

# **Review of the Legal Aid NSW Regional Outreach Clinic Program (ROCP)**

**August 2013**

## Acknowledgements

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# 1 Executive Summary

The review of the Legal Aid NSW Regional Outreach Clinic Program (ROCP) conducted during February–June 2013 was requested by the CEO Legal Aid NSW to explore the progress and effectiveness of the program, and to make recommendations regarding its improvement. This review concludes that the strengths of the ROCP model (generalist, private practitioners linked to regional, rural, and remote communities, adding value to those communities, and reaching communities where Legal Aid NSW cannot cost effectively reach with in-house resources) means that there is an important place for the ROCP in providing services in regional NSW within a flexible ‘mixed model’ of Legal Aid NSW outreach services.

The review reveals strong evidence that the ROCP reaches clients at risk of social exclusion, mostly in locations where there are limited local alternatives for legal assistance. The ROCP appears to be generating grants of aid, appears to be cost effective, and is generally valued and utilised by local communities. There is a high level of compatibility between the elements of an effective ROCP clinic as identified by ROCP stakeholders and the Legal Aid NSW Best Practice Principles/Checklist for Outreach Services.

The review recommends developmental work in identified ROCP locations to maximize impact and reach. Opportunities are also identified for training and support to be provided to host agencies in undertaking legal clinic intake and referral.

Importantly, the review notes that there has been a rapid expansion in Legal Aid in-house outreach services over the past two years, which now impacts on the location and operation of some ROCP clinics. The review recommends a systematic analysis during 2013–2014 of each ROCP clinic in terms of its location, reach, and interaction with in-house and allied services outreach activity. It also recommends that a new ROCP Steering Committee should oversee evidence-based planning during this period to recommend the appropriate mix and location of ROCP clinics and in-house Legal Aid NSW outreach services beyond 2014 to have the greatest impact on access to legal assistance for regional, rural, and remote NSW.

The review identifies a number of additional actions that may be taken to bring the ROCP more “into the fold” of Legal Aid NSW. For example, through connecting the governance of ROCP with the Legal Aid NSW Outreach Network, the continuation of the annual ROCP training program (to leverage opportunities for connection between ROCP and Legal Aid NSW practitioners), and improved linkages to regional offices.

The review concludes that to move forward beyond 2013, the ROCP does not require any particular increase in its funding for direct fees to practitioners (beyond any general increases), but does require allocated funding for an annual ROCP training program and for a part time project officer function to undertake the important monitoring and developmental work on the program.

The ROCP could be further enhanced by consideration of a small fund to pay host agencies operating multi-service clinics for administration and office resources, and consideration of a small pool of flexible funds for the temporary placement of private practitioners to cover short-term gaps in in-house rural and remote outreach coverage.



## 2 Response to Terms of Reference

Term of reference	Response
<p>Analyse the impact of the ROCP Program in providing services in regional NSW</p>	<p>The review concludes that the strengths of the ROCP model (generalist private practitioners linked to regional, rural, and remote communities, adding value to those communities, and reaching communities where Legal Aid NSW cannot cost effectively reach with in-house resources) means that there is an important place for the ROCP in providing services in regional NSW within a flexible 'mixed model' of Legal Aid NSW outreach services.</p> <p>The ROCP reaches clients at risk of social exclusion, mostly in locations where there are limited local alternatives for legal assistance. The ROCP appears to be generating grants of aid, appears to be cost effective, and is generally valued and utilised by local communities.</p> <p>The review notes that there has been a rapid expansion in Legal Aid in-house outreach services over the past two years, which now impacts on the location and operation of some ROCP clinics. The review recommends a systematic analysis during 2013–2014 of each ROCP clinic in terms of its location, reach, and interaction with in-house and allied services outreach activity. It is recommended that the new ROCP Steering Committee will undertake evidence-based planning during this period to recommend the appropriate mix and location of ROCP clinics and in-house Legal Aid outreach services beyond 2014 to have the greatest impact on access to legal assistance for regional, rural, and remote NSW.</p>
<p>Analyse whether the ROCP clinics are meeting stated objective of increasing access to free legal services to people at risk of social exclusion in identified areas of disadvantage in regional, rural and remote NSW</p>	<p>Data indicates that the ROCP is providing advice services to people at risk of social exclusion at much higher rates than NSW average occurrence. In 2012:</p> <ul style="list-style-type: none"> <li>• 20% of all advice services were to Aboriginal clients</li> <li>• 62% of all advice services were to people on Centrelink benefits</li> <li>• 16% of all advice services were to people on Disability Support Pension</li> </ul> <p>Collaboration and development work with a number of individual clinics is recommended over 2013–2014 to ensure that the mix of clients reflects the objectives of the program in all ROCP locations.</p>
<p>Ascertain whether clients in ROCP are accessing grants of aid in ROCP locations, where appropriate</p>	<p>The review revealed that ROCP clients of almost all ROCP clinics are accessing grants of aid post receiving advice services at ROCP clinics. There is no reference point for comparison of rate of grants generated, but the rate of grant applications by ROCP clients appears promising. The ROCP manual data search revealed that 9% of ROCP clients applied for a grant of aid. Of these, 70% were approved and 30% declined over the two-year period of analysis.</p>
<p>Highlight issues that have arisen since the commencement of the ROCP</p>	<p>The most significant issue that has arisen since the expansion of the ROCP in 2011 is the rapid expansion of Legal Aid NSW in-house outreach services over the similar two-year period. Following this rapid expansion, there has been a move towards a more coordinated Legal Aid NSW approach to outreach services through the establishment and work of the Legal Aid NSW Outreach Network.</p> <p>The review also found that there has been an impact on the ROCP of few dedicated project resources to administer and develop the program.</p> <p>Other issues identified by the review include:</p> <ul style="list-style-type: none"> <li>• the need for consistent servicing by the same ROCP practitioner to small communities, and the impact that staff turnover can have on a clinic;</li> <li>• the need for practitioner flexibility in servicing clients with complex needs; and,</li> <li>• the need for host agency staff providing client reception services to be trained and supported in legal clinic intake and referral.</li> </ul>

Term of reference	Response
Review issues relating to the effectiveness and efficiency of the Program and make recommendations for improvement	<p>There is good evidence overall that the ROCP is meeting its stated objective of increasing access to free legal services to people at risk of social exclusion in identified areas of disadvantage in regional, rural and remote NSW.</p> <p>The ROCP is a small program (direct costs of \$106,097 for 682 advice services in 2012 in mostly rural and remote locations) with strengths that can be maximised through developing it as one flexible component of the “mixed model” of Legal Aid NSW outreach services. The strengths of the program may be made more effective by:</p> <ul style="list-style-type: none"> <li>• Actions to bring the program more “into the fold” of Legal Aid NSW outreach generally, and;</li> <li>• A systematic review of all ROCP clinics during 2013–2014 as part of evidence based planning for the locations of clinics beyond 2014.</li> </ul> <p>The review found that there is a high level of compatibility between the elements of an effective ROCP clinic as identified by ROCP stakeholders (practitioners and host agencies) and the Legal Aid Best Practice Principles/Checklist for Outreach Services (which are based on practice experience, and on the findings of a systematic analysis of the international research on effective outreach legal services).</p>
Analyse the cost effectiveness of the ROCP Program	<p>The overall average direct cost (fee paid to practitioners) per ROCP advice service in 2012 was \$156. The average direct cost per advice service per clinic location varies depending on remoteness of location and corresponding volume of clients seen. The average direct cost per advice service over the two years was \$155. Indirect costs of the ROCP are currently being absorbed by the Cooperative Legal Service Delivery Program (including all program administration). Training costs have been funded separately and are not included in the cost per advice service calculation.</p> <p>Stakeholder feedback reveals that most ROCP practitioners provide an holistic advice service to clients, which include minor assistance, referrals, and sometimes, follow up. Feedback also indicates that clients of ROCP clinics often have complex needs.</p> <p>This review did not directly compare the ROCP average cost per advice service with Legal Aid NSW in-house cost per advice service for similar geographical locations and target client group. However, it is reasonable to argue that the ROCP overall is likely to be lower cost per advice service than in-house cost per advice service, for the same geographical locations.</p>
Make recommendations to enhance administrative efficiency of the ROCP Program	<p>The review recommends:</p> <ul style="list-style-type: none"> <li>• some changes to data collection to streamline the process and improve the collection of data relevant to the monitoring of ROCP objectives;</li> <li>• that consideration be given to funding an ROCP Project Officer function, with key tasks being: undertaking development work in targeted ROCP locations; supporting and resourcing the planning work to be undertaken by the new ROCP Steering Committee; and, coordinating the training of ROCP practitioners; and</li> <li>• that an ROCP “relationship manager/business partner” in Grants is identified.</li> </ul>

Term of reference	Response
<p>Make recommendations about improving cooperation, coordination and collaboration within and outside Legal Aid NSW with the ROCP</p>	<p><i>Within Legal Aid NSW</i></p> <p>The review recommends:</p> <ul style="list-style-type: none"> <li>• that a new ROCP Steering Committee is formed as a sub committee of the Legal Aid NSW Outreach Network, which includes senior representation from practice areas, grants and community partnerships as well as the Aboriginal Legal Service NSW/ACT. This aims to bring the governance of the ROCP “into the fold” of Legal Aid NSW and improve coordination of Legal Aid NSW in-house outreach services with the ROCP;</li> <li>• that during the period 2013–2014, each ROCP clinic is examined by the Steering Committee in terms of its location, reach, and interaction with in-house and allied services outreach activity, with recommendations being made regarding any development work required, and clinic locations and collaboration from 2014 and beyond;</li> <li>• that the objectives of the ROCP are reviewed by the Steering Committee to reflect its place in the “mixed model” of Legal Aid NSW outreach service delivery;</li> <li>• that Legal Aid NSW Best Practice Principles/ Checklist for Outreach Services are reviewed so they can be applied to the ROCP model; and,</li> <li>• a range of options for engaging ROCP practitioners more with the Legal Aid NSW in-house practice and resources, including the continuation of an annual training forum.</li> </ul> <p><i>Outside Legal Aid NSW</i></p> <p>The review recommends:</p> <ul style="list-style-type: none"> <li>• exploration of a roll out of targeted CLE for host agencies involved in client administration, bookings and providing legal referrals for ROCP and CLSD Program multi-service clinics.</li> </ul>



### 3 ROCP and CLSD Map

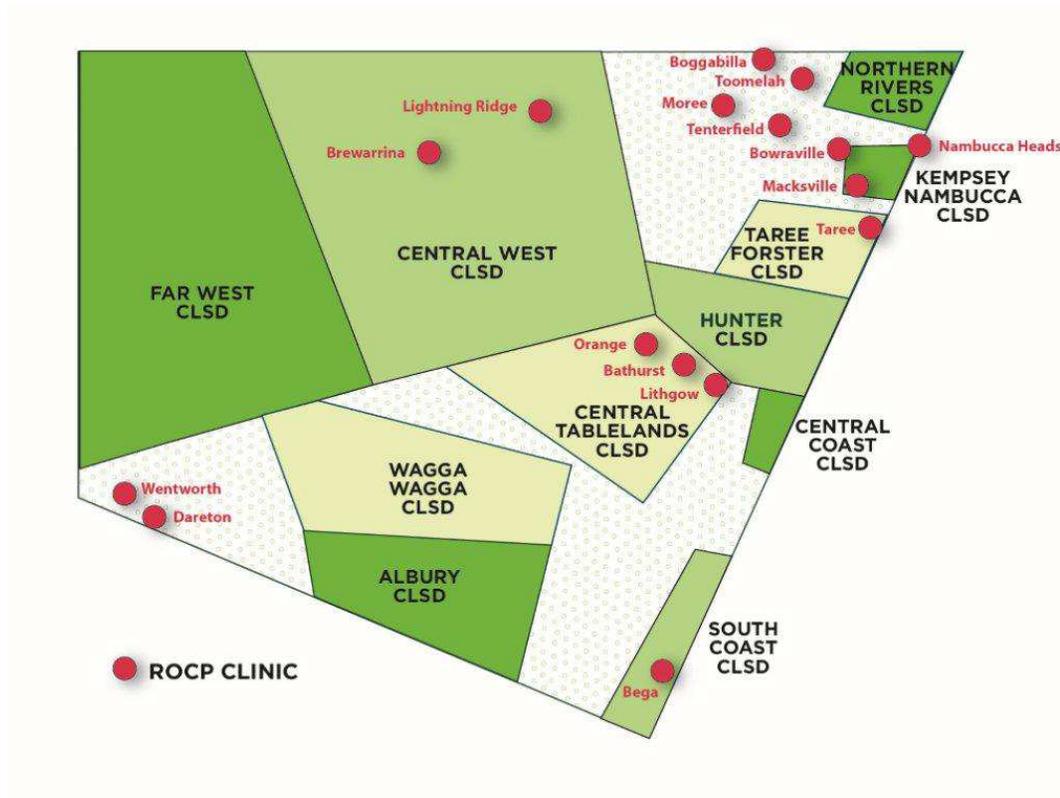


Figure 1. ROCP and CLSD map



## 4 Summary of Recommendations

This review recommends:

1. That an enhancement is sought to ATLAS to allow the addition of two optional fields to the duty lawyer function that could allow for ROCP lawyers to enter client data relevant for monitoring the objectives of the Program (eg Centrelink and DSP).
2. That Legal Aid NSW explores whether manual data collection by ROCP Practitioners could be streamlined. In particular, explore whether the completion of the Legal Aid NSW advice form is necessary, and whether a simplified collection of data (similar to the CLSD trial) to monitor the ROCP against its intended objectives is possible.
3. That specific requirements for data collection and reporting are included in ROCP contracts.
4. That Legal Aid NSW explores the roll out of targeted CLE for host agencies involved in client administration and bookings and providing legal referrals for ROCP and CLSD Program multi-service clinics, including the provision of appropriate resources and back up advice (eg Kingsford Legal Centre's Getting Off the Referral Roundabout).
5. That the Legal Aid NSW Best Practice Principles/Checklist for Outreach Services are reviewed and adapted so that they can be applied to the ROCP model and clinics, and include a heightened emphasis on guidelines for client administrative and booking arrangements, cultural appropriateness, and connectedness of the host agency.
6. That Legal Aid NSW identify resources to undertake further exploration and development work with the identified ROCP clinics to increase Aboriginal access to those clinics.
7. That, as part of a potential CLE roll out to build the capacity of host agencies to make legal referrals, options for phone advice should be addressed.
8. That in special circumstances, ROCP practitioners be enabled to undertake phone interviews as needed (without replacing the primarily face-to-face nature of the clinics).
9. That funding for an annual ROCP training program is continued with the purpose of: bringing ROCP practitioners more into the Legal Aid NSW service delivery framework; giving them feedback about the operation and performance of the Program; networking with each other and identified Legal Aid NSW staff, and; providing targeted MCLE in relevant areas of ROCP work.
10. That a new ROCP Steering Committee is established as a sub committee of the Legal Aid NSW Outreach Network. The Sub Committee will include:
  - Program Manager, CLSD and ROCP Programs
  - Executive Director, Grants and Community Partnerships

- Senior representation from each of the practice areas
  - Senior representation from Grants
  - Manager Legal Service Development
  - Senior Project Officer, Executive Unit
  - Senior representation from the Aboriginal Legal Service NSW/ACT
11. That the ROCP Steering Committee oversee the implementation of the approved findings of this review, and specifically undertake planning for the location of ROCP service delivery beyond 2014, should funding be available.
  12. That the ROCP Steering Committee review the objectives of the ROCP, defining the place of the Program in the context of the mixed model of Legal Aid NSW outreach services into the future.
  13. That funding for ROCP continue at current levels for 2013–2014, but with an allocation of funding for an annual ROCP training program and for a part time project officer function to undertake the important monitoring and developmental work on the program.
  14. That consideration for 2013–2014 also be given to further enhance the ROCP by way of a small fund to pay host agencies operating multi-service clinics for administration and office resources, and consideration of a small pool of flexible funds for the temporary placement of private practitioners to cover short-term gaps in rural and remote outreach coverage.
  15. That an ROCP ‘relationship manager/business partner’ in Grants is identified to provide a point of liaison with practitioners and the CLSD Unit to improve the process and consistency for claiming payment, and collection of data through ATLAS.
  16. That an allocation of the time and resources of the Manager, Legal Service Development, is dedicated to assist with planning for future ROCP service delivery and the development of targeted ROCP locations.
  17. That during the period 2013–2014, each ROCP clinic is examined by the Steering Committee in terms of its location, reach, and interaction with in-house and allied services outreach activity. Development work is undertaken with identified clinics, and planning is undertaken for those clinics that are appropriate to go forward beyond 2014, and those that have been replaced with other service delivery and therefore require withdrawal of the ROCP. The Steering Group will also undertake evidence based planning for possible new clinics in new locations to replace the ROCP clinics that have closed, and review our contractual relationships with practitioners.
  18. That should new Commonwealth funding be available beyond 2014, the ROCP should be funded for the same number of clinic locations, but that these clinic locations are flexible depending on the need identified by the ROCP Steering Group. That a part time ROCP Project Officer function and an annual training program is included in ROCP funding. Consideration may also be given to an additional new small pool of flexible funds for temporary placement of private practitioners to cover short-term "gaps" in regional, rural, remote outreach coverage, and a small fund to pay host agencies operating multi-service clinics for administration and office resources.

## 5 Introduction

A review of the Legal Aid NSW Regional Outreach Clinic Program (ROCP) was conducted February–June 2013 utilising a mix of in-house and external expertise. The review was overseen by a Steering Committee convened by Richard Funston, Executive Director, Grants and Community Partnerships.

### 5.1 Background

In 2012, the CEO Legal Aid NSW requested a review of the ROCP Program to ascertain how the Program is progressing, evaluate its effectiveness, and provide recommendations on how the Program could be improved. The Review was to be completed by end of June 2013. National Partnership Agreement (NPA) funding for the ROCP expires June 2014.

The ROCP currently funds on a fee-for-service<sup>1</sup> basis private and community legal centre lawyers to deliver services in 16 locations where it was not feasible for Legal Aid NSW to provide outreach services (list of locations and providers at *Appendix A*). The Program commenced in September 2009 with seven clinic locations selected after an analysis of high socio-economic disadvantage and comparative low access to free legal services. Lawyers were selected following an expression of interest process. The Program expanded in 2011 to a further six locations. Through 2011–2013, private practitioners providing services at CLSD multi-service clinics in Bathurst and Taree were brought within the ROCP framework. In April 2013, the service was expanded to take in Toomelah, bringing the current total to 16 clinics (a number of practitioners service more than one ROCP clinic).

Current NPA funding expires June 2014 with contracts with providers expiring either June 2013 or June 2014.

The two objectives of the ROCP, as set out in the 2010 Guidelines, are to:

1. Provide regular access to sustainable and effective advice and minor assistance to people at risk of social exclusion living in regional, rural and remote areas of NSW, and
2. Develop and promote best practice in the provision of quality advice and minor assistance legal services to people at risk of social exclusion living in regional, rural and remote areas of NSW, through the provision of training, resources and professional support to practitioners participating in the program.

The ROCP is administered by the Cooperative Legal Service Delivery (CLSD) Program Unit within the Grants and Community Partnerships Division of Legal Aid NSW. Funding for an ROCP Coordinator (Clerk Grade 7/8) expired in January 2013 (an initial one year of funding for the position to support the 2011 expansion was subsequently extended to January 2013) and the position was deleted. All administration, monitoring, and development of the Program is conducted by the CLSD Program Unit, which consists of one EFT Manager and one EFT Coordinator. An additional temporary full time coordinator position to support the CLSD Program and ROCP has been funded until December 2013 with unspent NPA funds. The NSW Legal Assistance Forum

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<sup>1</sup> Practitioners are paid per hour as a duty service, not per advice session.

(NLAF) Working Group on the Recruitment and Retention of Lawyers in RRR NSW is the current advisory group for the ROCP.

Up until August 2011, the administration of the ROCP (and the ROCP Coordinator) sat with the Manager, Legal Service Development in the Strategic Policy and Planning Division. When the Manager, Legal Service Development was seconded to another position, ROCP was placed within the CLSD Program Unit.

## 5.2 Terms of Reference

The terms of reference for the review as approved by the CEO are:

1. Analyse the impact of the ROCP Program in providing services in regional NSW;
2. Analyse whether the ROCP clinics are meeting the stated objective of increasing access to free legal services to people at risk of social exclusion in identified areas of disadvantage in regional, rural and remote NSW;
3. Ascertain whether clients in ROCP are accessing grants of aid in ROCP locations, where appropriate;
4. Highlight issues that have arisen since the commencement of the ROCP;
5. Review issues relating to the effectiveness and efficiency of the Program and make recommendations for improvement;
6. Analyse the cost effectiveness of the ROCP Program;
7. Make recommendations to enhance administrative efficiency of the ROCP Program; and,
8. Make recommendations about improving cooperation, coordination, and collaboration within and outside Legal Aid NSW with the ROCP.

The Review covers the current funding and progress of the ROCP. It explores the internal (within Legal Aid NSW) and external relationships with the Program. The review was not to look specifically at the performance of individual ROCP providers nor necessarily at client outcomes, although it will make comparisons across ROCP providers and the context within which they operate.

## 5.3 Review Steering Committee

Legal Aid NSW convened a Review Steering Committee to oversee the review. The Review Steering Committee provided expert input and advice and assisted in the formulation of the recommendations.

The Review Steering Committee members were:

- Richard Funston, Executive Director, Grants & Community Partnership
- Jenny Lovric, Program Manager, CLSD and ROCP Programs
- Jane Cipants, A/Manager, Legal Service Development
- John McKenzie, Principal Legal Officer, Aboriginal Legal Service (NSW/ACT) Ltd
- Robyn Lee, Legal Aid NSW and formerly of WA Baxter & Co, Gunnedah (Law Society of NSW representative)
- Glenn Sofinowski, Program Coordinator, CLSD and ROCP Programs

## 5.4 ROCP Models of Operation

### 5.4.1 Multi-service clinics

Five ROCP clinics operate as part of a multi-service roster of legal service providers (meaning, for example, that the ROCP might provide a monthly clinic in a location, but another provider (such as a CLC, Legal Aid NSW, or pro bono lawyer, or specialist service such as a tenants' service) will also provide a monthly clinic in the same location (on a different week) bringing the visiting clinic to once a week or fortnight. These multi-service clinics are mostly established, coordinated, and supported by the CLSD Program Unit.

### 5.4.2 Locations

Four clinics operate out of a local court house, six operate out of local community agencies offering a range of general client services (such as neighbourhood centres), and six have other arrangements (such as a library, youth service, Aboriginal organization).



## 6 Scope and Methodology

The review was conducted using a combination of in-house and external expertise, and focused on the 15 ROCP clinics operating during 2011 and 2012. Qualitative data was sourced by an external consultant, Mr Tim Leach, by way of semi-structured interviews. Quantitative data was sourced in-house by CLSD staff and the Business Reporting Unit.

The methodology comprised:

1. One face-to-face focus group with ROCP practitioners to scope the current issues and inform interview questions (October 2012).
2. Semi-structured interviews with all current ROCP practitioners and host agency representatives conducted by an external consultant (April 2013).
3. Semi-structured interviews with key Legal Aid personnel including current and former ROCP Managers, Practice Directors and outreach personnel conducted by an external consultant (May 2013).
4. Desktop analysis of ATLAS data for ROCP advice services, Aboriginal clients and cost (April 2013).
5. Desktop analysis of hard copy advice forms completed by ROCP practitioners for ROCP advice services and client demographics (April 2013).
6. Manual ROCP client name search on ATLAS re clients granted aid after the date of the ROCP service (April 2013).
7. Workshop and consultation with the Review Steering Committee to discuss findings and formulate recommendations (May and June 2013).

A table showing data sources for each of the Review questions is at *Appendix B*.

Increasing access to free legal services for people at risk of social exclusion is one of the objectives of the Program. The indicators used for at risk of social exclusion for the purposes of this review were:

- On Centrelink benefits (proxy for low income/ financial hardship)
- On Disability Support Pension (proxy for long-term health condition or disability)

Aboriginality was also considered for this review because Aboriginal people are among the most socially excluded people in Australia, and all ROCP clinics are in locations with Aboriginal populations higher than the NSW average.

A wider range of indicators of social exclusion was not available in the data collected/recorded for ROCP clients.

At the same time as the ROCP Review was being undertaken, the NSW Law and Justice Foundation was undertaking a Review of Legal Aid NSW Outreach Legal Advice Services. The two reviews were designed in consultation so that data gathered for the ROCP review is similar to the data being gathered for the broader outreach review, with the aim that the findings of each of the reviews will complement each other.



## 7 Findings

### 7.1 ROCP 2012 Snapshot

In 2012 (Jan–Dec), Legal Aid NSW paid \$106,097 in fees to ROCP practitioners who delivered 682 advice services in 15 locations. In 2012:

- 20% of all advice services were to Aboriginal clients;<sup>2</sup>
- 62% of all advice services were to people on Centrelink benefits;<sup>3</sup>
- 16% of all advice services were to people on Disability Support Pension (DSP);<sup>4</sup>
- 55% of advice services were for civil law matters, 37% were for family law matters and 8% were for criminal law matters;
- the average (mean) direct cost per advice service was \$156;
- 44 grants were approved for clients who had previously received an advice service at an ROCP clinic.

### 7.2 ROCP Data

There are two parallel modes of data collection for the ROCP:

1. As a condition of their contract with Legal Aid NSW, ROCP practitioners are required to provide data to Legal Aid NSW. A Legal Aid NSW Advice Form for each client seen is completed by the practitioner. This includes personal details of the client, as well as information regarding their legal issue/s and details of advice given. These forms are submitted either by email, fax, or mail on a monthly basis to the CLSD Program Unit. Unlike other in-house Legal Aid NSW Advice Forms, these are not entered into CASES, but collated by the CLSD Program Unit into excel spread sheets for reporting. This practice developed when ROCP was first established.
2. To receive payment, practitioners log in to Grants Online and use the duty lawyer function to submit a claim for a maximum of three hours work. Data on the number of advice services civil/family/crime and state/commonwealth breakdown of services, and number of services provided to Aboriginal clients is also entered at that time. However, at this stage, the duty lawyer function does not support the entering of additional or individual client data.

Data used for this review is primarily data drawn from ATLAS,<sup>5</sup> complemented by data collated from the Legal Aid NSW Advice Forms (where this data is not available from ATLAS).

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<sup>2</sup> Source: ATLAS.

<sup>3</sup> Source: Legal Aid NSW Advice Forms.

<sup>4</sup> Source: Legal Aid NSW Advice Forms.

<sup>5</sup> ATLAS is the Legal Aid NSW grants management system. It processes all applications for aid, manages all grants of aid, pays all case-related claims, and manages records of all Legal Aid NSW clients.

The dual system of data collection is administratively onerous for both ROCP practitioners and the CLSD Program Unit, and is not reliable in providing consistent data. Data is often missing (incomplete forms, forms not submitted or claims and forms submitted after significant delay) and inconsistent between the two systems. It would be preferable to simplify the data system by either/both making adjustments to ATLAS so that a broader range of data can be entered by the practitioner on claiming payment, and/or development of a simplified manual data collection form. The current main benefits of the completion of the Legal Aid Advice form are that it records a wider range of client data relevant to the aims of the ROCP (eg income status), records the client's name (and date of birth and other party) (used by practitioners for conflict checking), provides details of advice provided for the purposes of quality monitoring, and has provided detail such as matter types, which has been used for ROCP monitoring and reporting.

However, the additional client data then needs to be collated by the CLSD Program Unit. The reality (due to limited resources allocated to the ROCP) is that forms are not often checked for quality purposes, and the only time that Legal Aid NSW has used client names is for this review to track grants of aid.

The CLSD Program Unit is trialling a new summarized data collection form that simply collects collated data for the clinic (eg for each client: sex; age; ATSI; Centrelink; very short description of what the advice was about) in a couple of multi-service clinics.

Recommendation 1: That an enhancement is sought to ATLAS to allow the addition of two optional fields to the duty lawyer function that could allow for ROCP lawyers to enter client data relevant for monitoring the objectives of the Program (eg Centrelink and DSP).

Recommendation 2: That Legal Aid NSW explores whether manual data collection by ROCP Practitioners could be streamlined. In particular, explore whether the completion of the Legal Aid advice form is necessary, and whether a simplified collection of data (similar to the CLSD trial) to monitor the ROCP against its intended objectives is possible.

Recommendation 3: That specific requirements for data collection and reporting are included in ROCP contracts.

## 7.3 ROCP Quantitative Data

### 7.3.1 Matter Type

A breakdown of broad matter type for ROCP advice services for the calendar years 2011, 2012, and a combined total for the two years is shown below. As can be seen, there was a significant shift from family law to civil law between 2011 and 2012.

Table 1: ROCP advice services 2011–2012 by law

Year	All ROCP Advice Services	Civil	Family	Crime
2011	364	88 (24%)	231 (64%)	45 (12%)
2012	682	375 (55%)	253 (37%)	54 (8%)
Total	1,046	463 (44%)	484 (46%)	99 (10%)

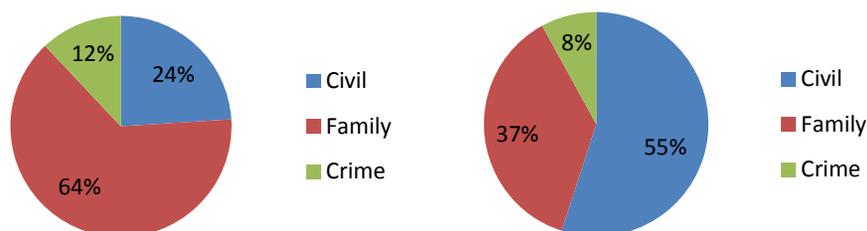


Figure 2. ROCP Advice Services 2011, 2012

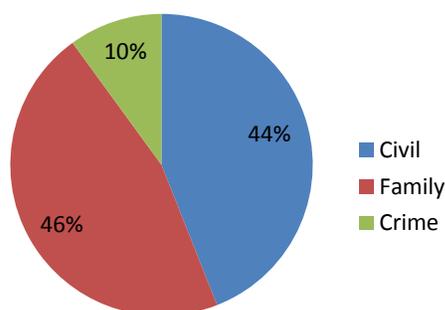


Figure 3. Combined 2011 and 2012 ROCP Advice Services

### 7.3.2 Client Characteristics

The proportion of advice services to Aboriginal clients for the ROCP was stable at 20% across 2011 and 2012. The proportion of advice services to people on Centrelink<sup>6</sup> benefits is high (70% across the program for the combined two years) but dropped between 2011 (87%) and 2012 (62%). Again, the proportion of advice services to

<sup>6</sup> The proportion of residents in NSW on Centrelink payments in 2009 was 236.3 per 1,000 (Source: Judith Stubbs and Associates 2009 derived from Centrelink).

people on Disability Support Pension (DSP)<sup>7</sup> is high (19% across the program for the combined two years) but dropped between 2011 (24%) and 2012 (16%). It can be assumed that there is an underreporting of Centrelink and DSP. Further discussion with practitioners will reveal if there is an underreporting of Aboriginality.

Table 2: ROCP advice services 2011–2012 by client

Year	All ROCP Advice Services	Advice services to Aboriginal clients	Advice services to people on Centrelink benefits	Advice services to people on DSP
2011	364	73 (20%)	317 (87%)	89 (24%)
2012	682	134 (20%)	418 (62%)	106 (16%)
Total	1,046	207 (20%)	735 (70%)	195 (19%)

### 7.3.3 Spread of Advice Services across Locations

The spread of advice services across ROCP geographical locations is varied dependant on:

- Commencement date of the clinic
- Staffing fluctuations
- Population numbers/ remoteness

### 7.3.4 Cost

The overall average (mean) direct (fee paid to practitioner) cost per ROCP advice service in 2012 was \$156. Average cost per advice service per clinic location ranged from \$77–\$450, with most clinic locations sitting at an average cost per advice service of between \$100 and \$200. The clinic with the lowest average cost per advice service is a higher volume clinic in close proximity to the practitioner's office. The higher cost per advice service clinics are generally the more remote clinics with lower client numbers. The average cost per advice service over the two years was \$155.

This review did not directly compare the ROCP average cost per advice service with Legal Aid NSW in-house cost per advice service for similar geographical locations and target client group. The costing of in-house outreach advice services is a complex task beyond the scope of this review. However, it is reasonable to argue that the ROCP is likely to be lower cost per advice service than in-house cost per advice service (for the same geographical locations). ROCP costs are:

- Hourly fee of \$150 for clinic time
- Travel only paid when the clinic is more than 75 kms from the practitioner's place of work (\$100 travel time plus \$0.60 per km)
- Program administration costs of the ROCP are currently absorbed by the CLSD Program
- Annual ROCP training program

<sup>7</sup> The proportion of residents in NSW on DSP in 2009 was 46.2 per 1,000 (Source: Judith Stubbs and Associates 2009 derived from Centrelink).

Costing of in-house advice services to the same locations would need to include:

- Hourly wage and on costs for staff for the entire outreach trip (including travel, waiting and clinic time)
- Travel cost (eg flights, car)
- Meal allowances (where required)
- Accommodation (where required)
- Equipment costs (eg phone and lap top)
- Supervision and training costs

## 7.4 Qualitative Data

### 7.4.1 Facilitated Group Discussion

In October 2012, the ROCP practitioners were invited to Legal Aid NSW Head Office for a two-day training and networking meeting. As part of the agenda, a facilitated session was held to provide information on the ROCP review and gather some initial feedback to inform the data collection and interview design for the review. The session was facilitated by in-house Legal Aid NSW staff (Jane Cipants and Jenny Lovric). Discussion questions are at *Appendix C*.

The group discussion revealed that:

- Practitioners have a good sense of the characteristics of the communities in which they practice, including the socio-economic situation of clients and locations of disadvantage;
- ROCP locations are extremely diverse in terms of geographic and demographic identity;
- Practitioners believe that what works well includes regular and consistent clinics, a good referral relationship with the host agency, doing something more than just advice (such as writing a letter, making a call), getting other community support services for clients and having a system for conflict of interest;
- Practitioners believe that the challenges include clinics conflicting with future dates, lack of other support services for clients, the complex needs of clients, travel distances, engaging with the target clients, conflict of interest, access to technology (eg internet and phone), and getting the right location;
- Practitioners want access to phone and computers at their clinics, to have access to Field Officers (or equivalent) to assist bring in clients, noted that CLE material was not high priority for their clients, and would like more assistance with promotion.

### 7.4.2 Stakeholder Interviews

Following an expression of interest process, Mr Tim Leach was appointed as the external consultant to undertake stakeholder interviews with all ROCP practitioners and a representative of each of the host agencies.

A questionnaire (*Appendix D*) was developed by in-house staff (Jane Cipants and Jenny Lovric) in consultation with Ms Suzie Forell (NSW LJF), Ms Sue Scott (Legal Aid NSW), and Mr Tim Leach. Mr Leach provided a composite summary of responses for both the Practitioner Interviews (*Appendix E*) and Host Agency Interviews (*Appendix F*). Summaries of individual interviews were also provided to the in-house

project team, but it was agreed in advance to protect anonymity that these would not be published.

The fixed budget for stakeholder interviews and dispersed locations of clinics did not allow for all interviews to be conducted face to face. However, the in-house project team believed there was value in approximately half of the interviews being undertaken face to face, to give the consultant exposure to the physical realities of the clinics and to have the opportunity to observe clinic locations. Mr Leach conducted face-to-face interviews at eight locations (Bathurst, Brewarrina, Dareton, Lightning Ridge, Lithgow, Moree, Orange, and Wentworth), with the remainder being undertaken by phone. All interviews were conducted during April 2013.

#### 7.4.2.1 Practitioner Interviews

Mr Leach interviewed ten ROCP practitioners (one practitioner was on leave during the interview period). Five practitioners were interviewed in person, and five were interviewed by phone. Overall observations<sup>8</sup> from the interviews are as follows:

***Overall practitioner interview observations:***

*Clinics operate in different ways, responding to local circumstances. The different bookings systems are the most obvious examples of this variation in operation. The overall result of this local variation is a rather complex program with multiple players engaged in a range of different service relationships. Practitioners talk about these variations as indicative of program strength, being the flexibility to respond to the particular needs of communities and the specific capacities and/or limitations of local practitioners and host agencies.*

*Clinic practitioners have strong but generally shared views on what constitutes a good clinic venue, and most are happy with the venues from which they currently operate. There was enthusiasm for the delivery of clinics from agencies with strong community links, and preferably from agencies already offering a range of community services. The capacity for this approach to deliver a one-stop shop for clients with multiple needs was highly valued. Agencies operating as busy community hubs tended to be very positively reviewed whereas host agencies just offering a room from which the service could be conducted generated less enthusiasm.*

*Most practitioners thought their clinics were attracting the right clientele. Several expressed concern that perhaps Aboriginal and Torres Strait Islander people were not accessing clinics in sufficient numbers. These practitioners had reflected on the various cultural factors that might be shaping attendance and there was a keenness to address any issues that might be discouraging Aboriginal and Torres Strait Islander people from attending the clinic.*

*Many practitioners reflected on their personal commitment to facilitating access to justice for the disadvantaged within their communities. Many reported going that extra yard to help clients, and having done work for clinic clients (or host agencies) for which they were not remunerated or*

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<sup>8</sup> From Appendix E: ROCP Practitioner Interviews – a summary of responses, Tim Leach, May 2013.

*reimbursed. This was considered a pro bono contribution consistent with their personal commitments to justice.*

*Practitioners reflected on the peculiarities of local communities. They noted that clinics had to be flexible to adapt to local needs and practices, the specific capacities of the host agency and the challenges associated with travel over long distances (for practitioners and clients). Practitioners were able to draw on their local knowledge to tailor services appropriately.*

*Practitioners tended to rate the value of the clinic service in very positive terms. They emphasised that their clients often had few or no other options, and that by accessing the clinic their clients had been greatly assisted.*

*There was strong support for the clinic's capacity to do more than just provide advice. The clinic's ability to provide this meant that many clients had had their legal problems solved simply by the practitioner making a few calls or drafting a letter.*

*There was strong support for the provision of a generalist service so regardless of whether the client's problem related to criminal, civil or family law, it could be dealt with at each clinic.*

*Practitioners were very clear on what constitutes a good ROCP clinic and there was general agreement amongst them on this issue.*

*Practitioners felt supported by host agencies and, for the most part, by Legal Aid NSW. Practitioners reported a strong connection to the ROCP Unit but less of a connection to Legal Aid NSW more generally.*

#### 7.4.2.2 Summary of key issues raised in practitioner interviews:

- Client booking systems varied (bookings taken by host agency, bookings taken by practitioner, or a combination of both).
- Some issues were identified for host agencies taking client bookings, mostly around the capacity of non-legal (and sometimes volunteer) staff to effectively act as first points of contact.
- Most practitioners cited the bookings system as evidence of good cooperation between the practitioner and host agency.
- There were few examples of clinics being currently advertised. Host agencies advertise as part of their general services.
- Practitioners identified three categories of clinic venue advantage:
  - Physical: proximity to centre of town, easy and accessible to access. Venue having an accessible and welcoming layout.
  - Connectedness: well-known locally, good local reputation, site of multiple community services.
  - Practitioner-friendly: phone, fax, and internet services, and ability to print and photocopy. Friendly and supportive agency staff.
- Varying views were expressed on the appropriateness of court houses as venues.
- Most practitioners thought that the clinics were attracting the right target group.

- A number of practitioners questioned whether Aboriginal people were under-represented in their clinics.
- Practitioners believe that they are able to resolve many client problems with a few phone calls or writing a letter. "This, they said, was hugely valuable when contrasted with the provision of simple advice to clients, many of whom lacked the skills or capacity to act on that advice".
- Many interviewees noted there were no local alternatives for legal assistance for clients.
- Solid client bookings and referrals from local agencies were seen as signs that the clinic was performing. "In a small town... word of mouth makes or breaks services".
- Several practitioners thought there might be a role for telephone advice for clients unable to attend the venue as an adjunct to the face to face clinic.
- Practitioners tend to feel a connection to ROCP staff but not to Legal Aid NSW more generally.
- Many practitioners said there were circumstances in which there was no referral option and clients fell through the gaps (due to non-availability of legal aid, lack of local solicitors, and remoteness from CLCs and Legal Aid NSW offices).
- Practitioners commonly referred clients back to the clinic. "Practitioners tried to arm clients with the information and advice they needed to progress their own matters, and many kept a watching brief by arranging for the client to return next clinic day".
- Many practitioners reported that they were taking clients on with a grant of aid. However, "several interviewees commented that Legal Aid NSW payments were so low as to make it unprofitable to take on aided clients. This was particularly the case for non-criminal matters and especially for family".
- ROCP training days are favourably received as an investment in the ROCP, a reward for "going the extra mile" and important opportunities to build links with Legal Aid NSW specialists.

### 7.4.2.3 Host Agency Interviews

Mr Leach interviewed 11 representatives of host agencies (two representatives were not interviewed having not yet hosted a clinic, one representative could not be interviewed due to staff turnover (this agency hosts two clinics), and one representative could not be interviewed due to time restraints). Four host representatives were interviewed face to face, and seven were interviewed by phone. Overall observations<sup>9</sup> from the interviews are as follows:

***Overall host agency interview observations:***

*There was strong support for clinics amongst host agencies. Many reported that they had invested their own resources in helping make the clinics a success. Agencies saw the clinics as a valuable community resource and expressed strong hopes that the clinics would continue. Host agencies often reflected that they were well positioned to see community need, and considered their own communities to be under-resourced generally, and*

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<sup>9</sup> From *Appendix F: ROCP Host Agency Interviews – a summary of responses*, Tim Leach, May 2013.

*under-resourced specifically in relation to affordable legal services. Often, the legal clinic was just one of many services the agencies were involved in delivering and the opportunities for cross-referral of clients between these services were repeatedly noted. Many saw significant advantages in clinics operating from agencies that already had good connections with the community.*

*Those agencies operating as busy community hubs were particularly keen to point out the advantages of offering a legal clinic as part of a suite of community services. These agencies were able to point to many examples of these advantages for clients.*

*Host agencies often had strong relationships with clinic practitioners, often built on personal regard. In some circumstances these practitioners had become more general resources for the host agencies e.g. by answering an agency's own legal questions or helping out agency clients separate to the clinic.*

*Host agencies generally thought the clinics were attracting the right clientele, although several agencies questioned whether Aboriginal and Torres Strait Islander people were accessing the service in sufficient numbers.*

*Host agencies had well developed views on what constitutes a good outreach clinic and a good host agency. They thought their own clinics were for the most part operating well and tended to agree that, in a small community, word of mouth would destroy an under-performing clinic pretty quickly.*

*Host agencies were not particularly interested in the distinctions between criminal law, civil law and family law per se. They were mostly concerned that clients be able to get assistance from the clinic regardless of the nature of their legal problem. To this end they favoured generalist clinics. They did appreciate, however, that not every clinic operated as a generalist clinic and in these circumstances were clearly trying to ensure they matched the client problem with the appropriate clinic.*

*There was significant variation in the ways host agencies were supporting/facilitating clinics. These differences seemed to have developed in response to the particular strengths, weaknesses and needs of the practitioners, clients and host agencies. In this sense they were seen as proof that the ROCP model has important in-built flexibility. This ability to respond to local circumstance was seen as a real program strength.*

#### 7.4.2.4 Summary of key issues raised in host agency interviews:

- Host agencies reported a range of booking procedures that seem to reflect local circumstances.
- Several interviewees noted difficulties managing bookings and administrative services (especially non-trained and/or non-paid staff taking bookings) and getting appropriate information to enable conflict checking and proper pairing of clients with practitioners (where clinics have family and civil clinics operating separately)

- Host agencies identified the following as advantages for clinic venue:
  - Physical: well-known, easy to get to, accessible by public transport, disability access, welcoming look, private space for interviews and waiting;
  - Attitude: welcoming staff and volunteers, community feel, professional approach;
  - Connectedness: presence of other services, cross-referral opportunities, one-stop shopping for services;
  - Reputation of the host agency: people feel safe to use all of the agency's services including the clinic and the clinic can trade on the agency's good name.
- Host agencies felt that the right target group was accessing the clinic. However, there were some concerns about whether Aboriginal communities were accessing services in numbers that reflect local demographics.
- Host agencies gauge if the service is making a difference by the high level of demand, repeat clients, and local referrals. "In small communities where 'word gets around', a service lives or dies on the strength of client commentary."
- Demand for service has outstripped supply in some locations.
- There is some support for the provision of more phone assistance to people who find it hard to get to the clinic.
- All host agencies refer to the clinic themselves.
- Most host agencies who reported working collaboratively with the practitioners used the booking system as an example of collaboration.

#### 7.4.3 Bringing Themes from Practitioner and Host agency interviews together with the data

Client administrative systems (especially client booking systems, ie how clients make an appointment for a clinic) have emerged to be an important site of interaction and relationship building between the host agency and practitioner. Booking systems vary depending on local circumstance.

Table 3: Booking systems

Bookings by Practitioner	Bookings by Host	Bookings by both Practitioner and Host	No Bookings (Drop-in)
Bega	Bathurst*	Lightning Ridge	Boggabilla
Bowraville	Dareton	Moree	Toomelah
Brewarrina	Lithgow*		
Macksville	Orange		
Nambucca Heads	Taree*		
Tenterfield	Wentworth		

\* Weekly joint multi-service clinics (annual payment through CLSD).

Especially cooperative relationships were reported for about half of the clinics across all methods of booking (apart from drop-in as this is a newly establishing clinic).

The client administrative and booking system is also critical in terms of client first contact with and access to the clinics. Several host agencies who undertake the management of client administration and bookings raised the challenges associated with the specialized knowledge and training required to make appropriate legal appointments, and collect the data required (such as other party). It is common for community agencies to have volunteer staff on reception and it is rare for paid and unpaid reception staff to have received specific training. This is especially an issue for multi-service clinic hosts, who may also be required to ascertain whether a client booking is appropriate for a civil or family law clinic.

The critical nature of the client administrative/booking arrangements for client access and relationship building highlights the need for Legal Aid NSW to invest in training and support for host agencies undertaking these functions and making legal referrals.

Recommendation 4: That Legal Aid NSW explores the roll out of targeted CLE for host agencies involved in client administration and bookings and providing legal referrals for ROCP and CLSD Program multi-service clinics, including the provision of appropriate resources and back up advice (for example, Kingsford Legal Centre's Getting Off the Referral Roundabout).

#### 7.4.3.1 Venue location

Stakeholders were able to articulate the advantages of hosting the ROCP clinic at its particular location and these included, for both host agencies and practitioners:

- **Physical attributes** such as accessibility and visibility for clients, welcoming, privacy for interviews;
- **Connectedness** in the community and with other services, cross-referral, one-stop shopping for clients' needs.

Host agencies also identified issues such as the **reputation** of the host agency in the community, and the **attitude** of staff and volunteers to welcome clients and operate a professional clinic.

Practitioners separately identified factors that support the **practicalities** of the clinic such as access to phone, internet, and fax.

Four clinics (Bega, Brewarrina, Lightning Ridge, and Tenterfield) are operated out of a local court house and there were varying views expressed as to the appropriateness of a court house as a venue for an ROCP clinic, especially in terms of whether the court has negative perceptions attached, particularly for Aboriginal people. All of the court venues are seeing high rates of clients on Centrelink benefits and Disability Support Pension.

One local court clinic is seeing high rates of Aboriginal people, has a good referral relationship between practitioner and registrar, and appears to be generally seen as a "neutral" venue in a fairly small, remote community.

Another local court clinic is seeing no Aboriginal clients, and both host and practitioner seem open to exploration of an alternative venue joined up with other legal and community services. The remaining two local court clinics are seeing low to moderate numbers of Aboriginal clients.

This indicates that the location of an ROCP clinic in a local court needs to be considered on a case by case basis, and there may be times when for some communities, the local court is an accessible and "neutral" venue, supported by the

registrar and other referring agencies. However and probably more commonly, for other communities court location may be a barrier to access for Aboriginal people.

There was general support for the location of clinics in agencies that deliver a range of services to the local community (currently six ROCP clinics that are in neighbourhood centres, family support service, or church facilities). Opportunities exist for good cross-referral, “one-stop shopping”, and connection to other local services. All of these clinics are seeing a high to very high proportion of clients on Centrelink benefits and a good to moderate rate of people on Disability Support Pension. However, location in these “community hubs” does not always guarantee access to Aboriginal clients, with two-thirds of these clinics seeing a lower proportion of Aboriginal clients than expected for the location.

The remaining six ROCP clinics are located in a diverse range of venues. Two are in establishment phase and therefore no assessment can be made on location at this early stage. One clinic is a strong partnership with a local public library with high representation of clients on Centrelink benefits, Aboriginal clients and good representation of clients on Disability Support Pension. One clinic is at a Legal Aid NSW office (with plans to relocate). The remaining two clinics are in a youth service (recent change to location) and an Aboriginal corporation.

From the qualitative and quantitative data above, there appear to be no blanket rules regarding category of location for the optimum ROCP clinic. Rather, a range of elements (such as physical accessibility, connectedness, reputation, attitude) applied to each diverse local community will inform the location to best target ROCP clients, with a particular emphasis on physical accessibility and connectedness. This leads into the discussion below on identifying the elements of an effective ROCP clinic.

#### 7.4.3.2 Elements of an effective clinic

Stakeholders were asked to identify the “elements of an effective ROCP clinic” for future development of the clinics and to enhance work that Legal Aid NSW has been undertaking on Best Practice Principles and a Checklist for Outreach Services. A comparison of ROCP stakeholder views with Legal Aid NSW Best Practice Principles and Checklist is as follows.

Table 4: Elements of an effective clinic

ROCP Practitioner Views	Host Agency Views	Legal Aid NSW Best Practice Principles and outreach checklist
<p>Quality <b>practitioners</b>; solicitors able to practice in general law so that they can answer the broad range of queries that present at each clinic.</p> <p>Solicitors need to demonstrate a range of interpersonal skills such as being welcoming, friendly, compassionate, understanding, empathetic, capable of communicating in ways that clients can understand etc.</p>	<p><b>Practitioners</b> need to have good attitudes, be knowledgeable in the areas of law relevant to clients, be able to work with a broad range of clients, show a commitment to clients.</p>	<p>Holistic: <b>staff have broad general legal knowledge.</b></p> <p>Staffing and training: <b>sufficient expertise</b> and some level of knowledge across civil/family/crime.</p> <p><b>Skills for working with the target group.</b></p>
<p>Practitioners need good referral skills and a willingness to do warm referrals where possible.</p>		<p>Holistic: <b>Effective and well-targeted referrals</b> for legal and non-legal issues.</p> <p>Referral pathways: Referral strategies in place.</p>

ROCP Practitioner Views	Host Agency Views	Legal Aid NSW Best Practice Principles and outreach checklist
<b>Consistency of servicing</b> – the practitioner has to turn up on time each and every time the clinic is due to operate; it also takes time to establish a service so the clinic has to prove its consistency – it has to demonstrate its bona fides.		<b>Consistent:</b> the service is provided on the day, time, and location as advertised, preferably using the same legal officer.
Efficient systems – clients need to receive professional, courteous service from their first point of contact with the host agency; clients need to be followed up as much as possible to make sure they turn up for appointments; double-bookings needed to be prevented.		<b>Collaborative:</b> legal assistance and community partners work together. <b>Host agency</b> and location: clarifying the role of the host agency re bookings etc. <b>Client relationships:</b> How will you remind clients to attend? How will you stay in contact with transient clients?
The host agency needs to be appropriate – it needs to be connected to the community in which it is located; it needs to have good links with other local agencies.	Services need to be accessible, well located, reliably staffed and operated, present professionally, they need to show they are serious about being part of the community landscape.	Is the <b>host agency</b> trusted and used by the target group? Is it accessible?
Cultural appropriateness and cultural sensitivity are critical for engaging Aboriginal communities; venues need to be welcoming of Aboriginal people and can demonstrate this through their records of engagement with local Aboriginal communities, the presence of Aboriginal people as staff, volunteers or service users, having art, signs and other imagery that Aboriginal people found inviting etc.		Is the <b>host agency</b> trusted and used by the client group? Have outreach staff received training in <b>cultural awareness</b> ?
Flexibility, flexibility, flexibility – clients will turn up late, or drop in unannounced, or forget to bring their papers, or be flustered, or have very long stories etc. Interviews take as long as they take.	Practitioners have to be flexible – clients can be late or just drop in, appointments can run over time etc. Appointments have to be of an appropriate length – clients should not be rushed.	<b>Client relationships:</b> Have you allowed time to listen and explain things to clients?
Clinics should appear independent, ie not part of Legal Aid NSW and not part of the courthouse.		
	Services have to be promoted – clinics have to get the word out that they exist.	<b>Marketing:</b> How are you going to market the service?
N/A	N/A	<b>Planned:</b> outreach services planned in response to evidence of need, and involves consultation with internal and external stakeholders.

ROCP Practitioner Views	Host Agency Views	Legal Aid NSW Best Practice Principles and outreach checklist
N/A	N/A	<b>Sustainable:</b> providing local agencies with practical and reliable referral and follow up options when we are not on the ground.
N/A	N/A	<b>Evaluated:</b> outreach services monitored and reviewed as part of the regular planning cycle.

This comparison reveals that there is a high level of compatibility between the elements of effectiveness as identified by ROCP stakeholders and in the Legal Aid NSW Best Practice Principles/Checklist. In particular, the emphasis on practitioners having broad legal knowledge and good referral skills; practitioners having skills in working with the client group; consistency of servicing; accessible host agency used by the target group; and flexibility around client appointments.

However, the views of ROCP stakeholders are an opportunity to inform and develop Legal Aid NSW Best Practice Outreach work, with learning gained about: outreach clinic client administrative/booking arrangements (and the need for an investment in training and support for this role); cultural appropriateness and sensitivity of venues for Aboriginal clients; and, connectedness of the host agency within the community.

*One of the most highly cited factors was the connectedness of the host agency, ie if it operated a range of quality and valued community services this was seen as a key to building a successful clinic. In these cases there were ample opportunities for cross-referral of clients, the clinic could exploit the reputation of the agency more generally, and clients could access the clinic with a degree of confidentiality.<sup>10</sup>*

The ROCP (as a program rather than individual practitioners) could be enhanced by an investment in the elements of Planning and Evaluation contained within the Legal Aid NSW Best Practice Principles/Checklist. Given the high level of compatibility regarding elements of effectiveness, formally applying the Best Practice Principles/Checklist to the ROCP would further enhance the renewed Legal Aid NSW commitment to the coordination of outreach.

**Recommendation 5:** That the Legal Aid NSW Best Practice Principles/Checklist for Outreach Services are reviewed and adapted so that they can be applied to the ROCP model and clinics, and include a heightened emphasis on guidelines for client administrative and booking arrangements, cultural appropriateness, and connectedness of the host agency.

<sup>10</sup> ROCP Practitioner Interviews – a summary of responses, Tim Leach, May 2013.

#### 7.4.3.3 Gauging whether it makes a difference

Stakeholders were asked how they gauged whether the ROCP service is making a difference to clients. Overwhelmingly, this was measured by anecdotal knowledge of repeat demand for a service (ie repeat clients) and continued referrals from local agencies and word of mouth. It was the view of both practitioner and host agency stakeholders that “In small communities where ‘word gets around’, a service lives or dies on the strength of client commentary”.<sup>11</sup>

#### 7.4.3.4 Aboriginal clients

*Indigenous people are among the most socially excluded in Australia.*<sup>12</sup>

An analysis of the data regarding access of Aboriginal clients to ROCP was undertaken because even though Aboriginal people are not named as a specific target group of the Program (the target group is “people at risk of social exclusion living in regional, rural and remote areas of NSW”), they make up a significant portion of the target group, and all ROCP clinics are in locations with Aboriginal populations higher than the NSW average. The ROCP Program consistently reports to the Steering Committee on services to Aboriginal clients as one of its key indicators.

Overall, the ROCP provides 20%<sup>13</sup>–22%<sup>14</sup> of its advice to Aboriginal clients, meaning the Program as a whole is achieving a good proportion of clients who are Aboriginal. However, breaking the data down by location, some ROCP clinics are seeing 80%–100%<sup>15</sup> Aboriginal clients<sup>16</sup>, and others are reporting well below the numbers of Aboriginal clients that might be expected for location (eg clinics providing advice services to 0–2 Aboriginal clients in an entire year, in locations with Aboriginal populations above the NSW average). There are issues with reliability of the data, and it can be assumed that there is an underreporting of demographic data such as Aboriginality. However, stakeholder interviews revealed that Aboriginal clients might be underrepresented at five ROCP clinics. The service data matches these observations, and identifies a further four (bringing the total to nine) locations where the reported rate of services to Aboriginal clients is low in comparison with the proportion of Aboriginal people living in the same locations.

The importance of ROCP clinics being accessible for Aboriginal clients (especially for civil and family law) given their locations and general isolation from other legal services led to a partnership with Legal Aid NSW's Aboriginal Services Unit in 2012. ROCP practitioners were the first group of private practitioners offered Aboriginal Cultural Competency training (at the ROCP training day in October 2012).

Further exploration is required regarding the nine identified locations. This would include a more in-depth discussion with the practitioners and host agencies regarding data recording, service promotion, and referral networks as well as discussion with other legal (especially ALS, and ALS Field Officers) and non-legal service providers (eg Local Aboriginal Land Councils, Aboriginal Medical Service). The purpose would be to understand the issues, offer support, and design any development work that might be

<sup>11</sup> *ROCP Host Agency Interviews – a summary of responses*, Tim Leach, May 2013.

<sup>12</sup> Hunter, B. (2009) Indigenous social exclusion: Insights and challenges for the concept of social inclusion, *Family Matters*, 82, 52–61.

<sup>13</sup> ATLAS data.

<sup>14</sup> Advice forms.

<sup>15</sup> Advice forms.

<sup>16</sup> Brewarrina, Dareton, Wentworth (locations with very high Aboriginal populations).

required. This may also complement the training and support work regarding making legal appointment bookings and legal referrals.

Recommendation 6: That Legal Aid NSW identify resources to undertake further exploration and development work with the identified ROCP clinics to increase Aboriginal access to those clinics.

### 7.4.3.5 Telephone advice

Stakeholders identified that offering telephone advice appointments to clients on an “as-needed” basis could enhance ROCP service delivery in isolated locations. Presumably, these are clients contacting host agencies for legal advice, who are unable to travel to clinics. The ROCP targets people at risk of social exclusion, which includes those who are physically and socially isolated. Flexibility around modes of delivery for individual clients is therefore important (especially if these clients already have a relationship with the host agency). This issue could also be addressed through better knowledge of timely legal advice referral options, as well as flexibility of service delivery for ROCP clinics.

Recommendation 7: That, as part of a potential CLE roll out to build the capacity of host agencies to make legal referrals, options for phone advice should be addressed.

Recommendation 8: That in special circumstances, ROCP practitioners be enabled to undertake phone interviews as needed (without replacing the primarily face to face nature of the clinics).

### 7.4.3.6 Training days and resources

ROCP Practitioners greatly valued the training days as a way of:

- networking with peers;
- building capacity to provide a broad range of legal advice;
- learning more about ROCP operation and statistics; and,
- gaining specialist contacts within Legal Aid NSW.

There was strong support for practitioners being paid to attend training, in recognition of their service, and their difficulties with leaving their practices.

One practitioner noted that when she had contacted Legal Aid NSW staff for advice, her calls were not returned.

On a number of occasions, practitioners raised the need for practical resources such as phone, fax, and internet access at clinics, so that they could provide a whole service to clients, on the spot.

Recommendation 9: That funding for an annual ROCP training program is continued with the purpose of: bringing ROCP practitioners more into the Legal Aid NSW service delivery framework; giving them feedback about the operation and performance of the Program; networking with each other and identified Legal Aid staff, and; providing targeted MCLE in relevant areas of ROCP work.

#### 7.4.3.7 Grants

Stakeholder interviews indicated that many practitioners were taking on clients with a grant of aid. However, views were varied. For some practitioners, this was an important part of their work with ROCP, even though they may not consider the remuneration to be equivalent with the cost. For others, doing work on a grant of aid (especially for family law) was seen “*as akin to making a kind of volunteer contribution, and that Legal Aid NSW needed to review its approach to payment...*”

A manual ATLAS search of all clients<sup>17</sup> seen in an ROCP clinic over 2011 and 2012 revealed that 64 grants (not necessarily with an ROCP practitioner) were approved post the client receiving an advice service at an ROCP clinic. This equates to 64 grants of aid out of 1,046 advice services over two years (although it cannot be determined if the advice service directly led to the grant). Twelve out of 14 clinics assessed had clients who were subsequently granted aid.<sup>18</sup>

This data shows that ROCP clients of almost all ROCP clinics are accessing grants of aid. It is difficult to make any comment on the rates of grants being approved or refused without any point of comparison.<sup>19</sup> A previous review of the Legal Aid NSW head office civil law advice service<sup>20</sup> found that over a seven-month period, 11% of clients of that advice service also applied for a grant of legal aid. Of these, it was found that 52% received grants and 48% were declined. The ROCP manual search revealed that 9% of ROCP clients applied for a grant of aid. Of these, 70% were approved and 30% declined.

Given that it would be expected that a Legal Aid NSW in-house advice service would generate a higher rate of grants (because in-house staff should have a high level of familiarity with Legal Aid NSW Policies), the rates of grant applications by ROCP clients appears promising.

A breakdown of grants by practice area is as follows:

Table 5: Grants by practice area 2011–2012

Year	Civil	Family	Crime	Total
2011	2	16	2	20
2012	8	21	15	44
Total	10	37	17	64

<sup>17</sup> The clients of one clinic could not be included in the search because the client names were not legible on the advice forms.

<sup>18</sup> However, two clinics showed only grants in crime, which may be less likely to be associated with the ROCP clinic.

<sup>19</sup> There is no established optimum rate of grants generated out of advice services. This is a complex task outside the scope of this review.

<sup>20</sup> Scott, S. 2010 *Review of the Legal Aid NSW Sydney Central Ground Floor Civil Law Advice Service*.

An analysis of the grants of aid refused (and reasons for refusal) for the same ROCP clients post the client receiving an advice service at an ROCP clinic, shows that over the same two-year period, 28 grants were refused. This equates to roughly a 30% refusal rate. A breakdown of the reasons for refusal is as follows:

Table 6: Reasons for denial of grant of aid 2011–2012

Year	Guidelines/Policy	Merit	Means	Total
2011	7	5	2	14
2012	8	3	3	14
Total	15	8	5	28

#### 7.4.4 Internal Stakeholder Interviews

Semi-structured interviews were conducted by Mr Leach with eight internal Legal Aid NSW stakeholders. An additional three internal stakeholders, plus three who had already been interviewed by Mr Leach, were consulted by the author on specific areas of the review. A list of internal stakeholders is found at *Appendix G*, along with interview questions at *Appendix H*.

The internal stakeholder interviews tended to focus on the “bigger picture” questions about the place of the ROCP in Legal Aid NSW outreach service delivery, and what this should look like into the future.

The interviews revealed some basic agreement amongst internal stakeholders, and interviewees were keen that their comments be seen as constructive in the context of valuing the work of their colleagues.

Some basic agreements:<sup>21</sup>

- Legal Aid NSW is committed to outreach
- Legal Aid NSW pursues outreach via a number of different approaches including:
  - Outreach by Legal Aid NSW employees based within head office or regional offices
  - Outreach via the ROCP
- There is some continuing confusion about why different outreach approaches are being used where they are – about why ROCP operates in some locations and why Legal Aid NSW operates outreach services in others
- In a small number of locations, the presence of both ROCP clinics and regional office outreach gives rise to questions about whether there may be a degree of duplication.

Some things have changed since the ROCP was set up:

- Legal Aid NSW has enhanced its commitment to outreach

<sup>21</sup> Report on internal Legal Aid NSW discussions, Tim Leach, 9 May 2013.

- Legal Aid NSW has greater capacity to do outreach from within regional offices and from head office – there are more resources internally being allocated to outreach
- There is greater coordination of outreach services across Legal Aid NSW via the Outreach Network and other mechanisms
- There is renewed commitment within Legal Aid NSW to coordination of outreach services so as to achieve maximum outcomes and minimise potential for any duplication
- Legal Aid NSW now has a much better developed policy framework for making decisions about where it will deliver outreach services.

Since the establishment, and then expansion of the ROCP in 2011, there have been some significant changes to Legal Aid NSW outreach and service delivery:

- New funding enabled the rapid expansion of the Civil Law Outreach Program across the state, with very similar aims to the ROCP and coverage into areas previously only covered by ROCP; and
- The Legal Aid NSW Orange Office added a civil lawyer (Orange being an ROCP location); and
- New funding enabled the establishment of the Family Law Early Intervention Service, which provides duty and family law advice outreach services in regional locations across the state.

In response to this rapid expansion, the Legal Aid NSW Outreach Network was established at the end of 2011 with the purpose of improving practice, coordination, and governance of Legal Aid NSW outreach services. The Network has developed best practice guidelines and a checklist for outreach, established a governance process for establishing or changing a Legal Aid NSW outreach service, and works to improve communication within and across divisions about outreach activities. The Review of Legal Aid NSW Outreach Services being undertaken by the Law and Justice Foundation of NSW in parallel with the ROCP review is another stage of the work of the Outreach Network in attempting to quantify Legal Aid NSW outreach, and make recommendations about future monitoring of outreach, as well as testing the “best practice” approach.

#### 7.4.4.1 Mixed Model of Outreach

Internal stakeholders identified the advantages and concerns with the in-house vs. ROCP approach to providing outreach services:

Table 7: ROCP vs. In-house approach to providing outreach services

	<b>Advantages</b>	<b>Concerns</b>
ROCP	<ul style="list-style-type: none"> <li>• Practitioners often have extensive community links</li> <li>• Practitioners are generalists- all clients can be seen at the clinics</li> <li>• Brings private practitioners in to the Legal Aid NSW ‘family’</li> <li>• Many practitioners ‘value-add’ by undertaking pro bono work for clients</li> <li>• Clinics established in places where would not be cost-effective for in-house</li> <li>• Clinics can boost the capacity of</li> </ul>	<ul style="list-style-type: none"> <li>• Issues around quality control</li> <li>• Practitioners may refer to themselves rather than to their local Legal Aid NSW Regional Office</li> </ul>

	Advantages	Concerns
	host agencies	
In-house	<ul style="list-style-type: none"> <li>• Better quality control</li> <li>• Clients more directly linked to the resources of Legal Aid NSW</li> <li>• Smoother referrals within and across Legal Aid NSW</li> <li>• Legal Aid NSW can identify systemic justice issues arising from the clinics</li> <li>• Direct links with host agencies allows direct access to resources of Legal Aid NSW</li> </ul>	<ul style="list-style-type: none"> <li>• Risk of appearing as a "fly in/fly out" service</li> <li>• Civil/family/crime divide means that outreach is not general in nature- some clients miss out</li> <li>• Legal Aid NSW might withdraw a service at minimal notice if underperforming- ROCP have contracts in place</li> </ul>

Questions raised through the internal stakeholder interviews were:

- Is there a principle that if Legal Aid NSW can service an area it should do so, and the ROCP should be used to service only those areas that Legal Aid NSW can't reach?
- Are service statistics routinely shared across the organisation so that Legal Aid NSW regional offices and clinic practitioners can see who is providing what level of service to whom?
- Why can't Legal Aid NSW deliver services to a location via both the in-house and ROCP models? Isn't it better for clients to have more services not less? What's wrong with choice for clients?
- Is financial information available that would show the relative costs of servicing regional clients via in-house versus ROCP models?

The strengths of the ROCP model (generalist private practitioners linked to regional communities, adding value to those communities, and reaching communities where Legal Aid NSW cannot cost effectively reach) means that there is general agreement that there is a place for the ROCP in moving forward with a flexible 'mixed model' of Legal Aid NSW outreach services, just as there is a 'mixed model' of private and in-house providers in most other areas of Legal Aid NSW service delivery. Defining that place is important in the context of recent rapid changes to Legal Aid NSW outreach, and the ROCP objectives will need to be revisited to include principles around:

- servicing areas Legal Aid NSW cannot reach with in-house services;
- seeding multi-service clinics and working with the CLSD Program as a source of staffing these clinics, in areas where in-house may/ may not reach in the future;
- identifying systemic issues that are then referred back in-house;
- bringing ROCP practitioners into the Legal Aid NSW "fold" as one part of the outreach service system.

#### 7.4.4.2 Governance of ROCP

The future governance and administration of ROCP needs to address the issues raised in this review, particularly around bringing ROCP "into the fold" of Legal Aid NSW service delivery. Currently the NLA Working Group on the Recruitment and Retention of Lawyers in RRR NSW is the Steering Group for ROCP. This Working Group is reaching the end of its term, having fulfilled its time-limited purpose. It is mainly comprised of external partners who have an interest and investment in the ROCP, but does not provide the opportunities to link back into Legal Aid NSW in-house practice and service planning. The Program Manager, CLSD and ROCP, is a member of the

Legal Aid NSW Outreach Network, but the Network meetings do not provide the opportunity to delve specifically into ROCP service delivery. Therefore, in recognition of the move towards a coordinated Legal Aid NSW approach to outreach services, it is proposed that a new ROCP Steering Committee be established as a sub committee of the Legal Aid NSW Outreach Network, and includes (but is not limited to):

- Program Manager, CLSD and ROCP Programs
- Executive Director, Grants and Community Partnerships
- Senior representation from each of the practice areas
- Senior representation from Grants
- Manager Legal Service Development
- Senior Project Officer, Executive Unit
- Senior representation from the Aboriginal Legal Service NSW/ACT

It is proposed that this Steering Group meets at least quarterly and oversees the implementation of the approved findings of this review, monitors ROCP data, and specifically undertakes planning for the location of ROCP service delivery beyond 2014, should funding be available. Planning undertaken by the Steering Committee would be based on evidence of need, utilizing in-house resources such as the services of the Business Reporting Unit and CLSD Unit as well as the body of research on legal need.

The review has identified that one of the concerns regarding ROCP is that it may not be sufficiently linked into the broader Legal Aid NSW system and resources. Practitioners have a strong connection to ROCP staff, but not to Legal Aid NSW generally. ROCP practitioners need to be seen by Legal Aid NSW as being different to general private duty lawyers because of the diverse range of functions they undertake in the place of Legal Aid NSW. There is evidence<sup>22</sup> and feedback from experienced outreach practitioners that providing outreach legal services requires a specialised skill-set. Options for bringing ROCP practitioners into the Legal Aid NSW "fold", and providing opportunities for development (both peer and formalized) are through:

- Better links with local Legal Aid NSW offices
- Better links with Legal Aid NSW outreach solicitors
- Linking into available CLSD meetings/activities
- Linking into the broader Legal Aid NSW resources (such as Grants, the Aboriginal Services Unit, CLE Unit, Practice areas)
- Links with Aboriginal Field Officers (civil and family), where available
- Continuation of the annual ROCP training forum

#### 7.4.4.3 Administration of ROCP

Internal stakeholder consultation revealed that the ROCP is well-placed within the CLSD Unit due to the state-wide regional focus of the unit and the opportunities CLSD offers for regional engagement and service planning (eg the development of multi-service clinics, and regional planning processes). However, to adequately undertake

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<sup>22</sup> Forell and Gray identified the skills and training required by legal advisors if they are to work in outreach with clients with complex needs, including incorporating a possible ongoing program of training, given issues of staff turnover. *Forell, S. and Gray, A. 2009 Outreach legal services to people with complex needs: what works?*, Justice Issues Paper 12, Law and Justice Foundation of NSW.

the three main functions of administering the ROCP (funding, monitoring/planning and service development), the following is required:

- An ROCP 'relationship manager' in Grants to provide a point of liaison with practitioners and the CLSD Unit to improve the process and consistency for claiming payment, and collection of data through ATLAS;
- A part time ROCP Project Officer function. At present, there is a temporary but vacant position of CLSD/ROCP Coordinator, which is due to expire in December 2013. Without the position, the CLSD Unit will not have the resources to adequately monitor and support the ROCP, undertake the development work required in targeted ROCP locations, and to support and resource the planning work to be undertaken by the new ROCP Steering Committee. These areas should form the key objectives of the position;
- An allocation of time and resources of the Manager, Legal Service Development, to assist with planning for future ROCP service delivery and the development of targeted ROCP locations.

#### 7.4.4.4 ROCP during 2013/14

All ROCP contracts should be extended to June 2014 (seven contracts were due to expire 30.6.2013 and the rest will expire 30.6.2014) to allow a twelve-month period to examine each clinic regarding its location, reach and interaction with other legal service provision. Development work can also be undertaken with targeted clinics as identified during this review. At the end of 2013–2014, the new ROCP Steering Committee will be in a position to recommend which clinics should continue beyond 2014, and from which locations ROCP should withdraw. The Steering Committee will also be able to recommend new ROCP clinics to replace those not continuing. Total core ROCP funding for practitioners does not need to increase (beyond any general increases in private practitioner fees) if this pool of funding is seen as a flexible pool to be able to seed new clinics and withdraw from others over time, as needed (as part of a flexible mixed model). However, an ROCP contract should not be shorter than 12 months to allow reasonable establishment and running of clinics.

Whilst core ROCP funding should not expand for ongoing ROCP clinics, internal stakeholder feedback indicated that there could be a use for an additional new small pool of flexible funds for temporary placement of private practitioners to cover short-term "gaps" in regional, rural, and remote outreach coverage.

#### 7.4.4.5 2014 and beyond

Should any new Commonwealth funding be available beyond 2014, ROCP should continue as part of Legal Aid NSW's flexible 'mixed model' of outreach services. To continue, it will need to receive its core pool of funding for practitioner fees (allowing for any general increases in private practitioner fees), funding for a part time ROCP Project Officer function, and funding for an annual ROCP training forum.

Consideration should also be given to funding an additional small pool of funds for temporary placement of private practitioners to fill short term gaps in regional, rural, remote outreach coverage, and a small fund to pay host agencies operating multi-service clinics for administration and office resources.

Legal Aid NSW will be in a position to implement a new plan for ROCP clinic location, developed by the ROCP Steering Committee during 2013–2014.

Recommendation 10: That a new ROCP Steering Committee is established as a sub committee of the Legal Aid NSW Outreach Network. The Sub Committee will include:

- Program Manager, CLSD and ROCP Programs
- Executive Director, Grants and Community Partnerships
- Senior representation from each of the practice areas
- Senior representation from Grants
- Manager Legal Service Development
- Senior Project Officer, Executive Unit
- Senior representation from the Aboriginal Legal Service NSW/ACT

Recommendation 11: That the ROCP Steering Committee oversee the implementation of the approved findings of this review, and specifically undertake planning for the location of ROCP service delivery beyond 2014, should funding be available.

Recommendation 12: That the ROCP Steering Committee review the objectives of the ROCP, defining the place of the Program in the context of the mixed model of Legal Aid NSW outreach services into the future.

Recommendation 13: That funding for ROCP continue at current levels for 2013–2014, but with an allocation of funding for an annual ROCP training program and for a part time project officer function to undertake the important monitoring and developmental work on the program.

Recommendation 14: That consideration for 2013–2014 also be given to further enhance the ROCP by way of a small fund to pay host agencies operating multi-service clinics for administration and office resources, and consideration of a small pool of flexible funds for the temporary placement of private practitioners to cover short-term gaps in rural and remote outreach coverage.

Recommendation 15: That an ROCP 'relationship manager/business partner' in Grants is identified to provide a point of liaison with practitioners and the CLSD Unit to improve the process and consistency for claiming payment, and collection of data through ATLAS.

Recommendation 16: That an allocation of the time and resources of the Manager, Legal Service Development, is dedicated to assist with planning for future ROCP service delivery and the development of targeted ROCP locations.

Recommendation 17: That during the period 2013–2014, each ROCP clinic is examined by the Steering Committee in terms of its location, reach and interaction with in-house and allied services outreach activity. Development work is undertaken with identified clinics, and planning is undertaken for which clinics are appropriate to go forward beyond 2014, and which have been replaced with other service delivery and therefore require withdrawal of the ROCP. The Steering Group will also undertake evidence based planning for possible new clinics in new locations to replace the ROCP clinics that have closed, and review our contractual relationships with practitioners.

Recommendation 18: That should new Commonwealth funding be available beyond 2014, the ROCP should be funded for the same number of clinic locations, but that these clinic locations are flexible depending on the need identified by the ROCP Steering Group. That a part time ROCP Project Officer function and an annual training forum is included in ROCP funding. Consideration may also be given to an additional new small pool of flexible funds for temporary placement of private practitioners to cover short-term "gaps" in regional, rural, remote outreach coverage, and a small fund to pay host agencies operating multi-service clinics for administration and office resources.

## Appendix A: ROCP Locations and Providers

Table 8: ROCP Locations and Providers

Location	Solicitor/Firm	Location	Time/Frequency
Bathurst	Chris Grant Higgins Lawyers	Bathurst Information and Neighbourhood Centre	Every <b>Thursday</b> 10:00 to 12:30
Bega	Andrew Fleming Elizabeth Fleming & Associates	Bega Court House	3rd <b>Thursday</b> of month 10:00 to 1:00
Boggabilla	Felix Turnbull Care Goondiwindi Assoc Inc	Boggabilla Community Links	1st & 3rd <b>Tuesday</b> of month 10:30 to 1:00pm
Bowraville	Vanessa McNeilly McNeilly Lawyers	MiiMi House	1st and 3rd <b>Thursday</b> of month 10:00 to 2:30
Brewarrina	Geoffrey Langford Geoffrey Langford Solicitors	Brewarrina Court House	3rd <b>Tuesday</b> of month 11:00 to...
Dareton	Tony Masterson Murray Mallee Community Legal Service	Mallee Family Care	4th <b>Thursday</b> of month 2:00 to 5:00
Lightning Ridge	Wal Browne Browne Jeppesen & Sligar Solicitors	Lightning Ridge Local Court	1st <b>Monday</b> of month 10:00 to 1:00
Lithgow	Chris Grant Higgins Lawyers	Lithgow Info and Neighbourhood Centre	Every <b>Thursday</b> 12:00 to 4:00
Macksville	Vanessa McNeilly McNeilly Lawyers	Nambucca Valley Neighbourhood Centre	1st and 3rd <b>Thursday</b> of month 1:30 to 4:00
Moree	Deborah Clarke North and North West Community Legal Service	Moree Library	2nd <b>Thursday</b> of month 1:00 to 4:00 4th <b>Thursday</b> of month 10:30 1:30
Nambucca Heads	Vanessa McNeilly McNeilly Lawyers	Nambucca Valley Youth Service	2nd <b>Thursday</b> of month 10:00 to 1:00
Orange	Patrick Rudd Rudd's Law	Legal Aid NSW Orange	3rd <b>Thursday</b> of month 12:00 to 5:00
Taree	Amanda Robinson Walker Legal Taree	Manning Uniting Church	Every <b>Thursday</b> of month 10:30 to 12:30
Tenterfield	Clive Sharkey A W Simpson & Co Solicitors	Tenterfield Local Court	4th <b>Tuesday</b> of month 11:00 to 2:00
Toomelah	Felix Turnbull Care Goondiwindi Assoc Inc	Toomelah Co-op	2nd & 4th <b>Tuesday</b> of month 10:30 to 1:00pm
Wentworth	Tony Masterson Murray Mallee Community Legal Service	Mallee Family Care	4th <b>Thursday</b> of month 10:00 to 1:00



## Appendix B: Data Sources for ROCP Review

Table 9: Data Sources for ROCP Review

Review questions	Data Sources
1. What is the impact of ROCP in providing services in regional NSW (broad question)?	Use both the quantitative and qualitative data gathered for the review to answer this question.
2. Has the ROCP increased access to free legal services to people at risk of social exclusion in identified areas of disadvantage?	<p>Client demographics (indicators of social exclusion: Centrelink benefit, Disability Support Pension, Aboriginality)</p> <ul style="list-style-type: none"> <li>Total number of clients and total number of Aboriginal clients by ROCP clinic location, monthly for 2011 and 2012</li> </ul> <p>ATLAS- data request</p> <ul style="list-style-type: none"> <li>Total number of clients and total number of Centrelink recipients and DSP recipients by ROCP clinic location, monthly for 2011 and 2012</li> </ul> <p>Manual count from Advice Forms</p>
3. In what areas of law is assistance being provided?	<ul style="list-style-type: none"> <li>Number of advice services by law type (State and Commonwealth) by ROCP clinic location, monthly for 2011 and 2012</li> </ul> <p>ATLAS- data request</p>
4. Are ROCP clients accessing grants of aid in ROCP locations? Whether and in what circumstances clients were granted legal aid for their matters as a result of ROCP?	<ul style="list-style-type: none"> <li>Number of clients granted aid after the date of ROCP service for 2011 and 2012, by ROCP clinic location</li> </ul> <p>Manual client name search on ATLAS</p>
5. Is the ROCP cost effective?	<p>Amount claimed for each calendar year (2011 and 2012) per purchase order</p> <p>Purchase order numbers that practitioners claimed against during 2011 and 2012</p>
6. What are the issues that have arisen since the commencement of ROCP?	<i>Stakeholder interviews</i>
7. Is there cooperation and collaboration between the ROCP and communities in which it operates, and between ROCP and Legal Aid NSW?	<i>Stakeholder interviews</i>
8. What are the best practice elements of an ROCP clinic that is meeting the objectives of the program?	<i>Stakeholder interviews</i>
9. What are the barriers to meeting the objectives of the program?	<i>Stakeholder interviews</i>
10. Do ROCP practitioners have the necessary skills, knowledge and professional support to respond to the target clients?	<i>Stakeholder interviews</i>



## **Appendix C: Discussion questions for ROCP Practitioner Focus Group October 2012**

1. Where is your clinic, how long have you been providing the service, what's distinctive about your location?
2. What do you understand the aim of the ROCP to be?
3. What has worked well?
  - In an overall sense
  - In getting clients to the clinic?
  - In getting the target clients to the clinic?
  - In being able to address their needs?
  - In being able to provide a regular service?
  - In the location of the clinic?
  - Other...
4. What hasn't worked well/ what have been the challenges?
  - In an overall sense
  - In getting clients to the clinic?
  - In getting the target clients to the clinic?
  - In being able to address their needs?
  - In being able to provide a regular service?
  - In the location of the clinic?
  - Other...
5. What could work better?
6. Do you feel that you have the resources and support to develop best practice in this type of legal service provision?
  - What has been/ is useful?
  - What do you feel you still need?



## Appendix D: ROCP Stakeholder Interviews

### ROCP Practitioners

#### **Background/history (by way of opening and introduction):**

Tell me about the history of this ROCP clinic? When did it commence? When did you commence as the lawyer? Has it changed in regularity? Venue? Other?

Tell me how this clinic works? (e.g. promotion, client bookings, timing)

#### **Venue:**

What are your views on what the advantages and disadvantages are of this venue?

Is this your venue of choice for this clinic? If not, what would be and why?

#### **Clients:**

Who are the clientele for this clinic? Who do you think it is reaching? Who do you think it is not reaching?

What difference do you think the service makes to clients?

How do you gauge whether the service is making a difference?

#### **Effectiveness AND Issues/ barriers/ challenges:**

In your opinion...

What are the issues that have arisen since the commencement of the clinic (or since your involvement with the clinic)?

What do you think are the important elements of an effective ROCP clinic? (e.g. features of service, relationships, training)

What factors do you think impede effectiveness?

What are the challenges in maintaining these clinics?

Do you think there are alternate ways of providing this assistance?

#### **Referrals:**

If you think about the last couple of clinic sessions you ran, how did those clients hear about the service? Who are the main referrers to the clinic? Do you receive appropriate referrals?

Are you aware of any Legal Aid services that have impacted on your clinic?

If you can't assist a client, or they need ongoing assistance, where do you refer them to? (break down civil/family/crime)

Are you taking clients on with a grant of aid? If not, and they need casework assistance, what do you do with them?

Do you know where else clients in that locale go for help with legal issues?

**Cooperation:**

Do you think there is cooperation (e.g. promotion, referrals etc) between the ROCP clinic and the host agency? If yes, can you give me an example? If not, what do you think could be done to improve this?

Do you think there is cooperation between the ROCP clinic and the community? (e.g. with community agencies and/or activities in the community in which it operates)? If yes, can you give me an example? If not, why do you think this?

Do you think there is cooperation and collaboration between ROCP and Legal Aid NSW? If yes, can you give me an example? If no, why do you think this?

**Skills/knowledge:**

What further skills and knowledge do you need to respond to ROCP target clients?

What further professional support do you need to respond to ROCP target clients?

What additional tools do you need to assist with your ROCP clinic work?

What has been most useful about the ROCP training and meeting days organised by Legal Aid?

If another ROCP training/ meeting day was organised, what could be done better?  
What would you like to see on the program?

**Additional:**

Do you have any comments to make on enhancing the administrative efficiency of the ROCP?

**Host Agencies**

**Background/history (by way of opening and introduction):**

Tell me about the history of this ROCP clinic and your involvement with it? When did you commence as the host? Has it changed in regularity? Other?

Tell me how this clinic works? (e.g. promotion, client bookings, timing)

**Venue:**

What are your views on what the advantages and disadvantages are of having the clinic at this venue?

**Clients:**

Who are the clientele for this clinic? Who do you think it is reaching? Who do you think it is not reaching?

What difference do you think the service makes to clients?

How do you gauge whether the service is making a difference?

**Effectiveness AND Issues/ barriers/ challenges:**

In your opinion...

What are the issues that have arisen since the commencement of the clinic (or since your involvement with the clinic)?

What do you think are the important elements of an effective ROCP clinic? (e.g. features of service, relationships, training)

What factors do you think impede effectiveness?

What are the challenges in maintaining these clinics?

Do you think there are alternate ways of providing this assistance?

**Referrals:**

Do you know how clients hear about the service? Who are the main referrers to the clinic? Do you refer clients to the clinic?

Do you know where else clients in that locale go for help with legal issues?

**Cooperation:**

Do you think there is cooperation (e.g. promotion, referrals etc) between the ROCP clinic and your agency? If yes, can you give me an example? If not, what do you think could be done to improve this?

Do you think there is cooperation between the ROCP clinic and the community? (e.g. with community agencies and/or activities in the community in which it operates)? If yes, can you give me an example? If not, why do you think this?

**Additional:**

Do you have any comments to make on enhancing the effectiveness of the ROCP clinic?



## Appendix E: ROCP Practitioner Interviews – a summary of responses

Compiled by Tim Leach, May 2013

### ***Background/history (by way of opening and introduction):***

**Tell me about the history of this ROCP clinic? When did it commence? When did you commence as the lawyer? Has it changed in regularity? Venue? Other?**

Not surprisingly responses to these questions were varied. There were a few responses indicating changes in the regularity of services or the venues from which services had been provided.

### ***Tell me how this clinic works? (e.g. promotion, client bookings, timing)***

Again, responses were extremely varied. Some clinics involve bookings being made through the practitioners' offices, others involve bookings being made with the host agencies. Some clinics involve bookings being made by both practitioners and the host agency, with efforts being made to cross-reference so that double-bookings don't occur.

With all clinics there appeared to be a clearly established system for conducting conflict checks. Mostly these systems involved practitioners having a full list of proposed interviewees and their details a couple of days before clinic days, thus enabling practitioners to do conflict checks. Several clinics had systems for referring those clients who had been conflicted out on to other practitioners. This was easiest in cases where clinics involved more than one legal service provider: in such cases clients were simply shifted to a practitioner without a conflict.

The booking systems differed from each other but seemed to reflect the practicalities of the local situation. In this sense they were locally appropriate.

There were some issues arising for host agencies taking bookings – mostly around the capacity of non-legal (and sometimes volunteer) staff to effectively act as first points of contact. Clients often contact a host agency at a time of crisis, so it can be hard for host agency staff or volunteers to obtain clear information about the matter. This is particularly relevant for those clinics where, for example, family advice is provided one week and civil law advice the next. In these cases host agencies need to collect sufficient information to enable appropriate scheduling of clients, whilst maintaining a clear position that they are non-legal personnel and cannot provide advice. Some host agencies try to determine whether a caller's enquiry is urgent so as to refer for immediate assistance (to an advice line or the nearest Legal Aid NSW drop-in service), but even this involves a level of analysis that staff and volunteers are not always competent to provide.

Interviewees generally felt more comfortable when bookings were being managed by paid staff rather than volunteers.

There were few examples of clinics being advertised. Most host agencies advertised the service along with their more general promotional activities. Given most clinics were being well-utilised (according to interviewees), there seemed little need to do advertising.

## **Venue:**

### **What are your views on what the advantages and disadvantages are of this venue?**

Interviewees listed a range of venue advantages. These mostly fell into three categories:

#### Physical

- Proximity to the centre of town, easy to get to, accessible by public transport etc.
- The venue having an accessible and welcoming layout

#### Connectedness

- The venue being well known locally
- The service having a good reputation
- The service being the site of multiple community services

#### Practitioner-friendly

- The venue providing a good working environment, through provision of phone, fax and internet services, along with the capacity to print our document and photocopy
- Friendly and supportive host agency staff

There were different views on the merits of running a service from a courthouse. Some clients have bad memories of courthouses because of past criminal law experiences. On the other hand, many people were familiar with the courthouse so knew where to come and how to find their way around.

### **Is this your venue of choice for this clinic? If not, what would be and why?**

Most interviewees said that the venue was the most appropriate one available. Interviewees also tended to concede that the 'perfect venue' depends on lots of different factors, so even if the current one wasn't perfect in every respect it was, on balance, the most appropriate locally.

## **Clients:**

### **Who are the clientele for this clinic? Who do you think it is reaching? Who do you think it is not reaching?**

Most interviewees thought the clinics were attracting the 'right' sort of people, being locals who could not afford private legal services or who were otherwise marginalised/disadvantaged. Interviewees occasionally mused that one group or another might be under-represented in their client statistics - most commonly Aboriginal people - but generally thought the clientele reflected the community in need. Those questioning whether sufficient numbers of Aboriginal people were accessing the clinic had thought about the reasons why this might be the case. The importance of cultural sensitivity and cultural connection had been considered.

Most interviewees reported gut feelings rather than anything based on specific clientele data.

There were a few stories of clinics being accessed by people who were clearly able to afford their own solicitors. Practitioners in these circumstances had clear strategies for dealing with these clients – they were provided with initial advice and promptly referred on to private practitioners. Some interviewees cautioned about simplistic approaches to assessing a client's capacity to pay e.g. people with large rural holdings might be very cash poor.

### **What difference do you think the service makes to clients?**

Interviewees uniformly reported that clients were greatly assisted by the services provided.

Clients often came to the clinic feeling very burdened, frightened, confused etc. Practitioners were able to help clients unburden themselves. Clients found comfort in better understanding their circumstances and in learning there were legal remedies available to them.

Practitioners were able to resolve many client problems. For example, practitioners had been able to ring up client creditors (particularly utility companies and telecommunications providers) and either have debts waived or get agreement on a manageable repayment plan.

Many practitioners spoke very favourably of the fact the service provides more than just advice. By going that extra yard for clients – by making a few calls or writing a letter on the client's behalf – the practitioner had in fact *solved* the legal problem. This, they said, was hugely valuable when contrasted with the provision of simple advice to clients, many of whom lacked the skills or capacity to act on that advice.

Many interviewees noted there were no alternatives to the clinic. Without the clinic, many clients would have no source of legal assistance.

#### **How do you gauge whether the service is making a difference?**

Practitioners said they received good feedback from clients. Many clients had returned for subsequent services. Interviewees had also received good feedback from host agency personnel who had either observed good servicing or had received good feedback on the service from clients themselves.

Many interviewees pointed to the fact that the clinic was being well utilised as proof of performance. In a small town, they said, word of mouth makes or breaks services. If the word around town is that the service is no good, no amount of advertising will attract clients. The fact that the appointment book is full, they said, indicates a good service.

Receiving referrals from local community agencies was also cited as an indicator of successful servicing.

#### ***Effectiveness AND Issues/barriers/challenges:***

##### **In your opinion...**

##### **What are the issues that have arisen since the commencement of the clinic (or since your involvement with the clinic)?**

There was overlap between answers to the questions in this category. Interviewees were generally keen to present positive accounts of the clinics, so there was a general reluctance to detail too many problems and, indeed, there may in fact have been very few.

Interviewees reported some challenges around changing venues, in building up services (many interviewees said that clinics took a while to establish themselves), and in delivering services in environments where there was no phone or internet service, or no capacity to print or photocopy.

##### **What do you think are the important elements of an effective ROCP clinic? (For example, features of service, relationships, training etc.)**

Interviewees had lots of suggestions:

- Quality practitioners; solicitors able to practice in general law so that they could answer the broad range of queries that presented at each clinic
- Practitioners need good referral skills and a willingness to do warm referrals where possible
- Solicitors needed to demonstrate a range of interpersonal skills such as being welcoming, friendly, compassionate, understanding, empathetic, capable of communicating in ways that clients can understand etc.
- Consistency of servicing – the practitioner had to turn up on time each and every time the clinic was due to operate; it also took time to establish a service so the clinic had to prove its consistency – it had to demonstrate its bona fides

- Efficient systems – clients needed to receive professional, courteous service from their first point of contact with the host agency; clients needed to be followed up as much as possible to make sure they turned up for appointments; double-bookings needed to be prevented
- The host agency needed to be appropriate – it needed to be connected to the community in which it was located; it needs to have good links with other local agencies
- Cultural appropriateness and cultural sensitivity were critical for engaging Aboriginal communities; venues needed to be welcoming of Aboriginal people and could demonstrate this through their records of engagement with local Aboriginal communities, the presence of Aboriginal people as staff, volunteers or service users, having art, signs and other imagery that Aboriginal people found inviting etc.
- Flexibility, flexibility, flexibility – clients will turn up late, or drop in unannounced, or forget to bring their papers, or be flustered, or have very long stories etc. Interviews take as long as they take.
- Clinics should appear independent i.e. not part of Legal Aid NSW and not part of the courthouse

One of the most highly cited factors was the connectedness of the host agency i.e. if it operated a range of quality and valued community services this was seen as a key to building a successful clinic. In these cases there were ample opportunities for cross-referral of clients, the clinic could exploit the reputation of the agency more generally, and clients could access the clinic with a degree of confidentiality (i.e. observers wouldn't necessarily know the clients had legal problems as they could be accessing any of the agency's multiple services).

#### What factors do you think impede effectiveness?

Many interviewees just offered the reverse of points listed above:

- Solicitors not able to handle the kinds of questions clients have
- Inconsistent servicing – no sense that the solicitor attends regularly or that the service is a permanent feature of the host agency
- Poor attitudes from practitioners or frontline staff
- Messy systems
- A host agency that was seen as unwelcoming or with a reputation for delivering poor services

It was specifically noted that there can be challenges associated with delivering services in Aboriginal communities where there is intra-community division. Some host agencies are associated with particular Aboriginal families and, as a consequence, some other local families will not access the agency. It was observed that clinics can only attract Aboriginal clients in sufficient numbers if local elders and community leaders encourage the local community to use the service. This created mutual responsibilities – clinics had to work at being culturally appropriate but local community leaders had a responsibility to recommend good services.

#### What are the challenges in maintaining these clinics?

Most comments here had already been mentioned in relation to other questions.

#### Do you think there are alternate ways of providing this assistance?

Interviewees tended not to have suggestions here. Most thought the service was well-designed initiative. Even where interviewees noted there had been some problems along the way, they thought these inevitable for a program trying to achieve big things with limited resources. These problems were mostly seen as hiccups.

Several interviewees thought there might be a greater role for telephone advice for clients who found it hard to get to the venue, but this was seen as an adjunct to – and not a substitute for – a face-to-face service.

### **Referrals:**

**If you think about the last couple of clinic sessions you ran, how did those clients hear about the service? Who are the main referrers to the clinic? Do you receive appropriate referrals?**

Clinics received referrals from multiple places, and the referring agencies differed from clinic to clinic. It was hard to see patterns in these responses but there was nothing particularly surprising.

Practitioners often struggled a little with this question. *How* the client came to them seemed to be much less important to them than *why*.

Most practitioners reported that referrals were appropriate. They rarely saw clients who could obviously afford private legal assistance and, in circumstances where these clients turned up, practitioners handled them appropriately (i.e. with advice and swift referral). Practitioner did not report any major problems relating to referrals.

The most common responses to questions about referral were that clients came because of word of mouth or because they were referred from another community service.

**Are you aware of any Legal Aid services or other services that have impacted on your clinic? Can you describe how these have impacted on your clinic?**

Interviewees tended to struggle with this question also. Where they were aware of other Legal Aid NSW services they tended not to consider that these services had impacted on the clinic in any significant way.

There was a sense amongst interviewees that the ROCP is a little separate to other Legal Aid NSW services. Interviewees tended to feel connected to the ROCP team but not in any real sense to Legal Aid NSW more generally.

**If you can't assist a client, or they need ongoing assistance, where do you refer them to? (Break down civil/family/crime)**

Interviewees mostly spoke generally about referrals and tended not to distinguish between civil, family and crime, expect to say that referrals to Legal Aid were more likely to be made for criminal matters.

Practitioners had general ideas about how clients could be referred. Some had more detailed referral plans than others.

Many interviewees said there were circumstances in which there was no referral option and that clients fell through the gaps. The causes for this included non-availability of legal aid in some areas, a lack of local solicitors prepared to take on work at Legal Aid NSW rates or the fact that the nearest Legal Aid NSW office or community legal centres was a long way away.

Practitioners commonly referred clients back to the clinic (e.g. come back next time or in a month).

Many interviewees talked about trying to enable the client to manage their matter themselves. Practitioners tried to arm clients with the information and advice they needed to progress their own matters, and many kept a watching brief by arranging for the client to return next clinic day.

**Are you taking clients on with a grant of aid? If not, and they need casework assistance, what do you do with them?**

Answers here were varied.

Many interviewees were taking clients on with a grant of aid. For some, the chance to pick up clients via the clinic was seen as a real benefit. While no one described this as the primary motivation for his or her involvement, it was clearly important for some from a commercial perspective.

Several interviewees commented that Legal Aid NSW payments were so low as to make it unprofitable to take on aided clients. This was particularly the case for non-criminal matters, and especially for family. Several thought of doing work on a grant of legal aid as akin to making a kind of volunteer contribution, and that Legal Aid needed to review its approach to payment of private practitioners for Legal Aid NSW work.

Many interviewees described their engagement with the clinic as reflecting a commitment to the clinic's broader objectives i.e. they wanted to make a personal commitment to servicing disadvantaged communities. This personal commitment was manifested by:

- Accepting a level of remuneration for their clinic shift that was markedly lower than the amount they could make working privately for the same period
- Going that extra yard for clients – by making calls outside of the shift, or working longer than the shift or outside normal shift hours to get the job done, taking a call from the client when back at your day job etc.
- Agreeing to take on clients with a grant of legal aid even though this was not considered proper remuneration.

Quite a few practitioners said they enjoyed their work with the clinic and that it gave them the opportunity to do something they could not pursue in their normal working lives.

**Do you know where else clients in this locale go for help with legal issues?**

Answers were varied here. Most interviewees had knowledge of other sources of legal assistance for locals. Interviewees noted:

- Law Access
- Local offices of Legal Aid NSW
- Local community legal centres
- Aboriginal Legal Services where these existed
- Local practitioners prepared to do work with grants of legal aid
- Registrar and other courthouse services

Some interviewees said there were no alternative sources. This was the case where CLCs were located a long way away, where there was no Legal Aid NSW office and where there was a shortage of local solicitors prepared to do work on grants of Legal Aid.

***Cooperation:***

**Do you think there is cooperation (e.g. promotion, referrals etc.) between the ROCP clinic and the host agency? If yes, can you give me an example? If not, what do you think could be done to improve this?**

Practitioners said there was cooperation and most cited the bookings system as evidence of this cooperation. Many spoke about the clinic being a shared activity delivered via collaboration between the practitioner and the host agency, and underpinned by a shared commitment to serving the local community. There was a strong sense of the local community needing or deserving a service and the practitioners and host agencies being committed to ensuring the service was delivered.

**Do you think there is cooperation between the ROCP clinic and other services in the community? (For example, cooperation with community agencies and/or activities in the community in which it operates.) If yes, can you give me an example? If not, why do you think this?**

Practitioners thought there was such cooperation and most commonly cited as proof the willingness of other agencies to refer to the clinic. Practitioners did not report opposition from other agencies. Indeed most interviewees reported that there is good collaboration between all local services due to:

- The shared understanding of community need
- The recognition that agencies were being asked to meet high demand with few resources, so cooperation between services was essential

**Do you think there is cooperation and collaboration between ROCP and Legal Aid NSW? If yes, can you give me an example? If no, why do you think this?**

As noted above, practitioners tended to feel more connected to the ROCP team than Legal Aid NSW. That said, interviewees thought their clinics were supported by Legal Aid NSW, and not just in the financial sense. The ROCP training days were very favourably reviewed. These days were seen as:

- An investment in the program's human resources
- A reward for going that extra mile for the clinic, and for working in ways that were not truly or properly remunerated
- Important opportunities to build links with skilled practitioners within Legal Aid NSW – people clinic solicitors could then contact for advice and assistance (although some thought there was more promise of ongoing support here than there was actual delivery of same).

Ease of access to the ROCP Program Manager was highly valued.

The training days were commonly cited as evidence of ROCP/Legal Aid NSW collaboration.

### ***Skills/knowledge:***

**To better respond to ROCP target clients, what do you need by way of further skills and knowledge, professional support or additional tools?**

There were mixed responses here. Generally practitioners felt competent to deliver clinic services but appreciated the ROCP training days as a mechanism for enhancing this capacity.

There were occasional requests for capital equipment such as laptops which would greatly assist with outreach servicing.

**What has been most useful about the ROCP training and meeting days organised by Legal Aid?**

Practitioners had different views but common responses included:

- Meeting other people doing the same work – the peer contact
- Hearing how other clinics operated, learning how other people are doing the work, seeing the statistics from other clinics
- Getting specialist contacts within Legal Aid NSW who you could call for advice (practitioners liked getting direct lines and mobile contacts for Legal Aid personnel, although not everyone had has their subsequent calls returned)

**If another ROCP training/meeting day was organised, what could be done better? What would you like to see on the program?**

There wasn't much specific advice here. Where there was, there were no real patterns. Interviewees were generally happy with what had been provided to date but there was strong support for the notion that practitioners should be paid to attend. The value of MCLE points was noted, but several practitioners commented on how difficult it was to be away from the office for a couple of days and that attendance had financial impacts.

***Additional:***

**Do you have any comments to make on enhancing the administrative efficiency of the ROCP?**

There were few comments here.

***Some overall observations:***

Clinics operate in different ways, responding to local circumstances. The different bookings systems are the most obvious examples of this variation in operation. The overall result of this local variation is a rather complex program with multiple players engaged in a range of different service relationships. Practitioners talk about these variations as indicative of a program strength, being the flexibility to respond to the particular needs of communities and the specific capacities and/or limitations of local practitioners and host agencies.

Clinic practitioners have strong but generally shared views on what constitutes a good clinic venue, and most are happy with the venues from which they currently operate. There was enthusiasm for the delivery of clinics from agencies with strong community links, and preferably from agencies already offering a range of community services. The capacity for this approach to deliver a one-stop shop for clients with multiple needs was highly valued. Agencies operating as busy community hubs tended to be very positively reviewed whereas host agencies just offering a room from which the service could be conducted generated less enthusiasm.

Most practitioners thought their clinics were attracting the right clientele. Several expressed concern that perhaps Aboriginal and Torres Strait Islander people were not accessing clinics in sufficient numbers. These practitioners had reflected on the various cultural factors that might be shaping attendance and there was a keenness to address any issues that might be discouraging Aboriginal and Torres Strait Islander people from attending the clinic.

Many practitioners reflected on their personal commitment to facilitating access to justice for the disadvantaged within their communities. Many reported going that extra yard to help clients, and having done work for clinic clients (or host agencies) for which they were not remunerated or reimbursed. This was considered a pro bono contribution consistent with their personal commitments to justice.

Practitioners reflected on the peculiarities of local communities. They noted that clinics had to be flexible to adapt to local needs and practices, the specific capacities of the host agency and the challenges associated with travel over long distances (for practitioners and clients). Practitioners were able to draw on their local knowledge to tailor services appropriately.

Practitioners tended to rate the value of the clinic service in very positive terms. They emphasised that their clients often had few or no other options, and that by accessing the clinic their clients had been greatly assisted.

There was strong support for the clinic's capacity to do more than just provide advice. The clinic's ability to provide this meant that many clients had had their legal problems solved simply by the practitioner making a few calls or drafting a letter.

There was strong support for the provision of a generalist service so regardless of whether the client's problem related to criminal, civil or family law, it could be dealt with at each clinic.

Practitioners were very clear on what constitutes a good ROCP and there was general agreement amongst them on this issue.

Practitioners felt supported by host agencies and, for the most part, by Legal Aid NSW. Practitioners reported a strong connection to the ROCP Unit but less of a connection to Legal Aid NSW more generally.



## Appendix F: ROCP Host Agency Interviews – a summary of responses

Compiled by Tim Leach, May 2013

### **Background/history (by way of opening and introduction):**

**Tell me about the history of this ROCP clinic and your involvement with it? When did you commence as the host? Has it changed in regularity? Other?**

Not surprisingly, different interviewees had different stories about their involvement in the clinics.

### **Tell me how this clinic works? (For example, promotion, client bookings, timing etc.)**

Responses here mirrored responses from practitioners. Interviewees detailed systems for making bookings, making sure client lists were sent to practitioners in time for them to do conflict checks, and confirming appointments to ensure clients turned up.

Host agencies reported a range of different approaches to making bookings: some do all the bookings themselves, others leave it to the practitioners and occasionally there are shared systems of making bookings. Systems seemed to reflect local circumstances.

Several interviewees noted that it can be difficult to manage bookings for a legal clinic because of the need to get sufficient information from clients to (1) enable conflict checks and (2) enable proper pairing of clients with appropriate practitioners (where agencies have a family clinic one fortnight and civil clinic the next). It could be hard for non-trained personnel to get this information, suggested several interviewees. It was also hard to balance this collection of data with the need to avoid being overly intrusive. Administrative workers also had to be clear they were not giving legal advice.

Host agencies had given some thought to these issues. There was a high degree of awareness that bookings had to be done professionally and appropriately.

Host agencies tended to advertise the clinics as part of their general promotional activities in the community.

Many host agencies are also participants in inter-agencies, which presented opportunities for raising awareness of the services.

### **Venue:**

**What are your views on the advantages and disadvantages of having the clinic at this venue?**

Interviewees focussed on the advantages of current locations.

Interviewees tended to comment on:

- Physical location: well known, easy to get to, accessible by public transport
- Layout and design: disability access, welcoming 'look', effort to appear as part of the community, private space for interviews, clients being able to wait in private or semi-private spaces
- Attitude: welcoming staff and volunteers, community feel, professional approach
- Presence of other services: cross-referral opportunities, one-stop shopping for services
- Reputation of the host agency: people feel safe to use all of the agency's services including the clinic, the clinic can trade on the agency's good name

### ***Clients:***

#### **Who are the clientele for this clinic? Who do you think it is reaching? Who do you think it is not reaching?**

Interviewees often conceded that the practitioners themselves would have a better idea of who was attending the clinic, but they generally felt that clinics were attracting the right clientele. Many host agencies were already in the business of delivering services to marginalised/disadvantaged groups so felt they were in a pretty good position to comment on the composition of the clinic's clientele. Many said that only marginalised/disadvantaged people come to the host agency so it would be unlikely that wealthy clients would attend for the legal clinic. Some said the community knows that the host agency is for people in need, so only such people would attend the clinic. Others noted that they were there for the whole community (not just the financially disadvantaged) and that people might need free legal services for all sorts of reasons – they might be marginalised by culture or age or fear, not just by poverty.

Interviewees generally thought that most of the right groups were being reached. There were some concerns about whether Aboriginal communities were accessing services in sufficient numbers.

#### **What difference do you think the service makes to clients?**

Interviewees spoke very positively of the service. They felt that clients really benefitted from having ready access to free legal assistance. Many clients were deeply troubled by their legal issues so having access to a free quality service really changed their lives.

#### **How do you gauge whether the service is making a difference?**

Interviewees did this mostly through their observations. Interviewees thought the high level of demand was indicative of a valued service. In small communities where 'word gets around', a service lives or dies on the strength of client commentary.

Several commented that the users of their services were very capable of providing very blunt feedback – and if the service were no good they'd know about it.

Interviewees noted that local agencies were referring clients to the legal clinic and this was taken to be a good sign – again, in a small community, word gets around about the quality of a service and referring agencies would stop referring very quickly in cases where a service was under-performing.

The fact that many clients were returning for subsequent appointments was also seen as an indication of good service.

Finally, many host agency representatives were in the business of delivering much needed community services to clients. In this sense they had some expertise, and they could see the impact of the legal clinic on people's lives.

### ***Effectiveness AND Issues/barriers/challenges:***

#### **In your opinion...**

#### **What are the issues that have arisen since the commencement of the clinic (or since your involvement with the clinic)?**

Interviewees generally thought that there had been few issues arising, and none that were particularly unexpected or problematic. They noted:

- Some challenges in securing permanent locations

- Some issues with delivering quality administrative services for legal clinics in cases where administrative staff were either volunteers and/or unfamiliar with how to take information about legal enquiries
- Some practitioners would like more than they are getting (e.g. Wi-Fi, access to printing and copying facilities etc.)
- Demand for service had outstripped supply in some places. Generating long waiting lists
- Clients had an unfortunate habit of cancelling or not turning up

**What do you think are the important elements of an effective ROCP clinic? (For example, features of service, relationships, training etc.)**

There were not big differences between the responses of practitioners and host agencies (see practitioners report). Comments included:

- Services needed to be accessible, well located, reliably staffed and operated, present professionally, they need to show they are serious about being part of the community landscape
- Practitioners needed to have good attitudes, be knowledgeable in the areas of law relevant to clients, be able to work with a broad range of clients, show a commitment to clients
- Services had to be promoted – clinics had to get the word out that they existed
- Practitioners had to be flexible – clients can be late or just drop in, appointments can run over time etc.
- Appointments had to be of an appropriate length – clients should not be rushed

Interviewees thought there were lots of advantages to clinics operating from agencies that deliver a range of services to the local community. The clinic could trade on the good name of the agent, there were multiple opportunities for client referral between services and clients could enjoy a one-stop-shop for services.

**What factors do you think impede effectiveness?**

Pretty much the reverse of the characteristics listed above.

**What are the challenges in maintaining these clinics?**

There wasn't much offered here that hadn't already been mentioned.

**Do you think there are alternate ways of providing this assistance?**

There were few specific suggestions here. Interviewees were very positive about the current services. There was some support for more proactive work – CLE, taking services to the people etc. and some support for the provision of more phone assistance to people who found it hard to get to the clinic.

**Referrals:**

**Do you know how clients hear about the service? Who are the main referrers to the clinic? Do you refer clients to the clinic?**

Host agencies tended not to collect information about the sources of client referrals. They suggested clients were coming because of:

- Word of mouth
- Referral from other services being offered by the host agency
- Referrals from other community agencies
- Previous contact with the clinic.

All interviewees referred to the clinic themselves.

**Do you know where else clients in this locale go for help with legal issues?**

Responses here varied. Most host agencies tended see client referral as being the domain of the practitioners, so had little to say themselves. Some had a more developed understanding of other local providers of legal services.

Very occasionally host agencies had systems for referring clients with urgent matters that could not wait for the next clinic day.

There was a common view that there were no real substitutes for the clinic.

Interviewees noted that some services were available from local offices of Legal Aid NSW or the ALS, from CLCs (where these existed) and from some local private solicitors who either did Legal Aid work or pro bono work.

**Cooperation:**

**Do you think there is cooperation (e.g. promotion, referrals etc) between the ROCP clinic and your agency? If yes, can you give me an example? If not, what do you think could be done to improve this?**

Host agencies reported being very committed to their clinics and reported that their clinic practitioners were very committed to working collaboratively and productively with them. When asked for examples of this cooperation, most interviewees referred to the bookings system. Interviewees also referred to the fact that they can easily get in touch with solicitors – if they have a question about whether someone is an appropriate client, or if they need to work out if the client needs urgent referral etc.

It was common to report a collaborative relationship built on mutual personal regard.

Host agencies indicated they were very committed to delivering this important legal service to their communities. In this endeavour they felt that practitioners shared their commitment.

**Do you think there is cooperation between the ROCP clinic and other services in the community? (For example, cooperation with community agencies and/or activities in the community in which it operates) If yes, can you give me an example? If not, why do you think this?**

Interviewees thought that there was cooperation between the clinics and other services in the community. Some of this collaboration was facilitated through the host agency itself e.g. through inter-agencies in which the host agency participants.

There were not reports of clinics being opposed or undermined by other community services.

**Additional:**

**Do you have any comments to make on enhancing the effectiveness of the ROCP clinic?**

Interviewees had little to add here.

***Some overall observations:***

There was strong support for clinics amongst host agencies. Many reported that they had invested their own resources in helping make the clinics a success. Agencies saw the clinics as a valuable community resource and expressed strong hopes that the clinics would continue. Host agencies often reflected that they were well positioned to see community need, and considered their own communities to be under-resourced generally, and under-resourced specifically in relation to affordable legal services. Often, the legal clinic was just one of many services the agencies were involved in delivering and the opportunities for cross-referral of clients between these services were repeatedly noted. Many saw significant advantages in clinics operating from agencies that already had good connections with the community.

Those agencies operating as busy community hubs were particularly keen to point out the advantages of offering a legal clinic as part of a suite of community services. These agencies were able to point to many examples of these advantages for clients.

Host agencies often had strong relationships with clinic practitioners, often built on personal regard. In some circumstances these practitioners had become more general resources for the host agencies e.g. by answering an agency's own legal questions or helping out agency clients separate to the clinic.

Host agencies generally thought the clinics were attracting the right clientele, although several agencies questioned whether Aboriginal and Torres Strait Islander people were accessing the service in sufficient numbers.

Host agencies had well developed views on what constitutes a good outreach clinic and a good host agency. They thought their own clinics were for the most part operating well and tended to agree that, in a small community, word of mouth would destroy an under-performing clinic pretty quickly.

Host agencies were not particularly interested in the distinctions between criminal law, civil law and family law per se. They were mostly concerned that clients be able to get assistance from the clinic regardless of the nature of their legal problem. To this end they favoured generalist clinics. They did appreciate, however, that not every clinic operated as a generalist clinic and in these circumstances were clearly trying to ensure they matched the client problem with the appropriate clinic.

There was significant variation in the ways host agencies were supporting/facilitating clinics. These differences seemed to have developed in response to the particular strengths, weaknesses and needs of the practitioners, clients and host agencies. In this sense they were seen as proof that the ROCP model has important in-built flexibility. This ability to respond to local circumstance was seen as a real program strength.



## **Appendix G: List of Internal Stakeholders Interviewed for ROCP Review**

Monique Hitter, Executive Director, Civil Law

Kylie Beckhouse, Executive Director, Family Law

Jenny Lovric, Program Manager, CLSD and ROCP Programs

Louise Blazejowska, former ROCP Manager (Manager Legal Service Development currently on secondment)

Gene Roche, Solicitor-in-Charge, Coffs Harbour

Sally Bryant, Civil Outreach Solicitor, Coffs Harbour

Andrew Taylor, Senior Solicitor, Civil Law Outreach

Victor McCormick, Civil Outreach Solicitor, Orange

Pia van de Zandt, Executive Officer

Sue Scott, Senior Project Officer

Mary Whitehead, Director, Grants

Scott Hawkins, Director, Aboriginal Services



## Appendix H: ROCP Stakeholder Interviews (internal Legal Aid NSW)

The objectives of the ROCP as stated in the 2010 Guidelines are to:

- Provide regular access to sustainable and effective advice and minor assistance to people at risk of social exclusion living in regional, rural and remote areas of NSW, and
  - Develop and promote best practice in the provision of quality advice and minor assistance legal services to people at risk of social exclusion living in regional, rural and remote areas of NSW, through the provision of training, resources and professional support to practitioners participating in the program.
1. In this context, can you comment on the place for ROCP in the broader suite of Legal Aid NSW outreach? Where does ROCP "fit" in Legal Aid service delivery?
  2. Can you comment on collaboration between ROCP and Legal Aid outreach services? Do you have any examples of where it works well and why? What about examples of where it hasn't and why?
  3. When does ROCP work well?
  4. What are your thoughts on coordination between ROCP and Legal Aid outreach services when a new clinic begins or changes are made to an existing clinic?
  5. What should be the aim and purpose of the ROCP into the future?
  6. What could be improved with the program?
  7. Do you think there are alternate ways of reaching the target clients?
  8. What are the potential opportunities for ROCP moving into the future?
  9. Other comments?

### **Additional questions re Administration of the ROCP for current and previous Managers**

What are the challenges in the administration of ROCP?

How could the administrative efficiency of the ROCP be improved?

What are your thoughts about the training and support function for ROCP practitioners?

Other?

