Submission to Legal Privilege and Integrated Legal Assistance Services Inquiry

Organisation: First Step Legal

About Us

First Step Legal (FSL) has been delivering integrated legal assistance since 2008. We are committed to servicing some of the most disadvantaged and disenfranchised members of the community by bringing legal help to them wherever they present for support. We do this by partnering with services across the mental health, addiction, family violence and homelessness sectors. Working hand in glove with our client's clinician or case worker, we provide integrated legal assistance that supports the whole person, breaking down traditionally siloed services.

FSL has a primary focus on criminal law, family law, family violence, fines and debt. While some of our matters involve litigation, many others are confined to the provision of legal advice.

FSL currently delivers integrated legal assistance services in five (5) different settings:

- First Step's community based mental health/addiction hub in St Kilda (our auspice)
- Better Health Network's family violence program
- Bayside Health's community care outpatients' service (St Kilda Road Clinic)
- Windana's residential drug treatment therapeutic communities
- Launch Housing's crisis service for women at East St Kilda and transitional housing for families at South Melbourne.

In addition, FSL has pioneered a specialist, non-collusive model of legal assistance and legal education for men who use family violence. We deliver these services across Victoria via partnerships with Men's Behaviour Change Programs; Caring Dads and the Safe at Home trial in Barwon Region.

1. ***Integrated legal assistance services involve the delivery of legal and social services by professionals working for the same organisation or partnership. Loosely integrated legal assistance services impose strict information barriers between lawyers and social service professionals providing services to clients. Closely integrated legal assistance services promote the joint delivery of legal and social services to clients at the same time, sometimes after obtaining client consent to potentially compromise privilege. How easy or difficult is it to implement these two models of integrated legal assistance services in practice?***

1.1. FSL notes that the 'loosely' and 'closely' integrated legal assistance services described by the Victorian Law Reform Commission (VLRC) exist on a continuum. In practice, services often incorporate elements of both models and individual legal, health and social service professionals may work across a range of integrated practice settings. Nevertheless, these terms are useful for describing the *extent* of integration to which a particular service model aspires. FSL uses the terms in this way throughout this submission.

1.2. FSL notes that closely integrated legal services may be delivered by professionals working for the same organisation typically a community legal centre (CLC), and those working in formal partnership with external organisations. We submit that closely integrated services should be characterised by the **nature of the service they provide**, not the employment arrangements of the professionals they engage. FSL does not believe 'closely integrated' legal assistance services should be confined to services where CLCs directly employ health or social service professionals.

1.3. Some of the key distinguishing features of closely integrated legal assistance models include joint meetings involving the client, lawyer and health or social service professionals; a commitment to ongoing information sharing between legal and health or social service professionals throughout the life of the legal matter; and interdisciplinary collaborative processes in which the conduct of the legal matter may be influenced by the client's health, wellbeing and broader life circumstances. Importantly, integrated legal practice is designed to reach clients who are unlikely or unable to access legal help without the inclusion of health or social service supports. These features are characteristic of FSL's approach to integrated practice.

1.4. FSL's primary focus is the delivery of closely integrated legal assistance in collaboration with external partner organisations. We also employ in-house social service professionals to augment social supports provided by these external partners.

1.5. The partnerships through which FSL delivers closely integrated legal assistance are formal and structured. They are underpinned by prescribed governance mechanisms, detailed Memoranda of Understanding, written practice protocols and frameworks; joint client engagement processes, regular bi-directional training; and joint data and evaluation mechanisms.

1.6. FSL only accepts referrals from our formal health and social service partners as part of an integrated service delivery arrangement: client self-referrals are not accepted. Consequently, client inflows rely exclusively on the ability of our partners to identify their clients' legal need and then motivate them to seek legal help. FSL invests heavily in building our partners' ability to act as the entry point for our service, providing them with requisite tools and resources in a continuous learning process that addresses high staff turnover. This training is crucial to the success of closely integrated legal assistance services with external partners.

1.7. FSL's health and social service partners also invest in building FSL's expertise in health and social service topics relevant to the supports they provide (for example, how to manage complex mental health presentations such as schizophrenia). This bi-directional training enhances FSL's ability to build mutual trust in the partnership and has been shown to increase partner practitioner job satisfaction overall.[1]

1.8. Of relevance to this inquiry, FSL's health and social service partners also participate in mandatory induction training. This covers a range of issues relevant to closely integrated legal practice including professional ethical obligations, mandatory reporting and mandated information sharing schemes, conflicts of interest, confidentiality, privacy and legal professional privilege.

1.9. Within this context, it is worth noting that privilege is just one of the complex issues facing professionals delivering closely integrated legal services. This model of practice requires collaboration between professionals who each assess risk, urgency, and confidentiality according to different professional norms, legislative requirements and ethical codes. Consequently, strong relationships between the legal service and external services partners are vital to closely integrated legal services - a deliberate and sustained approach to partnership development is fundamental.

[1] Alexander Campbell, Lisa Ward, Laura Brennan and Jesse T Young (2024) Health justice partnerships and health, social, and legal outcomes in Melbourne, Australia: A mixed-methods study. University of Melbourne.

2. ***What are the benefits of integrated legal assistance services for clients, service providers and the justice system? Do you have case studies, examples or other evidence you can share?***

2.1. The VLRC Consultation Paper provides a comprehensive summary of the benefits of integrated legal assistance at the client, service provider and system level. These include enhanced access to justice; more effective, holistic services for people with complex, intersecting needs; opportunities for earlier intervention to reduce long term contact with the justice system; better job satisfaction and less vicarious trauma for legal and social service professionals and more effective targeting of scare justice system resources. FSL commends the VLRC on its cogent overview of the literature in support of integrated legal assistance.

2.2. FSL's impact evaluation specifically illustrates the benefits of closely integrated legal assistance across mental health, addiction, family violence and homelessness sectors, establishing that it can increase subjective personal well-being by 21% across 12-months. Additionally, closely integrated legal assistance can decrease the demand for public health services, by reducing emergency hospital admissions by 30% and acute mental health admissions by 68%.[2]

2.3. Given these tangible and positive outcomes, FSL submits there is merit in elucidating the specific benefits that accrue from closely integrated legal assistance delivered through external partnerships.

2.4. First, external partnerships enable legal services to reach clients wherever they first present for support: the majority of FSL clients report that having legal services embedded in health, housing and family violence services was the main reason that they ultimately sought legal help.

2.5. Second, external partnerships enable legal services to work through a client's existing support network which can facilitate a transfer of trust from a known professional to the legal service and increase the chance that initial engagement will be successful. This can be crucial for people who have had prior negative experiences with legal services; have complex intersecting needs and/or are experiencing 'referral fatigue'.

2.6. Third, external partnerships can provide better continuity of care. As legal matters are resolved, the legal service may move in and out of the client's life, while the client's broader support network remains in place. By contrast, loosely integrated service

[2] Ibid.

models, which involve social service support models within CLC's, may require non-legal supports to end when the legal matter concludes, limiting long-term support and a relational, person-centred approach.

2.7. Finally, external partnerships provide an opportunity to build capability in mainstream health and social services to identify legal need and support vulnerable people to access the help they require. The Public Understanding of Law Survey has provided incontrovertible evidence of the central role of health and community services in mediating access to justice. [3]

Some of these advantages are demonstrated in Belinda's story.

Case study one:

Belinda was 22 when she arrived in residential drug treatment. Leveraging the facility's long-standing health justice partnership, Belinda's clinician referred her to FSL for help with significant unpaid fines. These were weighing heavily on Belinda's mind as she emerged from an extended period of substance abuse and intermittent homelessness.

As part of the partnership intake process, FSL conducted a wider assessment of Belinda's legal need. This assessment uncovered a recent court outcome for an assault charge that Belinda had no knowledge of. She was homeless at the time, had no memory of charges being laid, and the matter was heard in her absence.

FSL's priority at this early stage of the legal intervention was to address the most pressing legal issues - those causing Belinda the most stress and/or those at risk of escalating if unresolved. For Belinda, the stressor was her fines. FSL made a successful application to Victoria's Work and Development Program (WDP) for Belinda to use her hours in residential treatment to effectively 'work off' her fines, meaning that if she stayed, she'd emerge from treatment with a clean slate. This was helpful in freeing up Belinda to focus on her recovery.

When Belinda and her clinician agreed she was ready, FSL applied for the assault charge to be re-heard on the basis that Belinda was homeless at the time the police charges were served on her. A re-hearing was granted and FSL obtained a copy of the police brief. As FSL's relationship with Belinda developed with the support of her clinician, Belinda felt safe to disclose the circumstances of the assault charge.

This offence occurred when a bystander contacted a protective services office [redacted] after they had watched Belinda being assaulted by her partner of five years. Belinda feared the involvement of authorities and acted in an abusive and threatening way towards them when they came to investigate: Belinda had been told

[3] Balmer, N.J., Pleasence, P., McDonald, H.M., & Sandefur, R.L. (2024). The Public Understanding of Law Survey (PULS), Volume 3: A New Perspective on Legal Need and Legal Capability. Melbourne: Victoria Law Foundation.

by her partner to 'get rid of them'. Belinda described a long-term history of controlling behaviour in this relationship. Her partner had introduced her to illicit substances five years earlier and she stayed in an emotionally and physically abusive relationship because of her dependence.

The assault charge was reheard, and with a better understanding of the context and circumstances surrounding the incident, Belinda was given a diversion order. The avoidance of a criminal conviction was important in averting the common scenario in which people with significant substance use histories accumulate a string of convictions for relatively low-level offences that propel them up the sentencing hierarchy and into custody much sooner than the nature of any individual offence warrants.

With her immediate legal problems resolved, FSL closed Belinda's file and encouraged her to use this opportunity to focus entirely on her recovery. Over time in residential treatment, Belinda gained insight into the causes of her substance use and confronted the extensive history of controlling behaviour during her relationship, resulting in further disclosures of physical violence.

After several months, Belinda was able to advocate for herself, asking her clinician to reconnect her FSL to seek assistance in applying for a family violence intervention order (FVIO) against her ex-partner in preparation for her eventual departure from residential treatment. Close to her time of departure, FSL again assisted Belinda with an application for victims of crime compensation to pay for ongoing psychological counselling aimed at assisting her to maintain her sobriety.

Given Belinda was receiving continuous care from the trusted support network working within the external drug treatment service, FSL was able to move in and out of Belinda's life over a 12- month period, offering highly relational legal help that supported Belinda's continued recovery in the community.

3. ***Integrated legal assistance services may compromise a client's ability to retain legal privilege and expose their private information, including through the professional reporting obligations of social service professionals. Do you have case studies, examples or other evidence that indicate how easy or difficult it is for lawyers, social service professionals or clients to manage information disclosure requirements and requests in this context?***

3.1. FSL uses a range of mechanisms to manage the risk to legal privilege arising from our closely integrated legal assistance model. First and foremost, we rely on client consent to share information with our partner service. This is explained at intake and captured in the client authority. Where it is likely that the client will be meeting jointly with a lawyer and health or social service professionals, every effort is made to explain the different roles and obligations of the professionals so that, in principle, the client can choose which information to share with whom.

3.2. In combination with consent, FSL deploys a range of mechanisms to manage risk in relation to legal privilege. This includes internal information barriers, protocols for the conduct of joint client meetings and record keeping, induction training and practical guidance for health and social service professionals.

3.3. In practice, the extent to which these various mechanisms are applied is dependent on the nature of the legal mater and the organisational context of our health and social service partner. For example, one of our partnerships is with Safe at Home, an innovative family violence program that adopts a 'whole of household' approach to working with both the victim survivor and user of family violence. In this model, FSL provides legal assistance to the respondent as part of our specialist model of practice with male users of family violence.

3.4. FSL's approach to men who use family violence typically involves strong collaboration with the social service professionals who are seeking to achieve a lasting shift in men's use of violence either through formal Men's Behaviour Change Programs (MBCPs) and/or related addiction and mental health interventions. However, this is constrained in the Safe at Home model because our social service partner has no internal information barriers and the potential for privileged legal information to reach the other party is high. Here, client consent to waive or qualify their legal privilege has the potential for considerable harm and must be approached with caution, despite the benefits to the client of an integrated service response. In reality, it is more common for practitioners to default to siloed models of practice to mitigate this risk.

Some of the difficulties in managing information disclosure requirements and requests are illustrated in the following case studies – including how the professional reporting obligations and information sharing within social services can hamper closely integrated legal practice.

Case study two:

Bill's ex-partner is engaged with a family violence service that aims to intervene early to support women and children who have experienced domestic and family violence to remain safely in the home (or home of their choice), community (or community of their choice) where it is safe to do so.*

Bill's ex-partner had been living with him and her [redacted] *children from a previous relationship for over five years. Bill had inherited the house from his parents and lived there for over twenty years. His ex-partner had contributed significantly to renovating the property. A family violence intervention order (FVIO) had excluded Bill from the home. Bill had attended alcohol rehabilitation twice to address his substance misuse. He was unemployed as his employer would not allow for an interlock to be added to his van. Bill was in receipt of hardship payments to maintain the mortgage. Bill's belongings remained at the house whilst he was living in a caravan* [redacted]

Given this family violence service takes a whole-of-household approach and coordinates supports for both the victim survivor(s) and user of family violence, Bill was offered his own case manager (specific to users of family violence) a referral to a Men's Behaviour Change Program (MBCP) and access to FSL's specialist, non-collusive model of legal assistance.

Bill was made aware that if he 'opted in' there was an expectation he would engage meaningfully with each service and consent to shared communication between his lawyer and case manager. Bill was very pragmatic about his use of alcohol and ready to seek help; he also stated that the relationship with his ex-partner was over and that he simply wanted to separate fairly and amicably. Bill 'opted in' to the service.

Bill's case manager attended his first legal appointment where the FSL lawyer explained legal privilege as well as the professional and ethical obligations of the case manager. This explanation included how and when the FSL lawyer might ask the case manager to leave during the appointment so Bill could speak freely about the children's exposure to family violence. Bill then signed an authority to allow for communication between the FSL lawyer and case manager, entrusting FSL to protect his legal privilege where possible. The FSL lawyer then explained he would advise Bill on the full extent of his legal rights as they relate to his circumstances, including how

to take a non-adversarial approach to his legal matters in the pursuit of his objective to resolve the matter fairly and amicably.

In this first appointment, it was clear that Bill was aggrieved at becoming homeless and unable to live in his parents' home. He only partially accepted the narrative of the FVIO and suggested the system was set up to disadvantage men. The FSL lawyer and case manager worked collaboratively to challenge Bill's stance and in doing so, established an understanding regarding Bill's use of violence that Bill accepted. Bill instructed the FSL lawyer to consent to a final order.

When Bill left the appointment, the case manager expressed concern about the risk to Bill's ex-partner and her children due to Bill's perceived lack of insight and victim stance. The case manager contemplated speaking to the MBCP facilitators prior to Bill's next MBCP session.

Case study three:

Blake is a voluntary participant in a MBCP. Via a partnership with FSL, Blake receives legal education from a specialist educator at week six of the twenty-week program. The legal education session is delivered to address persistent gaps in men's understanding of legal processes relating to FVIOs and family law, and has the ultimate goal of improving compliance, accountability, and safety outcomes for victim-survivors.

One week after the legal education session, Blake's MBCP facilitator referred Blake to FSL to receive discrete legal advice on the conditions on his FVIO. Blake had reflected on the impact of contesting the FVIO on his and his ex-partner's mental health and decided against it. Blake was aware that his ex-partner was receiving family violence counselling from the same organisation. Blake was also aware that his ex-partner was eager to reach a financial settlement so they could sell the family home, and she could start afresh in new accommodation.

Blake had not spent significant time with his daughters in nine months and was unclear about how he could ask his ex-partner to see his daughters under the interim order, or as part of any final FVIO order. The FSL lawyer made Blake aware of his ability to negotiate written parenting arrangements via a lawyer - Blake had not been aware of this option. Blake consented to a final FVIO inclusive of this condition and retained FSL to assist with facilitating a written parenting arrangement by consent.

Blake's MBCP's facilitator went on leave. In their absence, Blake's ex-partner's case manager reached out to Blake's FSL lawyer directly to ask if Blake was ready to pursue a property settlement. Without disclosing any information to the ex-partner's case

manager, FSL's lawyer sought to obtain Blake's instructions on this as up to that point, they had been hyper-focused on parenting.

Blake recalled the conversation about legal privilege at intake and became concerned that his MBCP facilitator was collaborating with his ex-partners' case manager and not acting in his best interests. Despite the FSL's lawyer's persistent assurances that parenting and property issues are typically resolved in tandem, and Blake's legal privilege had in no way been compromised, Blake became cynical about the services he had received.

When Blake's MBCP facilitator returned from leave, a significant and collaborative effort was required to regain the momentum Blake had built in developing insight into his use of violence.

4. ***Should the law enhance protection for communications between clients, lawyers and social service professionals in integrated legal assistance service settings? Why or why not?***

4.1. FSL supports reform to enhance protection for communications between clients, lawyers and social service professionals in closely integrated legal assistance services for three key reasons.

4.2. First, current legal settings place an unfair burden on clients to manage the boundaries of legal privilege in integrated legal assistance settings. Clients are often asked to make complex decisions about information sharing at moments of significant stress, vulnerability or crisis. For many, particularly those with complex and intersecting needs (who closely integrated practice is designed to assist), this is an unreasonable expectation. Clients should not be placed in the position of having to choose between preserving their fundamental right to legal privilege and receiving the coordinated health, social and therapeutic support that may be essential to resolving their legal issues.

4.3. Second, the lack of clarity regarding the application of legal privilege in closely integrated legal assistance settings can be challenging for health and social service professionals. They may also be required to make complex decisions about what information can or should be disclosed in order to comply with their own professional and legal obligations. This is especially challenging in workforces that include many less experienced staff, and where high staff turnover complicates ongoing training efforts.

4.4. Third, current legal settings inhibit the growth of closely integrated legal assistance services, despite their demonstrated benefits for clients with complex needs. FSL is aware of services that have considered adopting a closely integrated model but have withdrawn from doing so because of concerns about protecting legal privilege. This results in more siloed service models, which constrain interdisciplinary collaboration to the detriment of clients with complex, co-occurring needs.

4.5. Current legal settings may also create a preference for in-house social service supports within CLCs over external partnerships. While in-house social supports have many benefits, they are typically tied to the life of the legal matter and are inherently episodic. They may also be harder for clients to access than generalist social supports. For clients with complex, co-occurring needs, it is often preferable to attach legal assistance to the client's existing, ongoing support network located in mainstream health and social service systems.

4.6. FSL notes that in close to two decades of delivering closely integrated legal assistance, our external partnership records have not been subject to subpoena. However, the absence of such incidents should not be mistaken for evidence that the current framework is satisfactory. The ongoing risk of inadvertent breaches of confidentiality continues to shape practice, encouraging a cautious and constrained approach to integration that limits the full benefits of closely integrated legal assistance for clients.

Some of the benefits of enhanced protection are illustrated by James' story which demonstrates the poor client and practitioner experience baked into the current strategies deployed to protect legal privilege – including that trust in the clients long-standing supports can be eroded by the legal intervention.

Case study four:

James is engaged with an outreach psychiatric service who provide mental health services to adults who are homeless. A schizophrenic, James had been sleeping rough for over ten months when he was referred to FSL to address his multiple criminal charges. At this time, James's mental health treatment was administered on a voluntary basis in the community, and his relationship with his registered psychiatric nurse was new and volatile. Thankfully, James' engagement with the outreach psychiatric service was sustained by a deep connection he had built over time with the team leader and social worker who referred him to FSL.

In the context of its health justice partnerships, FSL proactively inducts every partner practitioner on the topic of legal privilege; this effort is mandated at the inception of each partnership and is made every time new practitioners join the team. This rigour gave James' FSL lawyer the confidence to insist that the social worker who referred James (and who James trusted) also be present at the first appointment. Given James' vulnerability the FSL lawyer was keen for James' trust in the social worker to be transferred to her and the legal service. Initially, this involved asking James to comprehend the abstract concept of legal privilege, only to then ask him to censor himself if he intended to reveal anything about the victim in the alleged offending because the social worker has different professional obligations to the ones described by the FSL lawyer. (The alleged victim in one of the criminal charges laid against James was an estranged family member under the age of eighteen).

James' lack of confidence in institutions, and inability to comprehend complex concepts immediately put him on high alert and visibly raised his suspicion toward the referring social worker. James ended the appointment and was not present at the outreach location for another month, despite the efforts of the referring team leader and social worker to reach him.

In a second appointment facilitated by the referring team leader and attended by the social worker, FSL's lawyer re-stated the necessary information and went on to explain exactly what James' was consenting to by having two organisations collaborate to meet his needs. In doing so, FSL's lawyer asked James for his understanding of legal privilege and re-explained it. She then asked James for his consent to disclose information to the homeless outreach psychiatric service for the purpose of facilitating James' ongoing access to services. James appeared immediately distressed as he interpreted this information to mean that the FSL lawyer would share his criminal history with the referring team leader, and this would become a barrier to treatment. (James had experienced two extended periods within juvenile detention). James communicated his fear of being rejected by the referring team leader because he was one of the few people he had felt he could trust in the long-term management of his mental illness. After assurances from the FSL lawyer, team leader and social worker that this was not the case, James consented to the legal service by signing a partnership authority.

Supported by the trusted referring social worker, James then participated in a detailed health justice partnership in-take process that intends to understand the underlying causes of James' contact with the criminal justice system and deploy the skills of an interdisciplinary team to address them. As part of this process, James revealed that child protection had been involved with his family during his childhood, and that he continues to misuse substances. Unable to decipher between two organisations and three professions, James withdrew consent for his misuse of substances to be shared with his new psychiatric nurse and referring team leader, but said he felt comfortable for the referring social worker to know this.

As had been their practice many times before, the FSL lawyer then asked the referring social worker to leave the appointment so that James' could openly discuss the nature of his offending. When the FSL lawyer explained this is because the referring social worker has a strong ethical obligation to report risk to children to child protection, James understood this to mean that the referring social worker was going to re-prosecute the family reunification order that was still operational for his two youngest siblings. After repeated assurances to the contrary, James' understood this was not the case but his trust in the referring social worker had been diminished.

Once James' legal matters were finalised, the FSL lawyer facilitated a third meeting with James to explain the conditions of the court order and confirm the ways in which the referring case management team could support his ongoing compliance. At the meeting, James declared he would no longer speak with the referring social worker because he felt she was aligned with child protection, and that he continued to mistrust his psychiatric nurse. Though James' legal issues were now resolved, the referring case management team was depleted; the referring team leader was left

alone to encourage and facilitate James' ongoing engagement with the service and re-build his relationship with the referring social worker over time.

5. Are you in favour of establishing:

a) A social service professional privilege that would enhance protection for communications between clients and social service professionals in loosely integrated legal assistance service settings and/or

b) A new category of legal privilege that would enhance protection for communications between clients, lawyers and social service professionals in closely integrated legal assistance service settings?

Why or why not?

5.1. FSL's primary objective is to deliver closely integrated legal assistance. We do not seek to operate as a loosely integrated legal service. However, as discussed above, uncertainty about the operation of legal privilege in integrated legal assistance settings has, at times, required us to introduce information barriers and other mechanisms more commonly associated with loosely integrated models. This is not our preferred approach. Accordingly, FSL confines its submissions on reform options to those directed at closely integrated legal assistance services.

6. If you support a new social service professional privilege for loosely integrated legal assistance service settings, do you have a view on the scope, elements, eligibility requirements or implications of the privilege? If so, what is it?

6.1. For reasons noted above, FSL does not make submissions regarding this reform option.

7. If you support a new category of legal privilege for closely integrated legal assistance service settings, do you have a view on the scope, elements, eligibility requirements or implications of the privilege? If so, what is it? We are particularly keen to hear your views on the definition of closely integrated legal assistance services, eligibility requirements for the privilege, a safety exception

to the privilege, and the implications of the privilege for social service professionals.

7.1. As a minimum, given current uncertainty, clarification is required regarding the extent to which legal privilege applies in closely integrated legal assistance models. In practice, this may best be achieved by express treatment of legal privilege in these settings.

7.2. FSL notes that there are a range of reform approaches that could deliver the clarity that closely integrated legal assistance practice requires. Of these, we see particular merit in extending the purpose of communications that attract legal privilege to include those that have a dominant purpose of 'obtaining (or accessing) integrated legal assistance services.' This would cover a range of common scenarios where communications with social service partners focus on addressing underlying client needs such as housing, family violence counselling or mental health interventions that are a pre-condition for accessing legal help.

7.3. An advantage of this approach is that it quarantines the impact of any extension of privilege to integrated legal settings, averting the risk of overreach and unintended consequences. However, this reform relies on a definition of integrated legal practice that may prove challenging given the current diversity of approaches. FSL favours an approach to legislative definition that distils the key elements of integrated legal assistance (such as those described at 1.3) without linking eligibility to distinct regulatory or accreditation processes.

7.4. Further FSL urges that eligibility for any extended legal privilege in integrated practice be linked to the **function** of the health and social service professional in the integrated practice, not their professional discipline (e.g. financial counsellor) or employment arrangements (e.g. CLC employee). If a professional is providing support that enables the client to access legal help in the context of an integrated legal assistance service that satisfies prescribed legislative criteria, they should be covered.

7.5. Regardless of the specific approach to reform, FSL does not support a safety exclusion as canvassed by the VLRC. We believe that this would unfairly and unnecessarily dilute our clients' fundamental right to unqualified legal privilege.

7.6. A central criterion for any reform of legal privilege in integrated legal practice should be that it facilitates, rather than inhibits, the growth of the sector. Care should be

taken to avoid creating new barriers, regulatory burdens or disincentives that would discourage services from working collaboratively in their clients' best interests.

7.7. Finally, FSL recognises that reform to legal privilege in integrated legal assistance settings will not, of itself, resolve the many complexities involved in interdisciplinary practice. Training, practice guidance, practical workarounds and formal governance mechanisms will continue to be necessary to manage the professional, ethical and operational tensions inherent in these models. However, reform that provides greater protection and simplicity for clients and enhanced certainty for professionals, would be a significant and worthwhile step. FSL's ability to reach the most complex and vulnerable clients from within the services they already access, demands no less.

First Step Legal consents to this submission being published and otherwise shared with identifying details of our organisation. We welcome further contact from the VLRC to clarify any aspect of this submission.

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