

# Health and justice: working together to address the social determinants of health



Redfern Legal Centre

# Outline

1. The rationale
2. Redfern Legal Centre/Sydney Local Health District partnership
3. Case Studies
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The rationale

# Question 1

True or false: can the law impact people's health and wellbeing?

# Question 2

How many legal problems on average do  
Aboriginal people have each year?

## Question 3

What percentage of Aboriginal people do not get assistance for their legal issues?

# Question 4

Who are people with legal problems most likely to go to for advice?

# Health justice partnerships

- Early intervention
- Reaching people who wouldn't otherwise seek legal assistance  
(80% of our clients said they would not have approached a lawyer)
- Addresses social determinants of health



# Health justice partnerships

- Improve individual health outcomes
- Alleviate strain on legal and health system
- Produce systemic change/law reform that addresses negative social determinants of health

# Redfern Legal Centre/Sydney Local Health District partnership

# RPA & Sydney Dental Hospital

- Royal Prince Alfred Hospital, open to all area health service patients, since 2014
- Sydney Dental Hospital, open to all patients of the service, since March 2019

# Key features

- Relationship between lawyers and health staff – embedded lawyer
- Training for health staff on identifying legal issues (500 staff trained)
- Flexible service, indirect/informal service, support, a level of handholding
- Trauma informed service
- Lawyers are not mandatory reporters

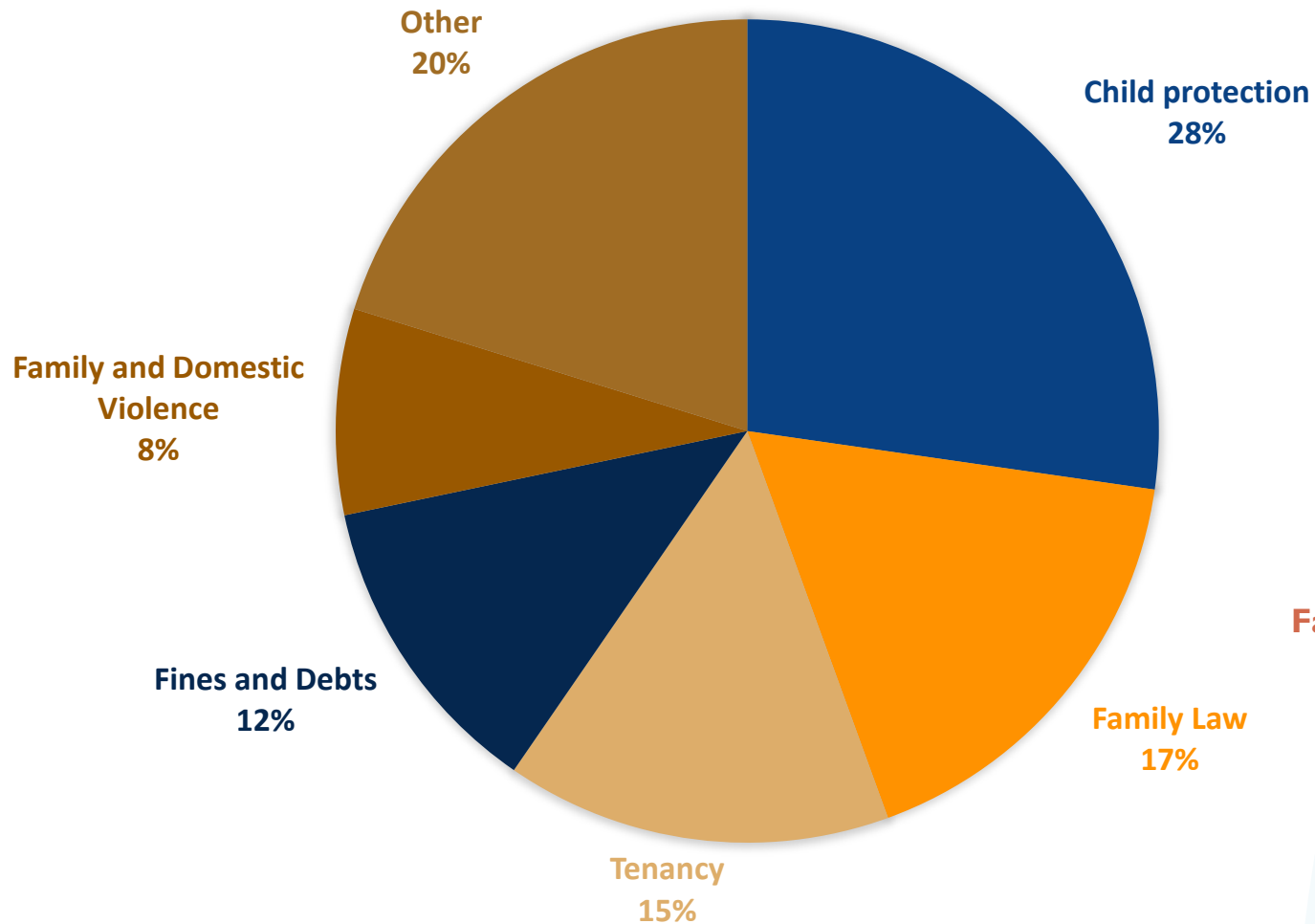
# Service utilisation

## RPA and the Sydney Dental Hospital

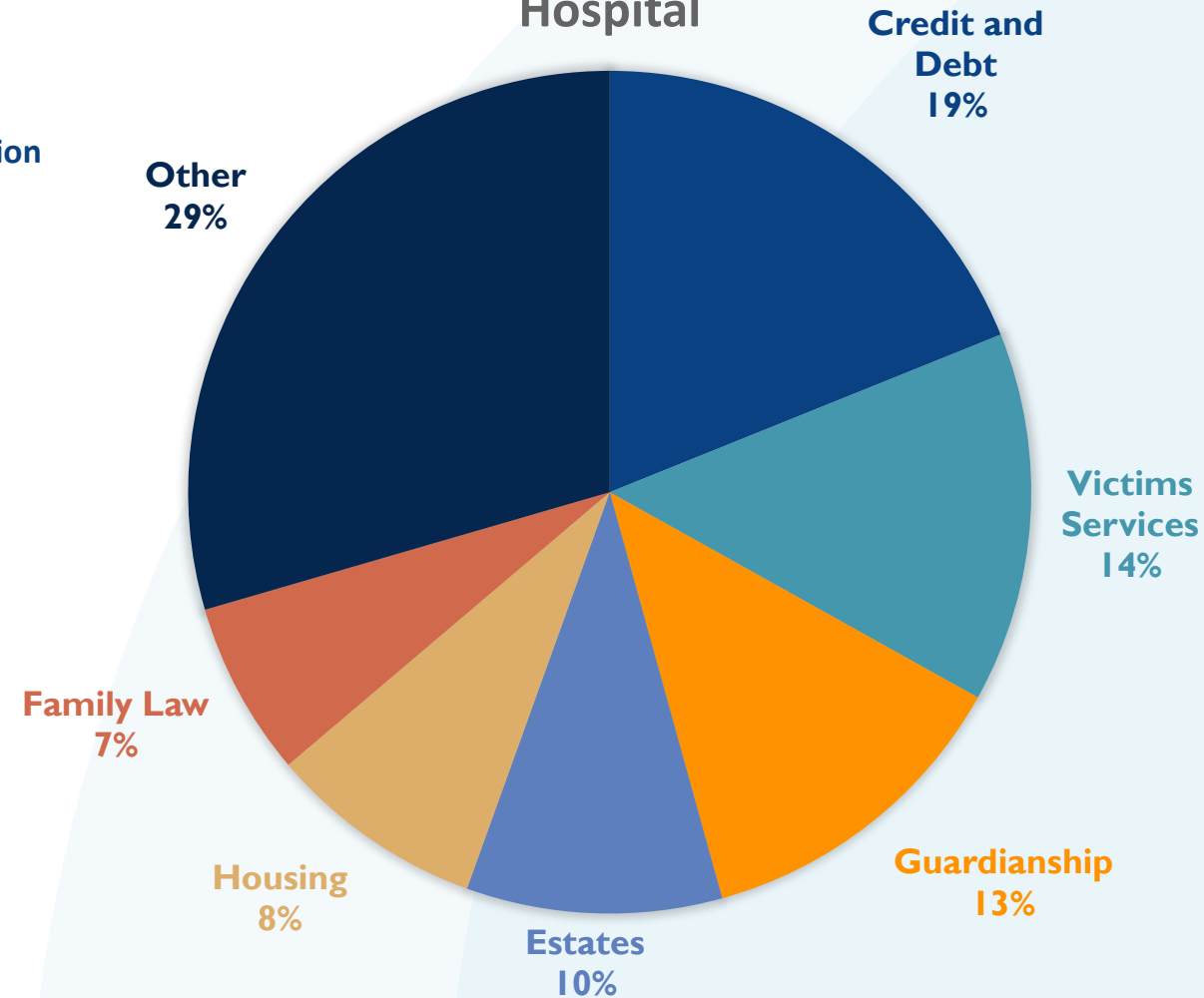
- RPA - 427 clients, 2015 – May 2018
- RPA - 79% women
- Sydney Dental Hospital – 125 clients, March 2019 – present
- Sydney Dental Hospital – 80% of clients identify as Aboriginal Australian
- Representation, one off advice, task assistance

# Legal problems

RPA



Sydney Dental Hospital



# Case Studies

# Case study 1: Uncle Tom

Uncle Tom\* is an Aboriginal Elder, well known within the Redfern community. He regularly attends the Sydney Dental Hospital and recently sought urgent treatment. After being approached by the Oral Surgeon at the SDH, he identified several legal issues including **homelessness, Centrelink, ATO** and several **unpaid fines** amounting to **\$2300**.

Uncle Tom was given immediate legal advice, drafted urgent documentation to be submitted to SDRO, Centrelink and ATO.

He was very apprehensive when we initially met as he believed he would be arrested by the Police. I explained to Uncle Tom that he would be safe and discussed with him the process of how fines can be waived, given his circumstances.

As his solicitor, I contacted a well-known Aboriginal service provider and Uncle Tom was offered short term accommodation for 10 weeks, transitioning to his own home for the first time in over 10 years.

With legal intervention, the fine was waived by SDRO; Centrelink DSP payments were not only reviewed, but he was also paid an amount that was backdated to the day of his application. The ATO updated their details through their Review and Dispute Resolutions and confirmed he did not owe ATO any monies.

**For the first time in over a decade, Uncle Tom had access to housing in winter.**

\*Name changed to preserve anonymity.



# Case study 2: Carrie

Carrie\* was hospitalised in RPA in the weeks leading up to her delivery of twins. Carrie is a recovering heroin addict **committed to maintaining primary care of her children**.

With the assistance of an RPA social worker, the HJP Solicitor worked with Carrie to **manage her court appearances, before and after the birth** of her twins. We also provided Carrie with advice about care and protection law.

Carrie herself was active in her case, obtaining the paperwork and supporting documents, with the HJP service providing her with support at crucial moments to ensure that Carrie has the best chance of maintaining primary care of her children.

Carrie has been able to avoid a custodial sentence and is undergoing residential rehabilitation. She is still the primary carer of her twins.

\* Name changed to preserve anonymity.

# Case study 3: Aunty Maggie

Aunty Maggie\* is a proud Aboriginal Elder and regular Patient at the Sydney Dental Hospital. Three years ago, **Aunty Maggie had an accident which affected her cognitively.**

Aunty Maggie approached the HJP service because she had received a letter from her bank that she was in arrears for credit card payments. She had believed that she had a debit card, not a credit card, and had accumulated a **debt of \$12,000 over a period of two years.**

As her HJP Solicitor, I explained why the debt had accrued, and drafted a letter on her behalf requesting documentation from the bank. Upon reviewing the documentation, we drafted a second letter to the bank outlining the questionable lending practice in this case. **The bank conceded that Aunty Maggie should not have been approved for a credit card.**

I also followed up with her on her **personal injury claim**, which has a strict time limitation, and referred Aunty Maggie to a culturally appropriate service provider who assisted her to apply for NDIS support. **Immediate support mechanisms were put in place for her.**

Aunty Maggie telephoned with her family a three weeks later to inform us that **the bank had waived her debt.**

Because of this, Aunty Maggie was able to maintain her housing situation with no risk of eviction.

\* Name changed to preserve anonymity.

# Case study 4: Jane

Jane\* was 17 years old and the mother of two children under the age of 2. She was attending RPA with her youngest child, whom x-rays confirmed had a fractured skull. **A FACS notification was triggered, as well as an investigation by the Police Child Abuse Unit.**

The HJP Solicitor was able to provide immediate advice. Jane revealed her partner was abusive and addicted to substances. Whilst Jane was initially protective of her partner, **she agreed to take protective action when she understood the gravity of the risk of removal.**

**Extended family were engaged to support** the care of the children and were present for engagement with FACS.

Jane was able to engage with the Police Domestic Violence team and **obtained an AVO** against her partner.

With HJP support, the FACS risk was undertaken, and **no further action was taken by the department.**

\* Name changed to preserve anonymity.

# Independent evaluation - Sydney University

## **Non-judgemental compassionate service**

“accessible, known and trusted in the  
Indigenous community, flexible, welcoming,  
respectful, empowering, responsive and  
holistic.”

# Trust & Partnership

- HJP Solicitors take the time to develop trust
- Health staff and the lawyer work in partnership to address intersecting legal and health issues

# Filling a Gap in the overall care of patients

*The HJP has therefore filled a crucial gap in the overall care of the clients at RPAH...the HJP opened-up opportunities to receive legal help for clients and families who often experience multilayered and cumulative disadvantage.*

# Systemic Advocacy- Changing the System

The service has been engaged in advocating for law reform to NSW Child Protection Laws to reduce the rate of removal of Indigenous children.

It has also successfully advocated for improved processes for Aboriginal applications to the Stolen Generation Reparations Scheme.

It has been a model for new HJPs being developed across Australia. The Medical Journal of Australia covered the HJP in June 2016, and The Law Society of NSW Journal featured an article in August 2016 on the HJP.



# Improving the Social Determinants of Health

*“The commonest outcome reported for participants was remaining in stable housing and receiving a fair trial in dealings with child protection services. Being relieved from debt was also often achieved. The participants' stories suggest that HJP in many instances prevented a worsening of physical/mental health and adverse social outcomes such as incarceration and relapse into problematic drug-use. Although the sample size for this qualitative component is limited, it is reasonable to assume that, in the interviews reported, the HJP was able to improve social and functional outcomes. These outcomes highlight the importance of the model in supporting this vulnerable population.”*

# Thank you



Redfern Legal Centre