------	----------	--------------------

6. Has our service met your cultural needs?

1 yes	2 no	3 N/A
----------	---------	----------

Is there anything we could do better?

7. Compared to before you came to see me, how confident are you in accessing legal help in the future?

1 not confident	2 not sure	3 depends on the problem	4 depends on how safe & comfortable I feel	5 confident to access through IH/partner	6 confident to access legal help through my local CLC directly	7 confident to access legal help through any lawyer, including a private lawyer
--------------------	---------------	-----------------------------	---	---	---	--

8. Compared to before you came to see me, do you understand the law better?

1 yes	2 no	3 I don't know
----------	---------	-------------------

9. Is there a law or a problem that you think should be fixed?

Not sure

10. Do you have any other feedback for me or for BBM? (You can provide this to your teacher/worker if you would prefer)

Lawyer been really good but waiting for paperwork to go through is a problem.

## Client Survey 5

1. Compared to before you came to see me, how would you rate your levels of stress/anxiety now?

Stress

1 Very stressed	2 high	3 medium	4 low	5 not stressed at all
-----------------	--------	----------	-------	-----------------------

More stressed than before	The same	Less stressed
---------------------------	----------	---------------

Lawyer is really nice and really understanding.

Anxiety

1 Very anxious	2 high	3 medium	4 low	5 not anxious at all
----------------	--------	----------	-------	----------------------

More anxious than before	The same	Less anxious
--------------------------	----------	--------------

It depends on the day.

2. Compared to before you came to see me, how secure is your housing?

1 homeless	2 couch surfing	3 staying with friends/family short-term	4 emergency housing	5 transitional housing	6 stable housing but looking for better options	7 secure/long-term housing
---------------	--------------------	---	------------------------	---------------------------	--	-------------------------------

Less secure than before	The same	More stable/secure
-------------------------	----------	--------------------

Albury Police don't help me even though I have the AVO in place. The progress is slow

3. Compared to before you came to see me, how would you rank your health?

1 very poor health / chronic illness / pain	2 poor	3 some illness	4 well / fit and healthy	5 very well, fit and healthy
--	-----------	-------------------	-----------------------------	---------------------------------

Worse than before	The same	Better than before
-------------------	----------	--------------------

4. Compared to before you came to see me, how would you rate your financial stability?

1	2	3	4	5	6	7	8
I have no money at all and am in a lot of debt	I have no money at all in my pocket or in the bank	I can't meet basic needs	I can't get through the week without borrowing money	It varies week to week. Some weeks I have money and some weeks I don't	I struggle to pay for food/bills/transport/utilities and all other essential things	I have enough to pay for food/bills/transport/utilities and all other essential things but do not have any additional spending money	I am able to pay for the things I need as well as the things I want/like/surplus money each week

Worse than before   The same   Better than before

I've been able to do a little more part-time work recently

5. Compared to before you came to see me, how safe do you feel at night?

1 not safe at all	2 rarely feel safe	3 sometimes feel safe	4 usually feel safe	5 always feel safe
----------------------	-----------------------	--------------------------	------------------------	-----------------------

Worse than before   The same   Better than before

Saving up for better security camera's.

6. Has our service met your cultural needs?

1 yes	2 no	3 N/A
----------	---------	----------

Is there anything we could do better?

7. Compared to before you came to see me, how confident are you in accessing legal help in the future?

1 not confident	2 not sure	3 depends on the problem	4 depends on how safe & comfortable I feel	5 confident to access through IH/partner	6 confident to access legal help through my local CLC directly	7 confident to access legal help through any lawyer, including a private lawyer
--------------------	---------------	-----------------------------	---	---	---	--

8. Compared to before you came to see me, do you understand the law better?

1 yes	2 no	3 I don't know
----------	---------	-------------------

9. Is there a law or a problem that you think should be fixed?

Yes. Injustice, victim's rights. Community violence. Domestic violence.

10. Do you have any other feedback for me or for BBM? (You can provide this to your teacher/worker if you would prefer)

No.

## Demand and Capacity

It must be remembered that the BBM project only funds two members of the team. Managing demand with limited capacity and areas of legal expertise have to be considered in any qualitative data analysis. There is also an issue around the team not providing legal services beyond their specialisation as this would be in breach of the legal professional ethics and common law.<sup>71</sup>

“... if a solicitor inexperienced and lacking knowledge in the field accepts instructions to act for a person injured at work, he should inform the client of his lack of experience and give the client the alternative to instruct a solicitor who has a degree of experience and expertise in that field. At the very least, if such an inexperienced solicitor wishes to accept those instructions, he should protect himself and his client by seeking advice from Counsel, and this means the furnishing of proper material to Counsel upon which advice might be given.”<sup>72</sup>

The BBM Team have therefore managed expectations. This extract for the staff report, which form a part of the study evaluations data collection from the BBM provides information on the issues and measure taken to resolve and adapt processes to be clear transparent and improve triage for Aboriginal clients

*“As BBM entered its third and final year, the partnership had grown stronger in both trust and efficiency. However, with this growth came an increasing number of referrals, which placed pressure on our capacity to manage workloads effectively. To address this challenge, we trialled a new Triage and Intake Point System designed to help us prioritise cases more systematically. This system was in place for several months before we ultimately decided to discontinue it.*

*Despite our best efforts, the point system did not provide the clarity we needed when deciding which referrals to accept or refer out. The nature of our work is highly complex, and many of the nuances involved—whether related to the client’s background, legal needs, or broader circumstances—could not be adequately captured through a rigid scoring system. I also came to realise that designing such a system required specialised skills that I do not have. While the data collected was interesting and gave some insight into*

Triage Scoring Form					
Client Name:			Date:		
<b>PROBLEM TYPE</b> (0-10 POINTS)					
<input type="checkbox"/> Child Protection: 8 points	<input type="checkbox"/> Child Support: 5 points	<input type="checkbox"/> Consumer issues: 5 points	<input type="checkbox"/> Credit & Debt: 6 points	<input type="checkbox"/> Fines: 4 points	<input type="checkbox"/> Gov't Complaints: 7 points
<input type="checkbox"/> Housing: 9 points	<input type="checkbox"/> IVO / AVO / PSIO: 10 points	<input type="checkbox"/> Parenting: 8 points	<input type="checkbox"/> Victims Compensation: 8 points		
<b>CRISIS VS. EARLY INTERVENTION</b> (0-10 POINTS)					
<input type="checkbox"/> Crisis: 10 points	<input type="checkbox"/> Early Intervention: 8 points				
<b>TYPE OF INPUT NEEDED</b> (0-5 POINTS)					
<input type="checkbox"/> Simple tasks: 2 points	<input type="checkbox"/> Moderate tasks: 3 points	<input type="checkbox"/> Complex tasks: 4 points	<input type="checkbox"/> Advice only: 5 points		
<b>AMOUNT OF TIME REQUIRED</b> (0-5 POINTS)					
<input type="checkbox"/> Less than 1 hour: 1 point	<input type="checkbox"/> 1-2 hours: 2 points	<input type="checkbox"/> 3-5 hours: 3 points	<input type="checkbox"/> 6-10 hours: 4 points	<input type="checkbox"/> More than 10 hours: 5 points	
<b>SPECIALIST EXPERTISE REQUIRED</b> (0-5 POINTS)					
<input type="checkbox"/> No special expertise: 1 point	<input type="checkbox"/> General expertise: 3 points	<input type="checkbox"/> Specialist expertise: 5 points			
<b>CLIENT'S LEVEL OF NEED [PRIORITY INDICATORS]</b> (0-10 POINTS)					
<input type="checkbox"/> Highly needy: 10 points	<input type="checkbox"/> Moderately needy: 5 points	<input type="checkbox"/> Low need: 2 points	<input type="checkbox"/> (4 priority indicators)	<input type="checkbox"/> (3-3 priority indicators)	<input type="checkbox"/> (3-2 priority indicators)
<b>REFERRED PATHWAYS</b> (0-5 POINTS)					
<input type="checkbox"/> Easy referral: 1 point	<input type="checkbox"/> Moderate referral: 3 points	<input type="checkbox"/> Difficult referral: 5 points			
<b>BALANCING CASELOAD</b> (0-5 POINTS)					
<input type="checkbox"/> Adds significant strain: 1 point	<input type="checkbox"/> Somewhat fits: 3 points	<input type="checkbox"/> Fits well: 5 points			
<b>IMPACT OF SAYING NO [ON RELATIONSHIPS]</b> (0-5 POINTS)					
<input type="checkbox"/> Minimal impact: 1 point	<input type="checkbox"/> Moderate impact: 3 points	<input type="checkbox"/> Significant impact: 5 points			
<b>STRATEGIC / LAW REFORM GOALS</b> (0-5 POINTS)					
<input type="checkbox"/> Not aligned: 0 points	<input type="checkbox"/> Slightly aligned: 2 points	<input type="checkbox"/> Moderately aligned: 4 points	<input type="checkbox"/> Strongly aligned: 5 points		
Total Score:					
<input type="checkbox"/> High Priority: 40+ points		<input type="checkbox"/> Medium Priority: 25-39 points	<input type="checkbox"/> Low Priority: 0-24 points		
3. Problem Type					

<sup>71</sup> Law Council of Australia, Australian Solicitors' Conduct Rules (2022) r 4.1.3

<sup>72</sup> *Vulic v Bilinsky* (1983) 2 NSWLR 427, 483.

*trends, I found that information about client outcomes would have been far more useful in guiding our decision-making.*

*Through this process, we discovered that batching triage and intake work was far more efficient than assessing cases individually as they came in. Given that my role spans three different settings, I also learned that one setting worked better for intake tasks due to the workspace setup, reinforcing the importance of having a structured and practical environment. Most importantly, this experience highlighted that people cannot be neatly categorised into checkboxes. Clients have layers of experiences, histories, and circumstances that shape their legal needs, and any system that tries to simplify this risks overlooking what truly matters.*

*Although the Triage and Intake Point System was ultimately not the right solution, the trial was a valuable learning experience. It reinforced the importance of flexibility in how we approach intake and triage, rather than relying on rigid structures. The insights gained from this process will continue to inform how we manage referrals and workload moving forward. More than anything, this experience reaffirmed that behind every referral is a person with a unique story—and that our processes should reflect the complexity and humanity of the people we serve.”*

7. Specialist expertise required

● No special expertise (1 points)	6
● General expertise (3 points)	39
● Specialist expertise (5 points)	10



8. Client's level of need

● Highly needy (4+ priority indicators) (10 points)	24
● Moderately needy (2-3 priority indicators) (5 points)	25
● Low need (1-2 priority indicators) (2 points)	6



## Staff Professional Development

In public health literature in designing and applying indicators of performance in health outcomes safety, effectiveness, appropriateness, quality, access, efficiency, equity, competence, capability, continuity, responsiveness, sustainability, are often utilised in the assessments and that multidimensional frameworks are favoured.<sup>73</sup> The secondary data on staff professional development and their responses, when cross referenced with the primary qualitative data and primary quantitative show these elements are evident.

24/04/2024	Clinical Team	BBM LAWYER and Dhelk Dja	20	Family Violence
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<sup>73</sup> Jeffrey Braithwaite, Peter Hibbert, Brette Blakely, Jennifer Plumb, Natalie Hannaford, Janet Cameron Long and Danielle Marks (2017) Health system frameworks and performance indicators in eight countries: A comparative international analysis. SAGE Open Med. 2017 Jan 4;5:2050312116686516. doi: 10.1177/2050312116686516. PMID: 28228948; PMCID: PMC5308535.

21/08/2024	AWAHS, VACCA	BBM LAWYER, BS, TSS, AN	10	IVO Workshop
4/09/2024	AWAHS, VACCA	BBM LAWYER, BS, TSS, AN	12	IVO Workshop
3/02/2025	On-Country Pathways	BBM LAWYER, BS, AN	10	Introduction to BBM & Invisible Hurdles and Legal 'Myth-busting'

Later in the discussion of the qualitative data for this year and in the previous two years, the presence and brief information shared by the BBM staff at AWAHS staff meeting has been valued as on the spot training for AWAHS staff with busy caseloads and who are time poor. This is a critical form of professional development and is undertaken as requested or as laws change and at the requests from staff reflecting what issues are emerging in Trusted Intermediary caseloads but also emerging out of the community development work with Aboriginal community. It has to be 'bite sized', 'succinct' 'useful' and 'relevant' given already crowded agendas at these AWAHS staff meetings. BBM has a 'regular gig' at staff meetings and showcases pertinent issues.

Number of attendees (approx)	Brief description of discussion	Format	HRCLS input/feedback/notes/action items
20		In person	Thanked for participation in evaluation, announced planning for Wills/PoA day
40+		Online	Thanked for participation in evaluation, announced dates for Wills/PoA day
20		Online	
20		Online	
20+	General staff update, vacant positions, SEWB team, guest speaker from Treaty Victoria	In person	Brief update given
25	lots of people away in clinical team, SEWB team interviews	In person/Online	BBM report released, thanked everyone, will develop a summary for staff/community. IVO training coming up
15		In person/Online	

25	Aunty ... spoke about job opportunities for mob in the upcoming Culcairn Solar Farm, medical students gave presentation about extending 715 health check to include culturally appropriate questions around mental health	In person/Online	No input
15	Prospective SEWB program manager interviewed, SEWB roles advertised	Online	
25	General update, new SEWB program manager commencing, interviewed for several SEWB roles	Online	BBM delivered CLE on IVO applications recently, Community Engagement Worker working on Report to Community 2024
15	Dhelk Dja funding update, YY moving into Health Promotion role, WHS training	In person	
35+	Acknowledgement of country, history of Burraja, upgrades to the centre, upgrades to the garden, mural.	In person	None
30	5th year medical students, new staff, SEWB team updates, Health Promotion upcoming events, new staff uniforms.	In person/Online	Report to Aboriginal Community of Albury Wodonga, Birth Certificate Day 2024
30		In person/Online	BBM planning for 2025, requested ideas from AWAHS staff
12		In person	NSW Revenue plans to visit region to connect with sponsors of WDO's
30	Cancer Council, 5th year medical students, Gateway psychology	In person/Online	Call it Out register, National day for the Elimination of Racial Discrimination

	students, new Family Violence Worker		
14	Uniforms, training, upcoming events in March		WDO Team from LANSW visiting Albury week beginning 17/03, training scheduled for Wednesday
		In person/Online	BBM evaluation upcoming, Energy & Water Ombudsman NSW hosting Bring Your Bills Day

### **Feedback by Staff Trained from Surveys (Developed by Curran administered by HRCLS)**

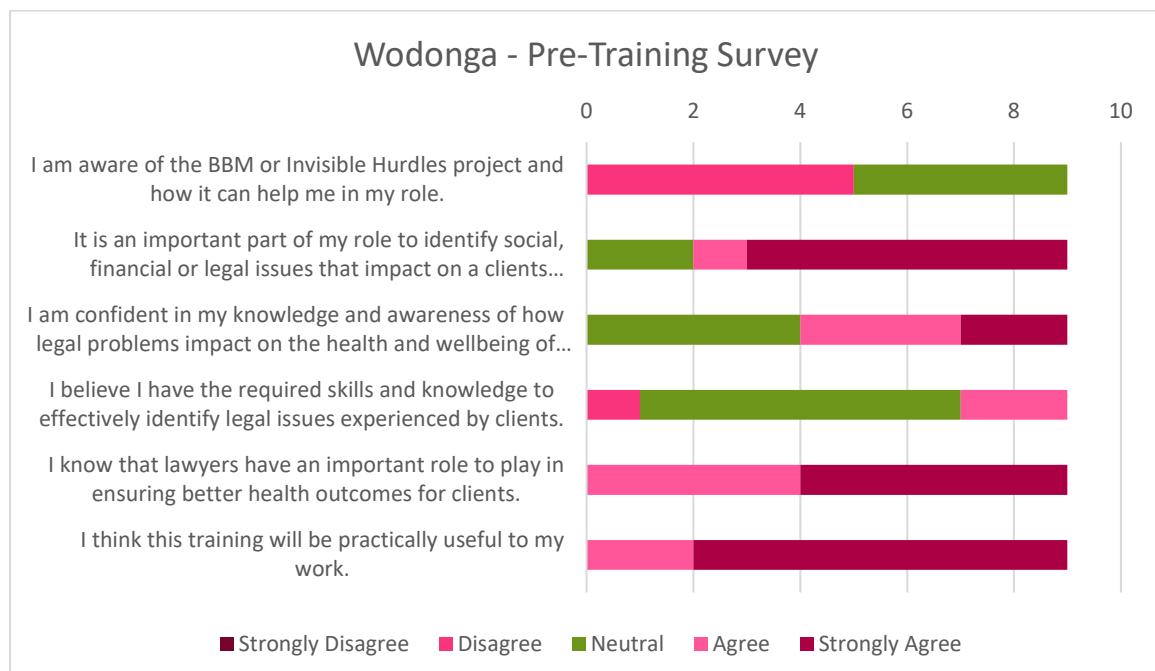
#### *IVO Trusted Staff Training (Wodonga)*

*Date: 21/08/2024*

Notes: One participant arrived late, hence 9 pre-training surveys and 10 post-training surveys. One participant answered “unsure” to “Are you more confident in identifying legal issues?”

#### Pre-training survey

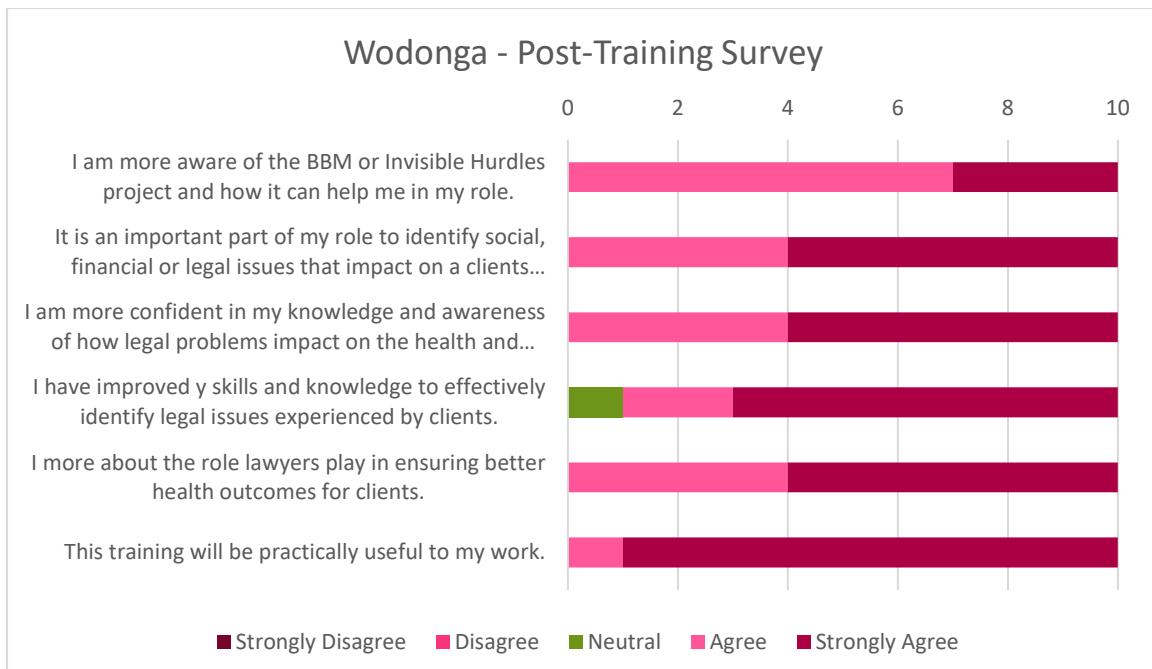
#### Pre-training Survey



	Yes	No
Are you more confident in identifying legal issues?	9	
Are you more confident in referring to BBM?	10	
Do you know more than you did before?	10	

Pre-training survey	Comments or suggestions
Participant 1	No comment
Participant 2	No comment
Participant 3	Thank you for this opportunity. Until today I was not aware of BBM or Invisible Hurdles.
Participant 4	No comment
Participant 5	No comment
Participant 6	No comment
Participant 7	No comment
Participant 8	No comment
Participant 9	Very relevant to my role, this will be useful information.

### Post Training Survey



	Yes	No
Are you more confident in identifying legal issues?	9	
Are you more confident in referring to BBM?	10	
Do you know more than you did before?	10	

	Comments or suggestions
Participant 1	No comment
Participant 2	No comment
Participant 3	Today was so well presented with great detail. Thank you =)
Participant 4	Really helpful training, my whole team will benefit from this. Thanks guys =)
Participant 5	Wonderful training/trainers, more training to support staff would be amazing. Thank you very much.
Participant 6	Addressed the learning outcomes. Would be helpful for further education.
Participant 7	Great information provided.
Participant 8	Excellent information provided and excellent use of everyday language to make it very easy to understand.
Participant 9	Great training. Thank you.
Participant 10	Great workshop. VACAA need more workshops please! =)

### IVO Trusted Staff Training Wangaratta

Date: 4/09/2024

### Pre-training survey

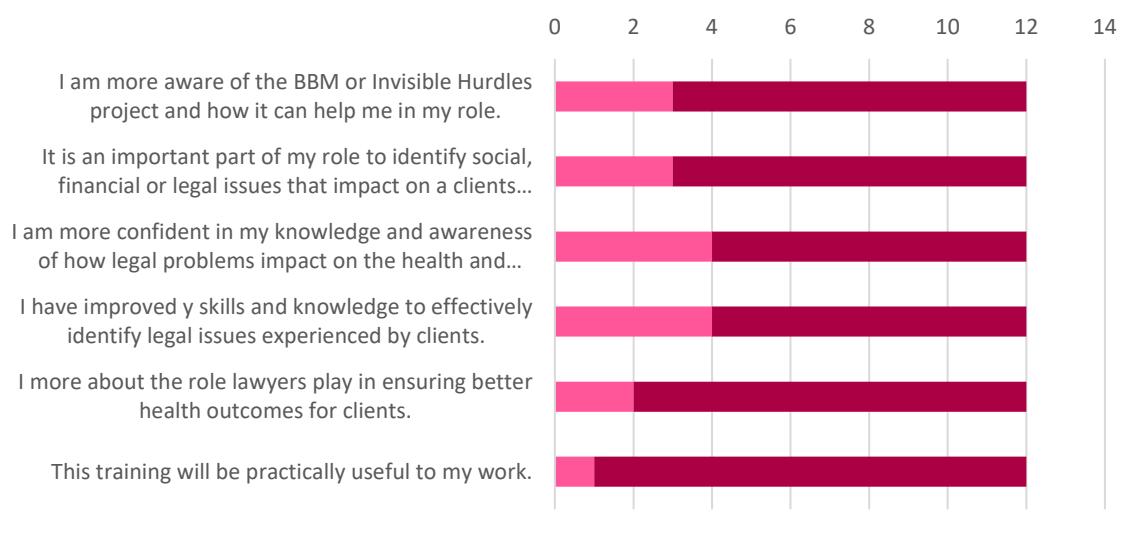
Notes: Participant 12 gave two answers to question 3, increasing the total answers to 13.

### Wangaratta - Pre-Training Survey



■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

### Wangaratta - Post-Training Survey



■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

	Yes	No
Are you more confident in identifying legal issues?	12	
Are you more confident in referring to BBM?	12	
Do you know more than you did before?	12	

	Comments or suggestions
Participant 1	No comment

Participant 2	No comment
Participant 3	No comment
Participant 4	No comment
Participant 5	No comment
Participant 6	Great presenters and provided all of us with new and relevant information.
Participant 7	No comment
Participant 8	This presentation was very helpful. Thank you for the weak/strong IVO examples.
Participant 9	Some more training on court processes may be beneficial as we support people while they are going through that process.
Participant 10	Very informative.
Participant 11	Great training. Really engaging and useful. Thanks =)
Participant 12	No comment

In both the training workshops in the two regions the orange in the pre survey 'disagree' denoting low awareness and green denoting 'neutral' was almost completely replaced in post training by the royal blue 'strongly agree' and pale blue 'agree' across all responses to the statements.

**FINDING** There is clear evidence in this training of professional staff on intervention orders that legal capability has not only increased but will position them to advise clients and in some instances change their practice.

### **Community Development and Changes in Practice from 2023 in 2025**

The designated BBM staff on site at AWAHS, have been establishing and maintaining relationships and seeking to build connections. This is done through reaching out and gathering at various activities and being visible. This includes the men's shed, women's circle and mum's groups, attending cultural activities and working alongside the AWAHS team. Since 2023 this has been effective in reaching this cohort of clients in culturally safe and trust establishing ways. This is discussed and explained in qualitative data later in this report as well as in the second Invisible Hurdles Report which explores the value of a community development approach.<sup>74</sup>

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<sup>74</sup> Pamela Taylor-Barnett and Liz Curran (June 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; NorthEast Support & Action for Youth & Wodonga Flexible Learning Centre, ANU, 60-66. [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3867295](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3867295)

**ANALYSIS** For audiences reading this report to understand how such reach and engagement is achieved in under-served populations unpacking the extent and nature of this community development work as key as it is pivotal in building the environment that leads to self-referrals and the trust needed to ensure people who otherwise statistically do not seek legal help are reached by legal services. This work is pivotal to success of any integrated legal services such as the Health Justice Partnership being evaluated in this instance. Important lessons for other services can be drawn by, in this third and final study evaluation report unpicking the detail of the activities and practices that combine to lead to effectiveness in reach and engagement. For comments on the connections between this and legal capability and legal empowerment see the qualitative data and analysis.

In this third report unpacking more of the data is important to highlight key work that has led to the extended reach of the BBM not only to clients of AWAHS – the trusted and safe space given its cultural and trauma informed practices – but to clients experiencing mental health, trauma and wellbeing issues. What is also commented on in the qualitative data discussed later, is that the Community Engagement Worker and the BBM lawyer have very different styles and personalities but compliment and work well as a team. One is quiet, contemplative and considered and the other is professional but informal and a passionate advocate. Together and as a team it means that each attracts Aboriginal community members who prefer whichever worker approach/style that is best suited to them. In the observation by Curran of the Will Community Development event this worked well and each respected and added value to the other. In the first Invisible Hurdles report in 2017, it was suggested by Curran that AWAHS and HRCLS, and at BBM's inception as partners in a Health Justice Partnership, the position descriptions for the roles and the staff recruitment process be a joint effort. This occurred and two very different personalities were appointed and managers admitted early on that the choices may have been different but for the input of the AWAHS partner. For other health justice partnerships this approach is an important factor to consider for the success of the project. Staff approachability, minimal use of jargon, ability to get on in a mutually respectful way with staff of the partner agency.

To show the extent and visibility of staff working in this community development space and noting critical to reaching Aboriginal community members who would previously not be seeking legal support, this work needs to be constant and momentum sustained. This table below also gives a flavour of the scope and nature of the community development work. The Community Engagement Worker and BBM Lawyer report provided as part their data reporting for this study evaluation to contextualise the community development work reflects that most of the topics for this work emerged from Aboriginal community input about what they would like or from the work with 'Trusted Intermediary' staff at AWAHS and with recommendations on the best and most comfortable venues which sometimes were not at AWAHS. This work was done in partnership with the SEWB Team particularly its manager. Indicative of the benchmarks around engagement and collaboration being present in this Community Development work.

Date	Part ner	Description
15/07/ 2024	AWA HS	BBM Lawyer attended lowering of flag ceremony for end of NAIDOC week and then women's group
02/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
05/08/ 2024	AWA HS	BBM Lawyer attended women's group
06/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
13/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
16/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
20/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
22/08/ 2024	AWA HS	BBM Lawyer & Community Engagement Worker outreach in Wangaratta
30/08/ 2024	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
05/09/ 2024	AWA HS	Community Engagement Worker attended Men's Shed
23/09/ 2024	AWA HS	Community Engagement Worker and BBM Lawyer attended Journey to Sorry Business Session by AWAHS and PHN
07/10/ 2024	AWA HS	BBM Lawyer emailed AWAHS Youth Worker, VACCA Op Manager and UMFC Care Services Manager re the Ricci Marks Victorian Youth Awards for young First Nations people
07/10/ 2024	AWA HS	BBM Lawyer emailed AWAHS staff re the Victorian School saving bonus for help with 2025 school expenses
14/10/ 2024	AWA HS	BBM Lawyer attended women's group
19/10/ 2024	AWA HS	Community Engagement Worker and BBM Lawyer attended Waluwin festival
31/10/ 2024	AWA HS	Community Engagement Worker and BBM Lawyer attended Men's Shed
18/11/ 2024	AWA HS	BBM Lawyer attended women's group
21/11/ 2024	AWA HS	Community Engagement Worker and BBM Lawyer attended Men's Shed
27/11/ 2024	Woo mera	Community Engagement Worker and BBM Lawyer held stall at Koori Services & Careers Expo
05/12/ 2024	AWA HS	Community Engagement Worker attended Men's Shed
16/01/ 2025	AWA HS	Community Engagement Worker attended Men's Shed
23/01/ 2025	AWA HS	Community Engagement Worker attended Men's Shed
30/01/ 2025	AWA HS	Community Engagement Worker attended Men's Shed

06/02/2025	AWA HS	Community Engagement Worker attended Men's Shed
13/02/2025	AWA HS	AWAHS Trusted Intermediary, Community Engagement Worker, and BBM Lawyer attended AWAHS for National Apology Day
20/02/2025	AWA HS	Community Engagement Worker attended Men's Shed
24/02/2025	AWA HS	Community Engagement Worker attended Burraja Cultural Centre
27/02/2025	AWA HS	Community Engagement Worker attended Men's Shed
06/03/2025	AWA HS	Community Engagement Worker attended Men's Shed
13/03/2025	AWA HS	Community Engagement Worker attended Men's Shed
20/03/2025	AWA HS	Community Engagement Worker and BBM Lawyer attended Men's Shed
21/03/2025	AWA HS	Community Engagement Worker and BBM Lawyer attended MAMA for opening of short films and Wiradjuri poem

**FINDING** What is now evident in the data however over the three years of the project is that this community development work leads to the development of trusting relationships. Because the BBM staff are so visible at events and around the health service, it means that community members are attending more community development undertaken by the BBM team. In the past year there has been a substantial effort also in promoting and codesigning this community development events so that they are relevant and seen as useful by the community members.

Also, it is evident that community members who attend these events spread the word throughout the Aboriginal community and encourage other Aboriginal community members to attend. The value of this 'borrowed trust' encouraging Aboriginal community members to engage with the BBM is critical in the project meeting two of the key benchmarks namely, legal capability and empowerment.

In addition, there is a direct correlation between those attending community development training such as the 'wills days' that lead to self-referrals to the BBM project. This is partly because of the greater capacity in identifying issues as being legal in nature and possibly having a legal solution or options community members. This is often termed 'justiciable issues'<sup>75</sup> in the literature. The qualitative data is useful here establishing these links between community development, greater 'expressed need' of legal problems leading to self-referral due to the trust created with visibility and informal interactions.

Testing of relationships by Aboriginal community to see if they can feel safe with the lawyer or the community engagement worker. In 2023 data extracts from community members at the Yarning Circles in the pilot data at service start-up included:

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<sup>75</sup> Hazel Genn and Sarah Beinart, *Paths to Justice: What People Do and Think about Going to Law* (Hart Publishing 1999).

*“Justice is responsible for a lot of our bad experiences.”*

*“We don’t trust law. Law has done a lot of damage to us. The justice system is part of institutional racism. Lawyers and legal system doing things **to us not with us or for us.**”*

*“This is why we need the lawyers, but they must be lawyers who are on our side and who work with the people here at the health service but also who listen and work for us.”*

It was noted in the 2023 BBM Study Evaluation Report that “The Aboriginal community expresses scepticism about legal services but is prepared to give the BBM service a go if their feedback is integrated into the service model...The data also shows however that there is a high level of distrust in Aboriginal communities in the catchment area which is shaped by previous experience with the legal system, service system, and implications of colonisation...The project will need to grapple with these including overt and covert racism, psychosocial, spiritual, physical, emotional, and historical unresolved grief that the data shows are the ongoing impacts of colonisation, mental health issues, exhaustion, and certain levels of exasperation and powerlessness.”<sup>76</sup>

Consistently data throughout the projects and previously in the Invisible Hurdles program data participants in the research indicated that they would observe and gauge whether they felt that the staff of the legal service were people they felt they could trust. This was because of their visibility, approachability and over time the trust that other workers and aboriginal community members appeared to have in them.

*“A lot of what's happening is tokenistic and visual and it's not real. You could put up the pretty pictures of Aboriginal art you can say it's safe spaces but it's not real. There needs to be real genuine changing in how you interact with us and how the systems interact with us. There needs to be a real effort to understand who we are and what we are and to give us a voice.”* (Yarning Circle April 2023). Recommendation 5 -9<sup>77</sup>

Plain language & be kind: Lawyers need to continue to remember to use a more accessible, digestible language and a simpler terminology. *“Break it down into small bits and use smaller simple words and be aware of the need for cultural safety. Be kind - that's key to cultural safety.”* (Interview with TIs, April 2023) (Rec 5)

Take time, give space & be trauma informed: In recognition of the Aboriginal community's distrust in the legal system and therefore lawyers, the legal professional means there is a need to make sure to have enough time and space to build trust and approach clients with a trauma-informed approach. (Rec 6)

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<sup>76</sup> Liz Curran and Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria' (2023) 8 <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

<sup>77</sup> Liz Curran and Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria' (2023) 9 <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

Manage expectations honestly: Delivery on promises needs to occur, managing expectations and being clear and transparent about what is on offer to Aboriginal community, as, if this does not occur trust suffers. (Rec 7)

Recognition of systemic issues such as racial bias, institutional racism, and the impact of colonialism ought to shape and inform responses to Aboriginal issues if they are to be effective. (Rec 8)<sup>78</sup>

**FINDING:** These recommendations were no easy task for a new BBM staff team in early 2023 however the quantitative data below when complimented with the qualitative data discussed in this report suggests they have implemented the recommendations and significant changes in practice have occurred. This was also evident in the shift in focus between the first professional journals in 20023 and 2024 of the BBM legal team which were differently conceived in 2025 with deep reflections on managing expectations and being clear and transparent about what is on offer to Aboriginal community (See discussion of professional journals elsewhere in this report).

The BBM Legal team, in collaboration with local lawyers and HRCLS, organised two key community events: AWAHS Free Wills Day and Power of Attorney Day. These initiatives aimed to enhance legal literacy and improve access to justice by offering free legal services for essential documents to the AWAHS community.

AWAHS Free Wills Day took place on Monday, 20 May 2024, with three volunteer lawyers participating, supported by HRCLS paralegals. The promotional efforts, included both in-person and online outreach, raising awareness and ensuring attendance. Collaboration with volunteer lawyers and HRCLS staff played a crucial role in the event. The use of pre-



<sup>78</sup> Liz Curran and Nisan Alici, 'First Research and Impact Evaluation Report - Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria' (2023) 9-10 <<http://dx.doi.org/10.2139/ssrn.4506912>> accessed 07 August 2025.

appointment Will Preparation Forms also proved beneficial in keeping sessions focused.

The event was promoted months in advance through staff meetings, social media, and pamphlets, resulting in 21 registrations and 17 confirmed appointments. To streamline the process, clients received a Will Preparation Form beforehand, allowing lawyers to focus on finalising documents rather than gathering information on the day. Clients could take their will home or store it with NSW Trustee & Guardian, with HRCLS covering storage costs. The event ran smoothly, with minimal wait times and strong logistical support from HRCLS staff.

The Power of Attorney Day followed a similar structure but encountered some challenges. Although initially supported by three volunteer lawyers, an emergency reduced this to two, which placed additional strain on the remaining team. Despite extensive promotion, the event attracted fewer bookings, with only eight confirmed appointments. The appointment durations were longer than expected, resulting in some clients waiting over 45 minutes. Nevertheless, the event provided critical education and assistance in preparing power of attorney and enduring guardian documents.

#### *Community Development Observation*

In 2025 Dr Curran attended one of these sessions on 2 May 2025 as an observer with participant permission. Plain language accessible, digestible language and simple terminology were used. Throughout BBM staff managed expectations and were clear and transparent about what is on offer to Aboriginal community. Time and space to build trust and approach clients with a trauma-informed approach and content was not crowded and a dialogue rather than presentation style was adopted. Participants were all seated in a circle in a large but cosy room at AWAHS with food and refreshments provided by HRCLS, as at the Yarning Circle. Participants in the Community Development seemed relaxed, humour was evident, and it was informal and warm. Throughout there were lots of questions, the two staff conferred with each other and worked seamlessly in responding to queries and used scenarios to explain the law and application that participants could relate to.

The high level of community engagement, particularly with Free Wills Day, demonstrates demand for accessible legal services. What emerged from the qualitative data is the need for the pro bono sector (see recommendation 14) in the region to step up to the plate. The unexpected reduction in volunteer lawyers for Power of Attorney Day highlighted the need for contingency planning to prevent delays. Additionally, gaps in client understanding of legal processes became evident, with some individuals choosing to delay their participation due to uncertainty. This suggests a need for more pre-event education to ensure clients feel informed and prepared before their appointments. Furthermore, longer-than-expected appointment durations underscored the importance of tighter scheduling, particularly for complex matters, to reduce wait times and improve efficiency.

Both events successfully provide crucial legal services to the community and were a response to community identifying a need. Free Wills Day resulted in 15 wills being completed, with three stored with NSW Trustee & Guardian. Power of Attorney Day facilitated the completion of seven power of attorney and enduring guardian

documents, with two clients opting for storage. While these outcomes reflect a meaningful impact, the events also highlighted opportunities for improvement.

### Birth Certificate Day

The second Birth Certificate Day revealed much need. The extent of unexpressed legal need is evident from the data on attendance—33 applicants assisted, and 57 birth certificates applied for. Each number represents an individual or family overcoming a barrier that could have hindered access to essential services, education, or employment.

The community development events are taxing on BBM staff and require sensitivity and responsiveness. Holding them at AWAHS is critical to managing trauma and underscores the value of the HJP approach. One applicant in 2024 arrived upset about not receiving any of the nine certificates they had applied for. This required careful attention and prioritisation, as there were many community members seeking legal information. Managing this situation reinforces the importance of staying calm and maintaining a solution-focused mindset under pressure.



Albury Wodonga Aboriginal Health Service  
November 19, 2024 · 

Do you have a family member who doesn't have their birth certificate?  
Don't miss out on a fantastic Opportunity to get yours or your children's Wednesday 11th December at [Burraja Gallery](#)!  
Lawyers from Hume Riverina Community Legal Service and Legal Aid NSW will be there to assist on the day.... [See more](#)



**free NSW/VIC birth certificate  
for eligible people**  
at Burraja Cultural Centre

Wed, Dec 11, 2024  
Birth Certificate Day - AWAHS  
Burraja Gallery  
55 people interested  
 Going 

Coordinating with partners needs to be factored into planning as in a regional area there are many challenges for example lone critical agency BDM Victoria, were unable to attend due to the distance involved.

Over the past 12 months, since the last Birth Certificate Day, the Community Engagement Worker developed a working relationship with the Koori Outreach Team at BDM Victoria, due to the follow-up required for many applications. He is in regular contact with the Operations Manager at NSW BDM for assistance with application enquiries. The community engagement worker shows persistence and tenacity when often bureaucratic processes or resistance and delay are encountered to what to some might be seen as a minor matter, but which can have significant downstream implications for clients. Without a birth certificate many services and entitlements cannot be accessed doors to access services, education, employment, and a sense of self-empowerment.

**FINDING** Events like this foster collaboration and build trust between organisations. Working closely with partners such as the Health Promotion team and Legal Aid NSW deepens the partnership aligning efforts to serve the community and expanding

expertise on offer. By creating a shared sense of purpose and demonstrating tangible results, these events reinforce the value of working together.

The venue was a BBQ lunch, and culturally safe space created an environment where attendees can feel comfortable and supported. Importantly no cost is involved for participants in these events.

### **Direct outcomes of the days**

57 applications lodged

7 for birth registrations

### **Building relationships of Trust - attending events – the link between cultural engagement, visibility and access to justice and a sense of being safe**

#### **Reconciliation Morning Tea**

Reconciliation Morning Tea hosted by VACCA was a valuable and meaningful experience. The event brought together community members, service providers, and VACCA staff in a space that fostered connection, cultural reflection, and reconciliation.

A smoking ceremony, removed negative energy, creating a sense of renewal and grounding. Staff members of BBM reflected on 'experiencing this firsthand reinforced my appreciation for the cultural strength and significance of such ceremonies.'

Beyond the cultural aspects, the event provided an important networking opportunity. The Operations Manager for VACCA in the Ovens Murray and Goulburn region, strengthened BBM's interest in finding collaborative opportunities with VACCA.



### **Law reform and policy work**

Influencing and shaping policy, changing legislation and regulations, and improving maladministration by authorities can take many years to achieve and it is very difficult to gauge impact in this area enlarge of problems with attribution.<sup>79</sup> Curran has been

<sup>79</sup> Liz Curran, 'Enabling Marginalised Voices to Be Heard: The Challenge to Law Reform Bodies' ANU Press eBooks (2017) <<https://doi.org/10.22459/ndla.09.2017.48>> accessed 07 August 2025, Chapter 48, 517 – 527; Liz Curran, 'Making the Legal System More Responsive to Community: A Report on the Impact of Victorian Community Legal Centre (CLC) Law Reform Initiatives' (2007) <<https://ssrn.com/abstract=2395076>> accessed 07 August 2025; Liz Curran, 'Solving Problems – A Strategic Approach: Examples, Processes & Strategies' (2013) ANU College of Law Research Paper <<http://dx.doi.org/10.2139/ssrn.2297705>> accessed 07 August 2025; Andrew

working with community organisations involved in law reform and policy work since 1993. This includes for a range of non-government organisations beyond community legal centres such as humanitarian organisations, as well as policy and law reform work with parliaments, government, statutory bodies and funders. Building the momentum and the capability to engage in policy and law reform work requires an understanding of power, decision making, political ideologies and imperatives as well as a detailed understanding of on the ground experience especially if the sort of policy and law reform focus is on improving outcomes for underserved populations.

When this work involves a health partner, and the community legal centre that are involved primarily indirect service delivery in the provision of 'legal work' for example, legal information and advice, secondary consultations, representation in Courts or Tribunal and other efforts to resolve a legal problem these can often be the initial focus in the development of a service. Building referrals relies on relationships and visibility and good assessment and triage processes at intake. In addition, funders and accountabilities traditionally tend to focus on these aspects. Even with legal secondary consultations with 'Trusted Intermediaries'<sup>80</sup> these although seen as having emergent value including downstream effects<sup>81</sup> in multiple but rare studies on the topic they are not often considered core.

This focus is important however, efforts to resolve legal problems at their source and to build legal empowerment and legal capability as occurs with community and professional development (although forming part of the core funding model of the community legal centre sector in Australia) do not receive the same intense scrutiny or examination as 'legal work'.

Curran has previously argued however that preventing the revolving door of legal problems has immense value. It reduces stress, anxiety for clients and is fiscally responsible as it identifies trends in case work and community developments, that are caused by poor laws or maladministration which if fixed might mean the problem either never arises or is minimised in terms of its impact and effect. In this environment, it makes it difficult for partners in the early stages of working together to collaborate on policy and law reform as the impetus is often around other legal work. Law reform and policy work also require specific skills. Often the non-legal partner, if they are involved in health service delivery for example, are not across the legislative and parliamentary structures and how these might be influenced and challenged to make a difference in

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Crockett and Liz Curran, 'Measuring legal services: a practical methodology for measuring the quality and outcomes of legal assistance services' (2013) 32 University of Tasmania Law Review 70.

<sup>80</sup> Tara Mulqueen and Lisa Wintersteiger, 'Understanding local legal needs: Early Intervention and the Ecosystem of Legal Support' (Nuffield Foundation, 2025), <<https://www.nuffieldfoundation.org/wp-content/uploads/2022/02/Understanding-Local-Legal-Needs-Early-intervention-and-the-ecosystem-of-legal-support.pdf>> accessed 7 August 2025; Liz Curran, 'Lawyer Secondary Consultations: Improving Access to Justice: Reaching Clients Otherwise Excluded through Professional Support in a Multi-Disciplinary Practice' (2017) 8 Journal of Social Inclusion 46; Ab Currie, 'Legal Secondary Consultation: How Legal Aid Can Support Communities and Expand Access to Justice' (2017) <[https://www.haltonlegal.ca/wp-content/uploads/2019/06/LSC\\_Report\\_final.pdf](https://www.haltonlegal.ca/wp-content/uploads/2019/06/LSC_Report_final.pdf)> accessed 7 August 2025.

<sup>81</sup> Community Legal centres Australia 'Risk Management Guide' (2022) <<https://clcs.org.au/services/class/user-manual/services/secondary-consultation/>> accessed 7 August 2025, paragraph 6.7.23, also paragraphs 2.19.5, 6.7.24-27 and 8.5.11-15.

the daily lives of their communities. In addition, the legal teams may also lack this expertise.

These are some of the challenges but not all health justice partnerships undertaking policy and law reform work as a collaborative face. In this instance the need to ensure that Aboriginal voice and involvement in this work is paramount. This means that a health justice partnership has to lay significant groundwork before it can elevate itself to undertake law reform and policy. The legal part in the partnership has to build its own capability in the skills of policy and law reform. It also needs to develop methods by which it can involve and engage the health justice partnership in having the confidence, ability and understanding of the impact over time that such work can lead to. As will be demonstrated in the qualitative data and health partners staff were clear that they would love to be involved in policy and law reform work, that they saw it as important to address the causes of the client's problem at their source however they did not know how to go about it. I mentioned that they were time poor

By way of example, the West Heidelberg health justice partnership has been running since approximately 1977 and is one of the oldest health justice partnerships in the world. It was not until 2010 that the health and justice partners worked together and made a joint submission to the parliamentary inquiry into public housing in Vic. Alongside this health justice partnership submission to the inquiry, was a submission by the presidents group, a group of local residents on the public housing estate which was also supported by the legal service, through its community development work done in collaboration with the health promotion staff at the health service. This meant that the law reform activity of this health justice partnership took significant time to land but was twofold in that it came from two organisations, one with a health expertise the other with legal expertise and then from the point of view of grass roots local community who lived in public housing.

With this background, in its third year of operation this BBM health justice partnership, because it has had time and the relationships have been forged the momentum for law and policy work is in evidence. In many programs collaborations take many years in this policy and law reform space. This is because all of the other factors that provide the momentum and pressure such as accountabilities and what is and is not considered as value, which in the past has been largely around files opened and files closed this momentum for fundamental changes in system wide reform gets placed on the back burner.

### **Law Reform and Policy work undertaken by BBM**

<b>Ref</b>	<b>Date completed</b>	<b>Topic</b>	<b>Description or Comments</b>
1		VOCAT v FAS	BBM Lawyer emailed FAS raising concerns about the new scheme not honouring costs that were incurred due to the processes under the old scheme - FAS ultimately changed their mind on this for the smooth transition for clients
2			BBM Lawyer emailed Victorian Council of Social Services (VCOSS) Housing survey to AWAHS staff to contribute to if they choose

**2023 - 2024 GOAL = 2 POLICY INITIATIVE OR ADVOCACY**

3			contributed case study for - IWG is monitoring Outcomes from the different tactical approaches to dealing with the requirement to provide evidence of the mental health impacts of family violence and looking for case studies re Inappropriate payment arrangements, e.g. Fines Victoria signing people up for unaffordable arrangements or for arrangements for small amounts indicative that the person cannot afford the payments and/or may have other options available.
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Ref	Topic Ideas	Possible Actions
1	police accountability stories	Collate stories over the year even if OC don't want to make formal complaint - get consent from clients to potentially use in advocacy
2	CP - incidental work re referrals etc	Collate stories of what work OC need from us in this space - linking in with lawyers, not happy with rep, complaints about CP conduct etc
3	scams/BNPL stories	AWAHS socials re contacting us to yarn and contribute to our Advocacy for better protections
4	CP	Talking with CFH team about mass complaint re department workers conduct - either individual or group complaint to ombudsman

## **Secondary Data (Qualitative from BBM Team) - Case Studies from HRCLS**

### **Case Study One**

Client referred from Victorian Aboriginal Child and Community Agency (VACCA), presented with FV, family law and fines matters, Our Client (OC) had been placed on a payment plan so her license would be reinstated. Suffered an ABI after suicide attempt due to significant and ongoing family violence. BBM was able to secure internal referrals to HRCLS family law team to resolve property settlement and children matters. The client engaged with both family law and civil legal team simultaneously, with family law matter taking priority. BBM liaised with VACCA Family Violence workers to assist with fines waiver under FV scheme with Fines Vic, got refund for amount paid on payment plan. Unfortunately, there was a court fine that we were unable to resolve – Client needs to arrange payment plan for this. Pretty horrific court fine – police charged for false statement. Upon reading evidence, it is believable the statement was true due to history and pattern of FV. BBM consulted with Law and Advocacy Centre for Women (LACW) whether there were options for OC to address the outcome and police conduct, however advice was that it would be too risky to bring matter back to court and could result in a worse outcome. The client accepted this advice and although disappointed, was satisfied that all options were explored.

### **Case Study Two**

Client was an elderly homeless man dissatisfied with his experiences with housing. He was being bumped around to different temporary accommodation regularly and then placed on a campsite with limited gear to sleep comfortably. He did not see white people being treated in the same way and was fed up. He wanted accountability from government for the poor treatment. BBM had to give him difficult advice about complaints processes and the challenges of suing government, noting the Department would likely rely on the lack of housing options for the treatment the client received. He was dissatisfied with this advice as he did not want to go through the complaints process, he wanted accountability and felt as though he had wasted his time seeking legal advice.

### **Case Study Three**

SC about someone's rental being put up for sale led to a referral from the AWAHS psychologist. Client was described as very distressed and unable to see reason, placing them at risk of blowing up the situation. When the client attended the appointment, they were calmer than expected and willing to listen and discuss their concerns/listen to my suggestions. They acknowledge they may have been overthinking the issue and were willing to maintain their relationship with the real estate agent to get a good outcome.

### **Case Study Four**

Client is a stolen generation survivor, had significant mental health struggles before a car accident in which he lost his leg and now was experiencing further mental distress due to adjusting to life with a disability, family circumstances and the debt pressure from an insurance company pursuing him for a debt of over \$20,000.00. The only funds Client had been the remainder from the stolen generation payout – they were

suicidal at the thought the insurance company would take those funds, to the point the client would barely disclose information about the amount to me. Unfortunately given the Stolen Generation payout the client was not considered judgment proof. We had to liaise carefully with the insurance company to maintain our ethical responsibilities and protecting the client. This approach allowed us to be honest without full disclosure and ultimately, we were successful in advocacy that the stolen generation funds would not be pursued by the insurance company despite their possible legal right to do so. The client was relieved at the news the debt had been waived; they retained their Stolen Generation payout funds and felt the weight of the situation lift off of them.

### *Case Study Five*

Client had experienced severe sexual and family violence over many years. BBM did not have capacity to assist with a victim of crime application at the time – however OC was well connected with local support workers. BBM asked Client to engage with her support and collect the information required for the application, we provided the client with information resources we had developed in consultation with AWAHS. Once they collected the paperwork, I told the client to come back to us and we will assist with the applications for Vic and NSW. This was necessary as a lot of administrative work goes into collecting evidentiary documentation for applications in both Vic and NSW, for which we did not have the capacity to do at the time. BBM also made an external family law for the client. Client returned many months later with support letters and significant progress re counselling. This approach allowed the client the space to work through some of the trauma before we begin the victim of crime process; this helps them understand their future needs better so it can be reflected in the application. The client was in a much better space than when we first met and was making plans on their healing journey.

### *Case Study Six*

Client was referred for debt matters by an AWAHS Mental Health Worker. They presented very closed off and quiet. I was concerned it would be hard to get instructions due to their presentation. The BBM CD worker had mentioned he felt like there was more to client story. We started getting into how the debts occurred and I asked a few questions about how Client ended up on this path – the client then opened about a childhood sexual assault. Once completing the advice on the debt and victims of crime issues, the client's whole demeanour was different. They were talking in an optimistic way and seemed lighter knowing that there might be some form of justice through the Victorian victims of crime scheme for what happened to them. They client was happy to wait a little until we had capacity to complete their application. The client wrote their story down as they could write it better than telling it. BBM liaised with their counsellor for this – the counsellor indicated that the written story highlighted different things for them that will assist in how they approach the counselling sessions. So far, the debts have been waived, and the victim of crime application is awaiting a decision.

### **Primary Quantitative Data Collected by Curran in 2025**

**FINDINGS** The quantitative data reproduced in summary format below indicates the following findings in comparison to the previous two years of data collection from the Trusted Intermediaries:

- Have high levels of trust in the BBM team,
- Feel that there is mutual respect of each other's professional expertise as they support their clients' array of issues that are often interconnected and causative.
- Consider secondary consultations of immense value including to extend reach and as integral to supporting the collaboration and clients in managing the legal system and knowing their rights and responsibilities within it. It is important to note that the data on secondary consultations in 2025 reflected higher than the already high perception of value of secondary consultations than in 2024 even though a proportion of the participants in 2025 had only commenced employment with the health service in the previous six months or so to the study being undertaken in 2025.
- Most participants had been trained by the BBM Team. In response to the 'comments' section Trusted Intermediaries reflected on the value of training in team and staff meetings but specifically noted that with busy caseloads secondary consultations were of 'extreme utility' To their ability to increase options for their clients to include justice avenues, to calm traumatised clients down, to assist them in navigating the requirements of a complex legal system and in getting information quickly and in a timely fashion particularly in the more urgent cases where the clients were in distress. All participants noted that for this particular group of clients' secondary consultations as a form of training and quick information were critical in dispelling unnecessary anxiety in a client which could lead to poorer health outcomes. It was for this reason that they find secondary consultations not only integrally important in terms of building trust and borrowed trust between the Trusted Intermediary and the client but in reaching more people and building their resilience and ability to feel that they can resolve what seems to be overwhelming issues. All the participants in comments to this question identified the calming nature on clients who often have complex mental health, and trauma needs that having quick access and responsiveness of the BBM team. There was 1 Trusted Intermediary who tended to respond say the same to some questions, but this was not a negative as relevant questions as they were adamant that their level of trust and confidence in the BBM had stayed the same because trust and confidence was already high.
- Whilst all the participants thought that policy and law reform to change poor systems were important for their client, felt that they had not been able to participate fully, fearful of additional burden, not knowing how to do it or who they needed to influence. 90% of participants indicated that were these issues addressed they would like to have input and would be prepared to provide case studies at the very minimum. Capability building around this will be critical to enable health justice partners to do combined law reform and policy activities which integrate both the health and justice dimensions for clients as well as being able to articulate with that some of the barriers and complexities for this client group.
- Significantly, in response to the questions to determine the social determinant of health impacts of the health justice partnership on a specific client that they selected 90% of most responses indicated improvements in stress, resilience, anxiety, trust, responsiveness, engagement, confidence, knowledge of rights and responsibilities, knowledge and skill over time in legal matters, and flow on effects for other family members. 100% noted that the intervention of the BBM team led to an increased sense of hope. In relation to flow on effects on other family members 60% reported positive flow on effects and in relation to the

other 40% the response was 'no' (this related to isolation for family members and the complex behaviours flowing from the condition or single status).

- Three of the returning participants responses selected the client journeys over the three years of the project. One of the vagaries of collecting this data is that it can seem very point in time and therefore not reflective of longer-term impacts full clients rather than transitory feelings or impressions at a particular point in time. What is important in the data is that the three returning participants who followed the trajectory of clients over the three years of the project indicated significant improvements in all of the indicators signified by each of the questions in relation to the clients' situation.
- Aboriginal Trusted Intermediaries 20% said that whilst there trust in the BBM legal team had improved, they did not trust the legal system and did not trust private lawyers. This view was influenced by their own personal experience, the experiences with their own clients and the experiences of direct family members. This is personal and informs the recommendations on the need for improved practises so it's within the legal system itself and in the private profession and lawyers in general.

#### Trusted Intermediaries - in depth interviews.

(10 participants - an increase of 1 participant from 2024) This number could be indicative of an increase in TI participant involvement with the BBM over the past year and/or their willingness to participate in the study. 3 Participants participated in 2024 and 7 are new participants (reflective of staff changes). The new staff tended to be the answers that reflected 'Agree' rather than 'Strongly agree' and indicated this because they had been in their role for 6 months or less. Those with more involvement with the BBM of the new staff however recorded Strongly agree and returning participants also recorded strongly agree in questions other than those in relation to policy and law reform (questions 16-18) as they felt they needed to know more in this aspect of work.

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

#### Question Xi

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

i. I can confidently and positively refer.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10 (0%)	0/10 (0%)	2/10 (20%)	8/10 (80%)

ii. The referral process to and from clearly understood.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10 (0%)	0/10 (0%)	2/10 (20%)	8/10 (80%)

iii. There is a high level of mutual understanding and trust between you and the BBM.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10 (0%)	0/10 (0%)	0/10 (0%)	10/10 (100%)

iv. The staff involved in the BBM Project (i.e., the lawyer) recognise and utilise the professional expertise of other staff.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10 (0%)	0/10 (0%)	1/10 (10%)	9/10 (90%)

v. The lawyer/s are responsive to client need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10(0%)	0/10 (0%)	0/10 (0%)	10/10(100%)

vi. I do not only examine the individual client's problems but look to change the systemic causes of problems including the laws and how they are administered.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10 (0%)	0/10 (0%)	4/40 (20%)	0/10 (0%)	6/10 (60%)

## Question 2

*Legal Secondary consultations are when the lawyer offers you legal help or information or advice on the legal processes (what happens at court, giving evidence and writing reports), ethics or your Professional obligations or guides you/or through you, your client through tricky situations.*

*There is huge value to me in assisting patients/clients due to secondary consultations with the lawyer/s who give me legal advice both to support me assist the client and to guide me in my professional obligations in the context of the legal process and the laws.*

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
0/10(0%)	0/10 (0%)	0/10 (0%)	2/10 (20%)	8/10 (80%)

## Question 4

*Have you participated in training (formal not SC or Staff Meetings) offered by the BBM team?*

Yes 9/10 (90%)      No 1/10 (10%)

### Question 5

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

Yes 9/10 (100%) No 0/10 (0%) Neutral 1/10 (10%)

### Question 8

*In your view based on observations does the BBM with its collaborative, multi-disciplinary approach to problem solving does it make an effective in improving social & health outcomes for individuals?*

Yes 10/10(100%) No 0/10 (0%)

### Question 11

*Have you received secondary consultations assistance from the lawyer?*

Yes 10/10 (100%) No 0/10 (0%)

### Question 13

*SC Do they have value?*

Yes 10/10 (100%) No 0/10 (0%)

### Question 15

*Through the BBM have you collaborated on advocating for systemic reform as a joint action by BBM & AWAHS and IH (or the Hume Riverina Community Legal Service via the IH)?*

Yes 5 /10 (50%) Neutral 5/10 (50%)

### Question 16

*Do you think this has an impact?*

Yes 7/10 (77%) Neutral 2/10 (20%)

### Question 17

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

Yes 10/10 (100%) No 0/10 (0%)

### Question 18

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

Yes 10/10 (100%) No 0/10 (0%)

#### Question 21

*Think of a specific client (do not identify or name them. Have you noticed any of the following improvements in the client since/as a result of the involvement of the lawyer/s in the inter-disciplinary team of the HJP with the involvement of the legal team,*

Yes 10/10 (100%) No (0%)

*in any of the following areas:*

Not applicable – 4 participants ‘too early’ or ‘too soon’. Now in 2025 all participants responded including newer staff in last 6 months.

- a. Stress
  - i. been reduced 10/10 (100%)
  - ii. stayed the same 1/10 (10%)
  - iii. too soon to tell 0/10 (0%)
  - iv. increased 0/10 (0%)
- b. Resilience
  - i. been reduced 7/9 (77%)
  - ii. too soon to tell 2/9 (22%)
  - iii. stayed the same 0/9 (0%)
  - iv. increased 0/9 (0%)
- c. Anxiety
  - i. been reduced 8/10 (80%)
  - ii. stayed the same 1/10 (10%)
  - iii. increased 1/10 (10%) – more the legal process than BBM
- d. Trust
  - i. been reduced 9/10 (90%)
  - ii. stayed the same 1/10 (10%) – already had trust in BBM
  - iii. increased 0/10 (66%)
- e. Responsiveness
  - i. been reduced 0/10 (0%)
  - ii. stayed the same 1/10 (10%) – always found them responsive over the 3 years so no change
  - iii. increased 9/10 (90%)
- f. Engagement

- i. been reduced 0/10 (0%)
- ii. stayed the same 0/10 (0%)
- iii. increased 10/10 (100%)

g. Confidence in engaging with the services.

- i. been reduced 0/10 (0%)
- ii. stayed the same 1/10 (10%) – always found them
- iii. increased 9/10 (90%)

h. Knowledge of their rights and responsibilities and the rights and responsibilities of others

- i. been reduced 0/9 (0%)
- ii. stayed the same 1/10 (10%)
- iii. increased 9/10 (90%)

i. Clients more knowledgeable about where to go for services.

- i. Yes 9/10 (90%)
- ii. No 1/10 (10%)
- iii. N/A 0/10 (0%)

j. Clients more knowledgeable about their options and more skilled over time

- i. Yes 9/10 (90%)
- ii. No 0/10 (0%)
- iii. N/a 1/10 (10%) had other setbacks

k. Flow on effects for family members of any of the above-mentioned.

- i. Yes 6/10 (60%)
- ii. No 4/10 (40%) isolated, complex family relations, single x 2 & challenging conditions

l. Client's sense of hope

- i. been reduced 10/10 (100%)
- ii. stayed the same 0/10 (0%)
- iii. increased 0/10 (0%)

## Question 22

*In relation to yourself personally and professionally:*

*Have you noticed any of the following improvements in your own practice since your involvement the legal team in the inter-disciplinary team of the HJP in any of the following areas:*

2023 Not applicable – 4 participants ‘too early’ or ‘too soon’. Now in 2025 all participants responded including newer staff in last 6 months.

- a. Stress.
  - i. been reduced 8/10 (80%)
  - i. stayed the same 2/10 (20%) (It is a stressful job)
  - ii. increased 0/10 (0%)
- b. Resilience
  - i. been reduced 0/10 (0%)
  - ii. stayed the same 1/10 (10%) (used the service anyway still reassured)
  - iii. increased 10/10 (100%)
- c. Anxiety
  - i. been reduced 9/10 (90%)
  - ii. stayed the same 1/10 (10%) (used the service anyway still reassured)
  - iii. increased 0/9 (0%)
- d. Trust
  - i. been reduced 0/10 (0%)
  - ii. stayed the same 2/10 (20%)
  - iii. increased 8/10 (100%) (Starting to trust the BBM team for sure, but don't trust the legal system or other lawyers particularly private lawyers)
- e. Responsiveness
  - i. been increased 10/10 (88%)
  - ii. stayed the same 0/10 (11%)
  - iii. reduced 0/10 (0%)
- f. Engagement
  - i. been reduced 0/10 (0%)
  - i. stayed the same 0/10 (0%)
  - ii. increased 10/10 (100%)
- g. Confidence in engaging with the legal service lawyer/s
  - i. been reduced 0/10 (0%)
  - ii. stayed the same 1/10 (0%) (already have confidence)
  - iii. increased 9/10 (90%)
- h. Knowledge of their rights and responsibilities and the rights and responsibilities of others

- i. been reduced 0/10 (0%)
- ii. stayed the same 1/10 (10%) (used the service anyway still reassured)
- iii. increased 9/10 (90%)

i. Sense of hope

- i. been reduced 0/10 (0%)
- ii. stayed the same 0/10 (0%)
- iii. increased 10/10 (100%)

j. Confidence in knowing when to seek and seeking legal help.

- i. been reduced 0/10 (0%)
- ii. stayed the same 1/10 (10%) (used the service for a long time and previously Invisible Hurdles)
- iii. increased 9/10 (90%)

## Comment

**ANALYSIS** The comparison was undertaken by Curran with the start-up data that was collected in April- May 2025 when the program had been in operation for only three months. Whilst the initial 2023 data was favourable, there were some neutral, agree and too early to say data emerging from the in-depth interviews with the Trusted Intermediaries (see link to the [First Report](#) for the full 2023 data). This has shifted over time to most responses in 2025 being around 90-100% with most at the lower end due to existing strong relationships or client's individual circumstances such as being isolated or single when asked flow on effect to family members.

## FINDINGS

In the 2023 data, after a year of operation of the BBM program, there was a clear shift. There were no 'neutral' responses and the number of 'strongly agree' responses have increased in 2025 from both 2024 and 2023 and took the form of being translated into the 'strongly agree' category. This is suggestive of the fact that the Trusted Intermediaries are turning to the BBM project staff more often and are receiving significant on the spot training for clients at point of need. It suggests TIs are making referrals and are confident in making referrals.

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

As noted in 2023, areas for further work include more inclusion and understanding by the BBM staff of the desire of Trusted Intermediaries to be involved in law reform either indirectly or directly. The qualitative data collected in the in-depth interviews in 2024 also reinforces this but goes further with staff acknowledging that being involved in law reform and policy input would give them improved job satisfaction. Even if AWAHS could not be named in the law reform activity for strategic reasons, the TIs felt that this would still add to their work satisfaction. What on further questioning in 2025 emerged is that lack of capability and case load are deterrents to engagement and this presents

the BBM team with opportunities to improve. Curran has circulated to the health justice managers and staff a set of resources to support future work in this area.

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

### **Quantitative Data from Managers/CEO**

The quantitative data extracted from the interviews with managers is not reproduced in this 2025 report. In summary it reflects a similar trend to the responses of Trusted Intermediaries. Whilst each provided information on the proviso that they were one step removed from direct client service delivery, all responses were overall at the 90 %-100% level response to statements about trust, confidence, responsiveness, understanding of referral pathways etc. Two managers noted their lower ranking was due to either being in the role for only 6 months or new to the program but reflected that the trajectory was set to improve. Two managers responded neutral or no to the question about having had training which is suggested had yet to occur. The manager questions did not include the social determinant of health outcomes questions about the client or changes in Trusted Intermediary practice because of the BBM)

### **Recommendation The Government at State and Federal level action the recommendations of the Dr Mundy Review<sup>xx</sup> (especially Recommendations 36, 15, 22, 34 and 36) aimed at the Australian Government of the Australian National Legal Assistance Partnership as extracted from his report<sup>xxi</sup> below:**

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

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

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

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

# **APPENDIX B: Summary of the Literature - mental health service provision and trauma informed practise in general and specific to Aboriginal service delivery<sup>xxii</sup>**

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

- ◆ Integrate a trauma-informed approach to your practice.<sup>xxiii</sup>
- ◆ Enhance your mental health and trauma awareness.<sup>xxiv</sup>
- ◆ Get trained in mental health first-aid.<sup>xxv</sup>
- ◆ Develop empathy, patience, compassion rather than being judgemental about potential miscommunication.<sup>xxvi</sup>
- ◆ Provide more time than usual and allow for breaks.<sup>xxvii</sup>
- ◆ Create a trustworthy and safe environment.<sup>xxviii</sup>
- ◆ Be transparent about what legal service can offer.<sup>xxix</sup>
- ◆ Prioritise face to face communication.<sup>xxx</sup>
- ◆ Check in with your client about their emotions and wellbeing.
- ◆ Check in with your client's health care provider.
- ◆ Inform the client fully so that they can have control and ownership over the process.<sup>xxxi</sup>
- ◆ Be mindful about the client's cultural practices.<sup>xxxii</sup>
- ◆ Benefit from cultural rituals when available.
- ◆ Make space for community support (e.g., support persons can be present during client-lawyer meetings).<sup>xxxiii</sup>
- ◆ Take the key decisions in close partnership with the client – make them the decision-makers.<sup>xxxiv</sup>
- ◆ Involve community members in your organisation's board, as well as design and implementation of services.<sup>xxxv</sup>

(Source Mental Health Commission of New South Wales & Mental Health Commission of New South Wales. (2014) "Living well: a strategic plan for mental health in NSW 2014-2024")

- ◆ Services should be respectful to the person's autonomy and make space for self-agency which contributes to a therapeutic relationship.
- ◆ Services should have a trauma-informed approach and staff should have an understanding of the impact of trauma and have the capacity to accommodate the specific vulnerabilities and sensitivities of trauma survivors/those affected by mental health issues.
- ◆ Mental health, wellbeing and resilience are maximized through social and economic participation, education, employment, and stable housing.
- ◆ Self-agency – Clients should have access to tools to support self-agency.
- ◆ Aboriginal people struggle with racism, discrimination, pervasive disadvantage and the continuing grief and trauma. As a culture, they honour ancestors, but they still experience the early and preventable illness or loss of family members.

- ◆ For Aboriginal people, social and emotional wellbeing goes beyond mental health. It reflects a more holistic view of health and includes the importance of connection to land, culture, spirituality, ancestry, family and community.
- ◆ Effective and meaningful partnerships with Aboriginal communities
- ◆ The relationships between agencies and Aboriginal communities should be a central concern for all services and senior leaders and should be monitored in assessments of agency performance.
- ◆ A substantial and growing body of evidence shows that services designed in collaboration with those who use them are more efficient and less expensive. Effective ways to engage everyone need to be found, such as those offered through co-design.
- ◆ Public sector employees whose day-to-day work requires frequent engagement with people with mental illnesses need to be trained to support mental health first-aid training that includes therapeutic approaches in justice services.<sup>xxxvi</sup>

(Source: Karras, M., Mccarron, E., Gray, A., & Ardasinski, S. (2006) "Access to Justice and Legal Needs: On the Edge of Justice" *Law and Justice Foundation of New South Wales*)

- ◆ People with mental illness have distinct legal issues resulting from their economic and/or social disadvantages/marginalisation. Accessing legal assistance presents individual and structural barriers.
- ◆ Individual barriers could include a lack of awareness of their legal rights, being disorganized and failing to address the legal aspects of their problems, being overwhelmed, and frightened to ask for legal assistance, and being mistrustful or frightened of exposing their personal information to legal service providers, difficult behaviour making it challenging assisting them, communication problems, and the absence of mental health care or treatment. These could hinder the legal service providers' effective assistance.
- ◆ Structural barriers may entail the limited availability of affordable legal services, time constraints on behalf of legal service providers, the lack of affordable services in rural, remote, regional areas, and legal service providers' inadequacy to identify mental health issues/mental illnesses, lawyers' perception of people with mental health issues as less credible, and the physical environment.

#### *How to address barriers to justice?*

- ◆ To overcome stress and miscommunication, allowing for breaks and more time for explanations in service delivery could be helpful.
- ◆ "Therapeutic jurisprudence-based approach" to courtroom processes, involving the person as much as possible, having a less adversarial approach and more direct interaction with judges.
- ◆ Legal service providers including judges, magistrates, police, custodial officers, court staff should be trained in mental health issues and disability awareness.
- ◆ Lawyers, as well as many other professionals need to have better training in how to deal properly with people having mental illnesses. Many lawyers are unequipped to deal with people with mental health issues, which negatively impacts the effective service delivery.<sup>xxxvii</sup>

(Source: Pleasence, P., Wei, Z., Coumarelos, C. (2013). "Law and disorders: illness/disability and the response to everyday problems involving the law" *Updating Justice*)

- ◆ Turning to mode of communication with advisers, Karras et al.'s (2006, p.103) study suggested that people with a mental illness 'often have difficulties communicating with lawyers over the phone and prefer face-to-face communication.' This result accords with large-scale evaluation findings that people less able to communicate effectively can be unsuited to telephone advice (e.g., Hobson & Jones 2003; Pearson & Davis 2002).
- ◆ The finding that those with a mental illness/disability only were more likely than people with no illness/disability to rely solely on in person communication with their main adviser provides some support for past findings that they prefer face-to-face communication and advice. It suggests the potential utility of integrated service delivery models for people with a mental illness that facilitate face-to-face legal advice and assistance, such as models where a lawyer is present on-site at a mental health facility.<sup>xxxviii</sup>

(Source: Southwestern Sydney Local Health District. (2016) "People with Disability in Southwestern Sydney")

- ◆ Disadvantage and multiple disadvantages can compound. For people with disability, lower educational attainment, fewer housing options, unemployment, transport barriers and discrimination amplify physical, mental, intellectual and health problems and may result in social isolation.
- ◆ Reports on assessment and care of people with disability recommend:
  - Comprehensive health assessments and medication reviews by General Practitioners, which include physical health, oral health, and mental health needs.
  - Partnerships between people with intellectual disabilities and support agencies (including health services)
  - Use of visual and other aids to support communication.<sup>xxxix</sup>

(Source: Health Justice Australia (2018) "The rationale for health justice partnership Why service collaborations make sense")

- ◆ While common across the community, legal problems are particularly prevalent among people experiencing social disadvantage, particularly those with chronic ill-health or disability, single parents, the unemployed and people in disadvantaged housing.
- ◆ Public health literature points to the key role of services and infrastructure beyond the health sector and the importance of integrated approaches to address health and wellbeing (e.g., WHO, 2013).
- ◆ Thus, people are coming into health services with problems which may have health symptoms but broader social causes (Caper & Plunkett, 2015; Iacobucci 2014a & b; Popay, et al, 2007).
- ◆ Populations that are particularly at risk of poor health and justice outcomes include people living with disability or chronic health conditions, people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres

Strait Islander peoples, culturally and linguistically diverse communities and people experiencing poverty.

*Trauma-informed practice:*

- ◆ A trauma-informed practice sees the practitioner adjust their practice approach to be responsive to a client's traumatic experiences.
- ◆ Rather than judging a client who seems incapable of answering a question directly or who is speaking in circles, a trauma-informed lawyer will use empathy to assist the client to refocus the conversation.
- ◆ Rather than becoming frustrated with a client who appears perpetually forgetful, the trained lawyer will understand trauma's impact on recall, avoid unnecessary questions, and provide breaks.
- ◆ An interdisciplinary approach to legal representation— where a client is given both a file number and an accessible support system – is one-way to mitigate (re)traumatization.
- ◆ There are ample ways that social service providers and lawyers can mutually support each other with more complex relational, emotional, and mental health problems faced by their clients. Consider simple periodic check-ins with a client's treating health care providers and support network.
- ◆ to ensure that lines of communication remain open and that the health team and support network is aware of what litigation will entail.
- ◆ Community support: the lawyer may be separate from the client's community support network, but it is helpful for them to be aware of its existence. This could take the form, at the behest of the client, of having support persons present at client meetings, or having the lawyer be present at a community event.<sup>xi</sup>

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

*9 practice tips that centre client safety:*

1. Re-assess the physical space in which you are meeting.
2. Use open body language when communicating.
3. Roadmap. Explain things in advance as much as possible.
4. Offer breaks periodically.
5. Be thoughtful about note taking (balance with eye contact, active listening).
6. Make appropriate referrals. Use support workers when available.
7. Ask how you can make a client feel comfortable.
8. Encourage personalized/practical safety plans.
9. Collaborate when possible. Involve them in the process.

(Source: Atkinson, J. (2013) "Trauma-informed and trauma-specific care for Indigenous Australian children" *Closing the Gap Clearinghouse*)

Service providers need to account for their client's traumatic experiences. Thus, services need to be trauma-informed and:

- ◆ *understand trauma and its impact on individuals (such as children), families and communal groups.*

This is critical to prevent miscommunications between clients and service providers, and related traumatisation. Supervision for and staff self-care opportunities could help providers.

- ◆ *create environments in which children feel physically and emotionally safe.*

This could be done through creating child-friendly spaces with play materials, feeling children welcome, explaining thoroughly what the service process entails, and being responsive to their needs.

- ◆ *employ culturally competent staff and adopt practices that acknowledge and demonstrate respect for specific cultural backgrounds.*

This could include allowing clients to engage in cultural rituals, offer specific foods, and speak in their native language.

- ◆ *support victims/survivors of trauma to regain a sense of control over their daily lives and actively involve them in the healing journey.*
- ◆ *share power and governance, through recruiting clients to the board including involving community members in the design and evaluation of programs.*
- ◆ *integrate and coordinate care to meet children's needs holistically.*

bring together different services and supports that assist individuals and communities in enhancing different aspects of their wellbeing.

- ◆ *support safe relationship building as a means of promoting healing and recovery. Peer to peer support can be a way of achieving it.*

Approaches informed by Indigenous culture have the potential for supporting recovery and healing.

- ◆ *Enable recovery, by focusing on client's capabilities to solve specific problems and issues.*

Trauma informed services look at all aspects of their operations through a 'trauma lens'. Their primary mission is underpinned by knowledge of trauma and the impact it has on the lives of clients receiving services (Harris 2004). Every part of the service, management and program delivery systems are assessed and modified to include an understanding of how trauma affects the life of individuals seeking support and the workers delivering the care (SAMHSA).

Trauma-specific care:

Practitioners and service providers, through consultation and feedback with trauma experts and clients, need to identify the strategies and practices best suited to the needs and circumstances (including geographic location) of the individuals, families and communities they seek to support.

Developing Indigenous-specific tools

Perry argues that Indigenous healing rituals have are capable of promoting healing and recovery because they “assuredly provide the patterned, repetitive stimuli—such as words, dance or song—required to specifically influence and modify the impact of trauma, neglect, and maltreatment on key neural systems”.<sup>xli</sup>

- ◆ Trauma-informed practice is important to the practice of law because trauma is common amongst the population that frequently engages with the justice system.
- ◆ The principle of do-no-harm must guide the trauma-informed legal practice.
- ◆ Becoming trauma-informed requires that legal practitioners undertake training in the neurobiological effects of trauma on speech, memory, and behaviour; identify traumatic symptoms when they are present; and adapt their interview approach to accommodate trauma.
- ◆ You can begin client interviews by asking the opening question: what happened to you? It is important to recognize and promote resilience.
- ◆ Apply a strengths-based approach to working with traumatized people as it can help draw out, identify, and build on people’s abilities and positive attributes.
- ◆ Empathy, patience, consistency, transparency, and reliability are crucial for establishing a trusting relationship with a client who experienced trauma.
- ◆ Ultimately, a trauma-informed approach to the practice of law can help people who experienced trauma to successfully navigate the justice system; feel in control and safe; minimize the risk of re-traumatization; and hopefully, diffuse the effects of a traumatic incident.

Traumatised clients may show the following conditions:

- ◆ Disassociation in the form of not being connected to the present moment or the conversation.
- ◆ Numbness or reduction/absence of pain otherwise associated with the traumatic experience.
- ◆ Confabulation as a symptom of memory disorder.
- ◆ Egocentricity (especially in children – this can be seen as blaming themselves for the bad experience)
- ◆ Negative bias, as in being overly alert or sensitive to any potential threat.
- ◆ Shut down, which can also lead to memory loss or distortion.
- ◆ Attachment disorder
- ◆ Poor self-esteem
- ◆ Learned helplessness, which may result for one to believe they don’t have the control or capacity to change a situation. They may end up remaining passive even when there is an opportunity to act and challenge the circumstance.
- ◆ Depersonalisation, meaning the sense of being detached of oneself.
- ◆ Inability to read social clues.

By integrating trauma awareness and competency into our practice, we can avoid re-traumatizing clients, help them engage more fully in their case, and ultimately contribute to their safety, recovery, and healing.

A framework for trauma-informed lawyer – client relationship (this can be applied to other staff in legal services):

1. Being trauma aware

- a. Understand what trauma is and how it can be recognised.
- b. Appreciate that trauma is everywhere and each individual respond to it differently.
- c. Know that trauma can be personal or complex (family history, Race, gender, class can all play a role)
- 2. Placing an emphasis on safety and trustworthiness in the relationship
  - a. “The experience of your client in dealing with you is just as important as providing good legal advice and competent services.
  - b. Make time to build trust and rapport before determining the facts of the case.
  - c. Prioritise wellbeing of yourself and the client
- 3. Providing opportunity for choice. Collaboration and connection
  - a. Create opportunities for the client to make personal choices about the case and the service.
  - b. Make sure the client feels that they have ownership over the case and the whole process reflects those goals.
- 4. Championing and building the client’s own strength and skills.
  - a. Help clients identify their own sources of strength, support, and healthy coping.
  - b. Leverage client strengths and supports towards managing triggering experiences in the legal process and engaging actively in their case.

Concrete tips to build safety and trustworthiness in client interactions:

- ◆ Be fully transparent about the legal case.
- ◆ Be clear about boundaries, expectations (from the case and the client-lawyer relationship)
- ◆ potential outcomes
- ◆ follow through on commitments and appointments.
- ◆ Do not make promises you may not keep.
- ◆ Tell clients when they should expect to hear from you and how long each step may take.
- ◆ Be patients with yourself and your client – it is okay to make mistakes and learn from them in case of complex and challenging legal problems.
- ◆ Create a non-threatening physical space.
- ◆ Provide your client with clear information about policies and procedures.
- ◆ Work with a clear meeting agenda/outline.
- ◆ Be open to providing more time than usual if necessary.
- ◆ Check in with the client about how they are feeling.
- ◆ Offer to take breaks during your meetings.
- ◆ Let your client drive the plan and listen to them.
- ◆ Give them choice in decisions that affect them and the case.
- ◆ Make processes explicit and transparent for your clients.<sup>xlii</sup>

(Source: Jenkins, C. (2021) “What does it mean to be a trauma-informed lawyer? How can we help?”)

- ◆ Being trauma-informed requires building trust with clients.

- ◆ Feeling powerless is a common trauma trigger. Therefore, it is essential to be transparent to reduce feelings of powerlessness. It includes explaining your role clearly and informing the client about what you can and cannot do for them.
- ◆ Court processes can take long periods of time. It is important to inform your client about when a decision may be made.
- ◆ Building connection and trust takes time. There is a need to be patient, respectful, and compassionate. It is also important to stay present and available to the client even when the client may be pulling away.

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<sup>i</sup> Taylor-Barnett and Curran, *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* (n i).

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

<sup>iii</sup> Curran and Taylor – Barnett, (n i)

<sup>iv</sup> Attorney-General's Department, (n vi).

<sup>v</sup> Liz Curran and Pamela Taylor-Barnett, *Overcoming the Invisible Hurdles to justice for young people* (Australian National University 2018) <[https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3283670](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3283670)>; Pamela Taylor-Barnett and Liz Curran, *Pathways to empowerment and justice: The Invisible Hurdles Stage II Research and Evaluation Final Report* (Australian National University 2021)

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

<sup>vii</sup> Attorney-General's Department (n vi).

<sup>viii</sup> Balmer and others (n ii).

<sup>ix</sup> Curran and Alici (n iii).

<sup>x</sup> Street and others (n x); Bowman and others, 'Seven Directions of Equitable Evaluation: Voices, Kinship and Visions of Indigenous (Kwe) Women Evaluators' in Adedoyin and others (n x).

<sup>xi</sup> Jill Chouinard and Fiona Cram, *Culturally Responsive Approaches to Evaluation: Empirical Implications for Theory and Practice* (SAGE Publications 2020); Evans and others, 'Decolonizing Research Practice: Indigenous Methodologies, Aboriginal Methods, and Knowledge/Knowing' in Patricia Leavy (ed), *The Oxford Handbook of Qualitative Research* (2nd ed Oxford Handbooks 2020); Ruth McCausland, "I'm sorry but I can't take a photo of someone's capacity being built": Reflections on evaluation of Indigenous policy and programs' (2019) 19(2) Evaluation Journal of Australasia 64; Street and others, 'A Culturally Adaptive Approach to First Nations evaluation consulting' (2022) 23(1) Evaluation Journal of Australasia 6; Elizabeth Curran and Nisan Alici, *First Research and Impact Evaluation Report – 'Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria* (2023), <<https://ssrn.com/abstract=4506912>>.

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<sup>xii</sup> Jill Chouinard and Fiona Cram, *Culturally Responsive Approaches to Evaluation: Empirical Implications for Theory and Practice* (SAGE Publications 2020); Evans and others, 'Decolonizing Research Practice: Indigenous Methodologies, Aboriginal Methods, and Knowledge/Knowing' in Patricia Leavy (ed), *The Oxford Handbook of Qualitative Research* (2nd ed Oxford Handbooks 2020); Ruth McCausland, "I'm sorry but I can't take a photo of someone's capacity being built": Reflections on evaluation of Indigenous policy and programs' (2019) 19(2) Evaluation Journal of Australasia 64; Street and others, 'A Culturally Adaptive Approach to First Nations evaluation consulting' (2022) 23(1) Evaluation Journal of Australasia 6; Elizabeth Curran and Nisan Alici, *First Research and Impact Evaluation Report – 'Addressing the Torment of Powerlessness: Bagaraybang bagaraybang mayinygalang (BBM): Empowering & Alleviating: A Health Justice Partnership (HJP) of the Hume Riverina Community Legal Service (HRCLS) & Albury Wodonga Aboriginal Health Service (AWAHS) Offering Legal Support for Social & Emotional Well-Being with Aboriginal Peoples in Northeast NSW and Victoria* (2023), <<https://ssrn.com/abstract=4506912>>.

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

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

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<sup>xvi</sup> Attorney-General's Department (n vi).

<sup>xvii</sup> Pascoe Pleasance and Nigel Balmer (n ii); Balmer and others (n ii).

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

<sup>xix</sup> Attorney-General's Department (n vi).

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

<sup>xxi</sup> Attorney-General's Department (n vi).

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

<sup>xxv</sup> Mental Health Commission of New South Wales, *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* (NSW Mental Health Commission 2014).

<sup>xxvi</sup> Golden Eagle Rising Society (n xxiv).

<sup>xxvii</sup> McCarron and others, 'On the Edge of Justice: Accessing justice for people with a mental illness in New South Wales' (2006) 31(4) Alternative Law Journal 193.

<sup>xxviii</sup> Atkinson (n xxiii).

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

<sup>xxx</sup> Pleasence and others, 'Law and disorders: illness/disability and the response to everyday problems involving the law' (2013) 30 Updating Justice 1.

<sup>xxxi</sup> Jenkins (n xxix).

<sup>xxii</sup> Atkinson (n xxiii).

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

<sup>xxiv</sup> Golden Eagle Rising Society (n xxiv).

<sup>xxv</sup> Mental Health Commission of New South Wales (n xxxv).

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<sup>xxvii</sup> Pleasence and others (n xxx).

<sup>xxviii</sup> Southwestern Sydney Local Health District, *People with Disability in Southwestern Sydney* (Southwestern Sydney Local Health District 2016).

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

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<sup>xi</sup> Bruce Perry, 'Foreword' in Cathy Malchiodi (ed) *Creative Interventions with Traumatized Children* (second edition Guilford Press 2021), ix.

<sup>xlii</sup> Jenkins (n xxix).