



Final grant report: Hunter Outreach Legal Clinics – Pilot Scheme

Project title	Hunter outreach legal clinics – Dungog and Raymond Terrace
Grant recipient	Hunter Community Legal Centre
Project manager	Liz Pinnock
Position	Managing Solicitor
Law and Justice Foundation awarded amount	\$8,705.46
Grant period	February 2010 – March 2013
Date of this report	February 2013

Description of the project

Describe the project in just enough detail so that anyone can understand it. What was the aim of the project, who was the intended audience and what strategies did you implement to achieve the aim?

The project was to provide pilot legal outreach clinics to disadvantaged people in the Raymond Terrace and Dungog areas of the Hunter region, where access to free legal services is either limited or is not easily accessible due to transport or other issues. It included providing free face to face legal advice and assistance in family law, domestic violence, homelessness and other legal matters, as well as information and referral services, and undertaking limited legal work on behalf of clients (eg, writing letters or preparing simple documents).

It was anticipated that the pilot project would assist in identifying issues arising out of the provision of legal outreach services to remote or under serviced communities in the Hunter region, where there were not only high levels of unmet legal need but also other issues affecting access to justice such as limited public transport. The outcomes of the pilot project and lessons learned from it would assist in ensuring the future success of similar clinics in the Hunter region.

The project – what happened?

How did the project come about?

The Hunter Community Legal Centre (HCLC) identified a need for legal outreach clinics in Raymond Terrace and Dungog from pre-existing contact with neighbourhood centres in those communities. In May 2010 a trial of two legal outreach clinics took place at the Raymond Terrace Neighbourhood Centre (RTNC) and the Dungog Information and Neighbourhood Service (DINS). Following the trials community workers at RTNC and DINS expressed a desire and a need for a monthly legal outreach clinics for disadvantaged people in their area. Legal outreach clinics in these areas were a high priority because many rural areas do not have free legal services, and those in these communities needing legal assistance are often prevented from travelling due to a lack of private or public transport,

financial or other reasons such as disability. A local legal advice clinic in those communities would also enhance HCLC's relationship with the communities and community organisations in those areas.

Briefly set out the project stages and what happened in each stage.

The first stage of the project was to contact the two neighbourhood centres involved (RTNC and DINS) and arrange meetings to discuss the frequency of the clinics, HCLC's requirements in terms of interview rooms and equipment, and booking procedures. Following this, resource folders were prepared by HCLC and provided to RTNC and DINS to facilitate their understanding of HCLC requirements and the booking procedure. The resource folder included template booking sheets, detailed instructions about what information was required to be collected from clients, posters advertising the clinics (and other HCLC services) and information on conflict checking. A Memorandum of Understanding setting out the responsibilities of HCLC and the host organisations was prepared and signed by both RTNC and DINS.

The clinics commenced in January 2010. It was initially envisaged that they would run for a period of 12 months, with 1 clinic per month in each location, and 1.5 days being allocated to each clinic, to include time spent travelling, attending the clinics and providing follow up work for clients where necessary. HCLC agreed to meet the cost of travel (i.e. mileage) to and from the host locations for the duration of the project. Due to the sometimes low or sporadic attendance of clients and the cancellation of some clinics, the project was extended to December 2012, at which point all funds provided under the grant were acquitted.

If grant materials were produced:

How were they distributed?

No materials were produced with the grant monies. HCLC, at its own cost, produced the materials (posters, leaflets, resource folders etc) publicising the legal outreach clinics, and distributed these to the RTNC and DINS, who undertook to ensure the clinics were publicised in their communities.

Now that the project has concluded, how did the implementation and/or the outcome differ from what was originally intended? Did anything surprise you? Were there any unintended outcomes?

The outcome was surprising in that although community workers from RTNC and DINS had identified a need and expressed a desire for legal outreach clinics to be held in their communities, and although this was supported by statistical information regarding disadvantage in the populations of Raymond Terrace and Dungog, the attendance at clinics was sporadic and generally lower than expected, resulting in the cancellation of a number of clinics. Some surprising outcomes were:

1. There was generally a lack of uptake of appointments at many of the clinics, the reason for which is not clear.
2. There were many instances where clients who had appointments failed to attend their appointments, the reason for which again is not clear.
3. Although attendance was disappointing there were nevertheless a number of matters in which HCLC was able to, and did, provide substantial ongoing legal assistance to clients who would otherwise have been unable to access free legal services.

Evaluation

What questions did you ask to evaluate whether you had achieved your aim?

The initial evaluation consisted of obtaining client feedback from clients, via a feedback form, at each clinic. The evaluation form requested information from clients as to how useful the clinics had been to resolve their legal problems. However this method was discontinued since no meaningful information was collected from clients using this method – clients spent a minimum amount of time providing feedback and invariably said the clinic had been helpful to their situation.

What data did you gather to answer your questions?

Instead, in order to better evaluate the project, data was collected relating to the number of appointments booked, appointments attended, gender of clients, problem types, time spent travelling to and from each clinic, and providing follow up assistance. This data was provided to the Law & Justice Foundation on a 6 monthly basis (see 6 monthly reports).

Did you achieve your aim? What did you find out?

The collection of the above data was important in evaluating the effectiveness of the clinics. It demonstrated that the attendance at the clinics was sporadic despite evidence of high unmet legal need in those areas. It is not clear whether the reason for this related to the population levels in those areas, which was relatively low despite evidence of high unmet legal need, the location, frequency or method of operation of the clinics, or the personal circumstances of the clients. The following can be surmised from our experience:

1. The higher the population in the area of the clinic the higher the likely numbers of clients attending the clinics. Raymond Terrace has a higher population than Dungog and, although occasionally erratic, the Raymond Terrace clinic was on the whole better attended than Dungog.
2. The more frequent the clinics, the more likely clients are to book / attend, since there is no risk of their legal matters becoming “stale” in the intervening time between clinics. More frequent clinics also reduces the risk of confusion in the host location and for clients as to “which weeks the clinics are held”.
3. Collaboration and partnership with other legal service providers may enable more frequent clinics to be provided, where the weeks are “shared” between legal services. Also cross referrals and warm referrals may be made between different legal service providers, thus improving legal outcomes for clients in these areas.
4. Host locations which provide multiple services for clients with multiple legal and non-legal problems may have a higher level of engagement with clients with unmet legal needs in view of the other services being provided at the same location.
5. A strong relationship between host locations and legal service providers is important so as to ensure awareness of the clinics is maintained and booking procedures and other requirements are met.

Conclusion and recommendations

What is your conclusion?

1. That the resource intensive provision of legal outreach clinics should be targeted towards areas of high population as well as statistically high levels of unmet legal need in the community, even if there are other factors which might adversely impact on the ability of the individual to access legal services in remote areas, such as transport issues.
2. That issues such as the frequency and location of clinics, the advertising and raising awareness of clinics on a periodic basis, the level of services provided by the host locations, and their levels of engagement with clients, are all issues affecting the success of legal outreach clinics.
3. Given the fact that many clients in areas of high unmet legal need may experience multiple complex legal and other problems, host locations which are involved in multiple service provision may have a higher level of engagement with clients with legal problems.
4. Collaboration with other legal service providers where possible is important to maximise the frequency of clinics and ensure cross referral of clients so as to maximise assistance provided.
5. A strong collaborative and cooperative relationship between host locations and legal service providers is important so as to ensure that awareness of the clinics is maintained and booking procedures and other requirements are met.

What are your recommendations for improvements both for the intended audience of your project, and for the strategy you used to achieve your aim? What would you do differently next time?

See above. We have carried out a full review of our outreach program, including a gap analysis of statistical levels of unmet need in the Hunter region, as a result of which we have concluded that:

1. We should conduct outreach clinics in areas where there is a high population as well as statistical evidence of high unmet legal need.
2. We should attempt to increase the frequency of the clinics, to preferably once per week.
3. We should collaborate where possible with other service providers so as to increase the frequency of clinics and the potential for cross referrals.
4. We should seek to host the clinics in locations which have high levels of service provision and high levels of engagement with clients with complex legal needs.
5. We should develop a strong collaborative relationship with host locations.