Victorian Law Reform Commission

By email: legal.privilege@lawreform.vic.gov.au

RE: Legal Privilege and Integrated Legal Assistance Services

Thank you for the opportunity to provide a submission to the Legal Privilege and Integrated Legal Assistance Services Inquiry.

Background

1. Caxton Community Legal Centre (Caxton) has delivered integrated legal and social support services since its establishment in 1976.

2. Caxton was founded by volunteer lawyers and social workers who worked alongside one another to assist the Brisbane community, united by a commitment to social justice, law reform and holistic service delivery. This multidisciplinary approach was therefore embedded in Caxton's practice from its inception, recognising that legal problems arise within, and cannot usually be resolved separately from, the broader social circumstances of people's lives.

3. In the early 1980s, Caxton received funding for its first full-time social worker position, further embedding social support within its legal service. At that time, multidisciplinary practice operated informally rather than through a defined practice framework. Legal and social work files remained separate, reflecting the distinct professional roles and obligations of each discipline, but practitioners routinely attended clients jointly and, with client consent, shared information and worked collaboratively to address interconnected legal and social needs.

4. In the early 2000s, Caxton's service for older people experiencing abuse received Queensland Government funding to operate as a multidisciplinary model. This enabled a more closely integrated approach, with lawyers and social workers working together from the outset of a client's matter rather than providing parallel or sequential services. Joint assessment, case planning, client attendances and regular case consultation enabled legal and social interventions to be coordinated around the client's circumstances, goals and preferences, while each practitioner retained their distinct professional role and responsibilities.

5. Today Caxton employs 20 social support workers alongside 45 lawyers/paralegals. In 2024-25 Caxton delivered 8,651 legal services and 1,972 social support services. Over five decades, multidisciplinary practice (MDP) has been tested, refined and embedded as our core method of delivering legal assistance. For Caxton, MDP is not simply a co-location of professionals. It is a deliberate practice approach, a structured way of working in which distinct professional disciplines bring their respective expertise to a shared understanding of the client's

circumstances, coordinate their interventions, and work towards outcomes determined by the client.

6. Caxton's experience in delivering multidisciplinary legal assistance models has informed organisational governance, professional supervision, client consent processes and multidisciplinary practice across a wide range of legal areas. Caxton's Theory of Change contemplates "improved legal and social outcomes". Caxton has an MDP Policy which is **attached**. Caxton employs a Social Work Practice Director and four Managing Senior Social Workers who each manage a smaller team of social support workers. Caxton deliberately tenders for funding asserting an MDP approach and adopts strategies that more closely integrate multidisciplinary practice with each iteration of program design.

7. Although Caxton operates in Queensland, the issues before this Inquiry are not unique to Victoria, and we welcome the opportunity to make a cross-jurisdictional submission on an issue that has received little systematic consideration elsewhere in Australia.

8. Caxton's central submission is that legal professional privilege should protect confidential communications involving lawyers and social support service professionals where those communications are made for the purpose of providing integrated legal assistance. The protection should enable services to determine the appropriate level of multidisciplinary integration according to client need, rather than requiring services to structure their practice around uncertainty about privilege.

9. The uncertainty surrounding legal professional privilege affects how Caxton approaches multidisciplinary practice and, from our engagement with other legal assistance services, is a concern shared across jurisdictions.

10. We acknowledge that the application of legal professional privilege to Caxton's multidisciplinary practice has not been substantively tested in litigation or otherwise challenged in practice. Nevertheless, the absence of clear authority requires us to manage the possibility that communications involving social support workers may not attract privilege. In practice, this means explaining that uncertainty to clients and seeking their informed consent to information being shared within the multidisciplinary team.

11. We are uncomfortable that the current legal uncertainty effectively shifts responsibility to the client to accept a risk concerning privilege that neither the client nor the service can confidently quantify. This is particularly problematic given that many clients seek multidisciplinary assistance because they are experiencing vulnerability, trauma or other barriers to navigating complex legal issues.

12. A specific privilege that protects confidential communications in integrated legal assistance services would allow organisations to structure multidisciplinary practice with confidence

and enable clients to receive integrated assistance without being required to assume uncertainty generated by the law itself.

13. We hope the Commission's work will contribute to broader national consideration of how legal professional privilege should operate in contemporary multidisciplinary legal practice.

Benefits of integrated legal assistance services

14. The greatest benefit of integrated legal assistance services is that clients receive assistance that reflects the reality of their lives. Legal problems rarely occur in isolation. They are frequently intertwined with poverty, housing insecurity, domestic and family violence, elder abuse, disability, mental ill-health, discrimination and social isolation.

15. Caxton's service data demonstrates this complexity. In 2024–25, 96.2% of Caxton clients Caxton represented experienced financial disadvantage, 58.6% lived with disability and 50% were affected by domestic and family violence. The intersection is particularly evident in Caxton's Seniors Legal and Support Service, where 81% of clients experienced financial disadvantage, 70% experienced domestic and family violence, 49% lived with disability and 15% were homeless.

16. These circumstances are not simply background characteristics of our clients; they shape the nature of their legal problems, their capacity to engage with legal processes and the options realistically available to resolve them. In our experience, these and other unmet social need, create barriers to engaging with legal processes and limit the effectiveness of purely legal interventions.

17. Integrated legal assistance recognises this reality. Rather than treating legal and social issues separately, through joint attendances with clients and multidisciplinary practices, our lawyers and social support workers develop a shared understanding of the client's circumstances, strengths, risks, goals and preferences and coordinate legal and non-legal interventions to improve legal outcomes.

18. Our lawyers identify and pursue legal rights and remedies, while our social support workers address the social, practical and psychosocial circumstances that affect a client's capacity to exercise those rights. Working together enables the service to address the legal problem in the context in which it actually occurs, rather than requiring the client to separate interconnected problems across multiple services.

19. It is our experience that clients with unmet legal need benefit when legal and non-legal issues, and the ways in which they interact to impede a just outcome, are identified early. Multidisciplinary practice facilitates this by applying legal and social work perspectives simultaneously. A social worker may identify coercive family dynamics, social isolation,

informal decision-making arrangements, housing instability or escalating risk that have legal implications, while a lawyer may identify legal issues that are contributing to, or arising from, the client's broader psychosocial circumstances. Each professional perspective therefore informs and extends the other. Through joint assessment, information sharing and integrated case planning, the multidisciplinary team can develop a more complete understanding of the client's circumstances, risks, strengths and goals at an earlier stage. This enables earlier intervention, more informed legal and non-legal strategies, and a broader range of options for achieving outcomes that are both just and sustainable.

20. We also observe that coordinated multidisciplinary responses reduce the need for clients to repeatedly recount traumatic or distressing experiences to different practitioners. With the client's consent, our legal and social support practitioners share relevant information, undertake joint assessments and coordinate their engagement so that information provided to one practitioner informs the work of the broader team. This is particularly important for clients who have experienced domestic and family violence, sexual violence, elder abuse or other trauma, for whom repeated retelling can be distressing, exhausting and potentially retraumatising. It can also cause clients to disengage from services or result in fragmented and inconsistent accounts being held across different practitioners. Our integrated approach allows each practitioner to obtain the information necessary for their distinct professional role without requiring the client to repeatedly start again. This supports trauma-informed practice, reduces the burden placed on the client to coordinate their own services, and enables practitioners to provide a more consistent and coherent response.

21. Multidisciplinary practice improves our ability to undertake safety planning throughout our engagement with a client. We recognise that our lawyers and social support workers identify different dimensions of risk and have different tools available to respond. Our lawyers may identify legal mechanisms available to increase safety, such as protection orders, urgent court applications or changes to parenting, housing, financial or decision-making arrangements, while our social support workers may identify risks arising from family dynamics, dependence, or housing circumstances. Considered together, these perspectives enable a more comprehensive assessment of both immediate and emerging risks and allow legal action to be planned with its practical safety consequences in mind. For example, commencing legal proceedings, seeking possession of a home, revoking an enduring power of attorney or challenging a family member's financial control may protect a client's rights while also increasing the risk of retaliation, homelessness, isolation or loss of care and support. Multidisciplinary planning enables these consequences to be anticipated and practical supports put in place alongside legal action. It also allows safety plans to be continually reviewed as the legal matter and the client's circumstances change.

22. Many of Caxton's clients experience significant barriers to engaging with legal processes and meeting legal obligations. Our integrated legal assistance services address the practical and psychosocial factors that can prevent clients from providing instructions or acting on legal

advice. Practical support may include organising and attending appointments, helping clients manage distress associated with proceedings, obtaining necessary documents, and connecting clients with housing, health and other services that stabilise their circumstances. By coordinating and pacing these supports alongside the legal work, multidisciplinary practice makes legal processes more manageable and enables clients to remain engaged, provide instructions, attend proceedings, meet deadlines and meet their legal obligations.

23. Importantly, multidisciplinary practice supports clients to realise their human rights by combining distinct professional roles in ways that maximise dignity, autonomy, and participation. This can be particularly important where a client has limitations affecting their decision-making ability. A lawyer requires a client to have the capacity to give instructions in relation to the particular legal matter. However, difficulty understanding information, weighing options or communicating a decision does not necessarily mean that a person is unable to make the relevant decision. A social support worker can work with the client to identify and address barriers to decision-making, including communication difficulties, cognitive impairment, trauma, distress, unfamiliar environments, coercion or dependence on others. Through supported decision-making they may assist the client to identify and express their will and preferences, or help create conditions in which the client can consider information without undue influence. This support can maximise the client's decision-making ability and, in some circumstances, enable the client to provide the instructions the lawyer requires to provide legal assistance. Where the client remains unable to provide legal instructions, the social support worker may nevertheless continue to support the client and, where appropriate and consistent with the client's will and preferences, advocate for their interests. Multidisciplinary practice can therefore maximising opportunities for the client to exercise legal capacity and access legal assistance.

24. Multidisciplinary practice also creates organisational benefits. It promotes shared professional learning, reflective practice, improved staff wellbeing, and more sustainable practice in high-risk environments. Practitioners working with clients experiencing violence, abuse and significant disadvantage can carry a substantial moral and emotional burden, particularly where the law offers limited remedies or the client's preferred legal outcome cannot be achieved. In a multidisciplinary model, practitioners do not carry this complexity alone. Legal and social support workers share responsibility for understanding risk, considering options and supporting the client, while bringing different professional perspectives to what can be achieved. This can also broaden the way practitioners understand a successful outcome. A legal remedy may be unavailable or unsuccessful, but the multidisciplinary intervention may nevertheless have increased the client's safety, autonomy, connection to supports, understanding of their rights or capacity to make future decisions. Recognising these outcomes can reduce the sense of professional failure that may arise when success is measured solely by the legal result. Joint casework, shared reflection and collective responsibility for complex decisions can therefore reduce professional

isolation and moral distress, while helping practitioners sustain their engagement in demanding work.

25. Caxton's MDP strengthens partnerships across the legal and community sectors. Social support workers bring established relationships and knowledge of community and specialist services. Working jointly on complex matters builds relationships between legal services and health, housing, disability, DFV, aged care and other community services, and develops a shared understanding of respective roles and expertise. For example, our multidisciplinary work in hospitals enables health practitioners to recognise when coercive control, elder abuse or impaired decision-making has legal dimensions and seek legal assistance earlier, while our lawyers gain a better understanding of health, capacity and support issues affecting their clients. Over time, these relationships can develop from individual referrals into established pathways for consultation, warm referral, secondary consultation and coordinated responses. This strengthens the broader service system.

26. Finally, governments increasingly recognise multidisciplinary responses as best practice and fund integrated service models across legal assistance, family violence, health and social services. Integrated legal assistance supports this policy direction by providing services that are responsive to the complexity of people's lives rather than requiring clients to navigate fragmented systems.

Case Studies

27. ***Case Study 1***

The Problem: John and his guardian attended Caxton Legal Centre to receive legal advice about a disability discrimination case involving the Queensland Police human rights breaches. John is a young man with ASD who has been living in inappropriate and volatile crisis accommodation for five years while waiting for stable, longer-term social housing.

Our Intervention: Caxton's lawyer assisted the client with the police complaint and represented him in the Queensland Human Rights Commission conciliation conference. Caxton's social worker engaged with his guardian and the local housing officer to advocate for the client's right to safe, appropriate housing.

Outcomes: The coordinated multi-disciplinary work of the lawyer and social worker with the client and his guardian enabled the following outcomes:

- Significant financial settlement
- Letter of regret from the respondent
- Disability specific training for staff in QPS
- Offer of permanent housing in low density property within local community

Client Voice: Quote from client's guardian: *"John viewed the property last Thursday and signed paperwork on Friday and received the keys immediately. We started moving him straight away; the first night at the house was Sunday night. He says that he "has never slept better". He is so much more relaxed; he can finally exhale. He was filled with emotion walking around his new home, he teared up and cried with the reality dawning on him that this is his place and he is finally home. He has been there for 4 nights and still is walking around tearing up. He could not be happier. So being on the Department's waiting list for about 9 years and in an unsuitable Crisis Unit for over 5 years, he has finally achieved the dream and moved into his miracle "Unicorn" property."*

28. This case demonstrates that effective legal assistance may depend on legal and social interventions being planned and delivered together. The housing circumstances affecting John were not separate from the circumstances in which his legal problem arose, and addressing his legal rights alone would not have achieved the outcome he needed. Effective multidisciplinary assistance required the lawyer and social worker to develop a shared understanding of John's circumstances and coordinate their respective interventions. The law of privilege should not discourage the information sharing and collaboration necessary to provide that assistance.

29. ***Case Study 2***

The Problem: Goldie's daughter Kate was brought to a Queensland Hospital, and later died in hospital, after being dropped there by an unknown person. Goldie was concerned that Kate's death, and the investigation into the circumstances around her death, was minimised because Kate had drugs in her system at the time of arrival to the hospital. Goldie spent years writing to the Coroners Court requesting further avenues of investigation to be conducted.

Our Interventions: Caxton lawyer assisted Goldie through the inquest process including liaising with the Coroners Court, representing her in Court, making submissions about the adequacy of the police investigation, questioning witnesses, making submissions about the findings that should be made about the circumstances of Kate's death. Goldie was supported by Caxton's social worker provided support and prepared her for the emotional toll expected during the hearing and provided in court supports during the six day inquest. Goldie also shared with the social worker that she was experiencing economic abuse from her partner. The social worker was able to arrange financial counselling for Goldie.

Outcomes: Goldie now understood the details about the last day of her daughter's life, the extent and direction of the police investigation. Goldie was supported to grieve and gained the ability to share more broadly her concerns about shame and stigma that surrounds death associated with drug use. Goldie was given information in a way that allowed her to process, respond and participate fully in the legal processes of the Coroners Court. Goldie felt supported while going through the extremely difficult process of an inquest.

Client Voice: *"Having a social worker as part of the Caxton Team who supported me through the inquest was invaluable. Personal circumstances prevented my son being able to attend the inquest so if it were not for the social worker I would have been in the courtroom unsupported. The social worker helped me prepare for the inquest in a way I would never have been able to do for myself. Because the social worker knew the inquest process, she was able to advise me on situations I may find helpful to consider. For example, how I might organise my accommodation as the inquest was held away from my hometown, how I might cope with being in the same room as the witnesses and why and how I might consider writing a family statement.*

During the inquest, the social worker sat with me in the courtroom. It was so helpful that she communicated any questions or comments I had for the legal team via the Caxton portal for prompt attention and response. She also shielded me from being directly impacted by witnesses entering and leaving the courtroom and whilst accessing bathrooms during the breaks. Special touches I will never forget include offering mentos and tissues for the sad moments when I really did need support. Her support did not end at the end of the court session. The social worker stayed by my side throughout the meal breaks and we were able with the legal Team to debrief any aspects of the process that needed more discussion.

After the inquest, the social worker has kept in touch, following up with me intermittently. We do not have the Coroner's findings at the time of writing this and I know she will be available for me to reach out to up until the findings have been received and completed. In addition to all of this the social worker has helped me to address issues such as legal advice and financial counselling. I have found these referrals to be extremely helpful. Because the social worker doesn't sit on the bench in the courtroom, they can be with you at all times. And they can be helpful in ways that the legal team doesn't have time to do. For example, my social worker assisted with approaches from reporters.

Overall, I cannot fault the work the Caxton Team provided for me. I found the Coronial process to be so helpful and I am very grateful there is a service like this that exists and an organisation such as Caxton that provides the support that you do. I call my Caxton Team the Dream Team because this is exactly what they are. The professionalism, the complementary nature of their work roles and how they without exception provided me with so much patience combined with their professional integrity and expertise has me in awe. I never thought I would feel inspired by this process. I was dreading it in fact. And although it was one of the most harrowing experiences I have lived through, I cannot imagine how I would have gotten through it without this strong Caxton Team holding me up. The team work displayed was so respectful and enabled each member of the Team to be their best in their specific role. I can't imagine how the Caxton Coronial Support Teams would be able to function so efficiently without the addition of a social worker. I see the skills they bring to the Team as essential. Having a social worker on the Team was invaluable to me. Social workers provide assistance with many of the social justice aspects of the process and the service Caxton provides is made so much richer for it."

30. This case illustrates that social support within an integrated legal assistance service is not ancillary to the provision of legal assistance. The social worker's role enabled Goldie to prepare for, understand and participate in the coronial process, communicate effectively with her legal team and remain engaged throughout an exceptionally difficult hearing. Communications between Goldie, the social worker and the legal team were therefore part of the practical means by which she was able to access and receive legal assistance. A privilege clearly articulated to apply to integrated legal assistance should be capable of protecting communications made for this purpose, notwithstanding that the practitioner facilitating that assistance is not a lawyer.

31. ***Case Study 3***

The Problem*: Francesca was in her 80s when she left an abusive relationship with her husband Her priority was to sever her legal and financial connection to her former husband while avoiding actions that could escalate the risk of further abuse.*

Our Intervention*: Caxton's multidisciplinary team comprising lawyers and a social worker worked collaboratively with Francesca to address both her legal and psychosocial needs. The lawyer negotiated a Deed of Transfer and Release between the retirement village, Francesca, and her former husband. At the same time, Caxton's social worker used a trauma informed and client centred approach to ensure that the legal process considered her safety, emotional wellbeing, capacity and practical circumstances. Francesca disclosed that she had dyslexia and found reading and writing and paperwork extremely difficult. We adapted our communication and support with the social worker helping Francesca understand information, prepare for conversations and remain engaged in decisions about her legal matter. This ensured that Francesca's voice, preferences and choices remained central to the process. The social worker also connected Francesca with domestic and family violence services in her local area, including the Leaving Violence Program (LVP).*

Outcomes*: Francesca received $5,000 LVP grant which met her legal cost and some of her moving expenses. A financial settlement with her former husband was finalised. The multidisciplinary approach meant that Francesca did not have to navigate the legal system, domestic violence services and practical challenges on her own. Francesa was also connected with local community groups to reduce isolation. The combination of legal and psychosocial support services enabled her to safely transition from the relationship, rebuild her confidence and establish a new life free from violence and fear.*

32. This case demonstrates how psychosocial support, safety planning and supported decision-making can be integral to the provision of effective legal assistance. The social worker's involvement enabled Francesca to understand information, communicate her preferences and remain engaged in legal decision-making, while also ensuring that the legal strategy was pursued with proper regard to the risk of further abuse. Communications of this kind should not fall outside protection merely because they involve matters such as safety,

communication or psychosocial circumstances where those matters are being addressed as part of the client's integrated legal assistance.

33. These cases studies illustrate that in integrated legal assistance services, confidential communications serve interconnected legal and social purposes, not just the dominant purpose of giving and obtaining legal advice or litigation-related legal services. They also demonstrate how murky it will become for clients to assert legal privilege in integrated legal services the more closely multidisciplinary practitioners work together. That uncertainty is particularly acute where activities such as safety planning, psychosocial assessment, supported decision-making or addressing barriers to participation both serve a legitimate social work purpose and enable the client to obtain, understand or act upon legal advice.

Integrated legal assistance services – 'elder abuse' model

34. Caxton's Seniors Legal and Support Service has produced a comprehensive document introducing and explaining one of Caxton's closely integrated legal assistance models, 'Specialist Elder Abuse Service, Social Worker-Lawyer Intervention Model', July 2018. The document is **attached**. In summary it identifies these key features of the closely integrated model:

    a. A shared response to a complex problem: The model is based on the premise that elder abuse cannot be understood solely as a legal problem or a social problem. The social worker and lawyer collaboratively assess the person's circumstances, recognising that family dynamics, social supports, safety concerns and legal rights are interconnected.
    b. Joint assessment and early intervention: The multidisciplinary response includes the assessment of the older person's family and social context, identification of psychosocial issues, early identification of legal issues, risk assessment and safety planning, and urgent protective legal action where necessary.
    c. Integrated case planning: A central feature of the model is integrated case planning between the social worker and lawyer. Rather than developing separate intervention plans, they work together to ensure the client has access to the full range of available supports and legal options. This coordinated approach allows legal and social interventions to reinforce one another.
    d. Client choice and self-determination: The older person remains at the centre of decision-making. The role of the integrated team is not to decide on behalf of the client, but to provide information, supports and intervention options so the person can choose what actions they wish to take. The model explicitly seeks to balance protection from abuse with respect for autonomy and self-determination.
    e. Human rights foundation: The model is framed as a human-rights-based response. The older person is treated as the rights-holder whose rights to autonomy, independence and safety continue throughout the ageing process. The integrated social worker-lawyer approach is presented as a practical mechanism for advancing those rights.

35. The model's strength is that it is fully integrated. The lawyer and social worker jointly assess risk, undertake integrated case planning, identify legal and psychosocial issues together, share a file, and support the older person to choose among available interventions. The document repeatedly presents integration, information-sharing and coordinated planning as the reasons the model achieves positive outcomes.

36. The challenge is that many of the features that make an integrated multidisciplinary practice effective, including information sharing, joint assessment and integrated case planning, theoretically increase the risk of legal professional privilege being lost or challenged. The perverse result is that the clients most in need of a highly integrated response are exposed to the greatest risk. Those experiencing the most complex forms of vulnerability, including elder abuse, may be forced to choose between the benefits of a fully integrated service and the protections ordinarily afforded by legal professional privilege. This is an extremely uncomfortable position for both clients and practitioners. It effectively places the burden on the client to accept an uncertain legal risk as the price of receiving a model of assistance designed to meet their needs. In our view, clients should not have to trade the protection of confidentiality and privilege for effective, integrated assistance, particularly where the uncertainty arises not from anything the client has done, but from the law having failed to keep pace with contemporary models of legal service delivery.

Closely integrated and loosely integrated legal assistance services – a comparison

37. Integrated legal assistance is better understood as a spectrum of practice rather than a binary distinction between “loosely” and “closely” integrated models. As the Commission recognises, legal and social services range from independent to fully integrated, and organisations may adopt elements of more than one model.

38. In Caxton’s experience, the degree of integration may also vary between programs, practitioners, clients and even at different stages of the same client’s matter. Integration may involve referral and professional consultation at one end of the spectrum, progressing through information sharing, coordinated case planning and joint client attendances, to highly integrated casework in which legal and social interventions are deliberately planned and delivered together.

39. The appropriate level of integration is determined by the client’s needs, risks, preferences and circumstances, rather than by a fixed organisational model. A client’s needs may also change over time, requiring practitioners to move along this spectrum during the course of a matter.

40. For these reason, categorising a service as either “loosely” or “closely” integrated risks obscuring the fluid and client-responsive nature of multidisciplinary practice and, importantly for this Inquiry, the fact that questions about legal professional privilege may arise differently

at different points along that spectrum make client consent obtained at the start of engagement very distant from the risks to privilege being managed with each and every communication throughout the whole engagement.

How easy or difficult is it to implement these models of integrated legal assistance services in practice?

41. MDP at Caxton takes various forms from very light collaboration to fully integrated practice.

42. At the least integrated end is our **co-location model**, where professionals work from the same physical location but remain organisationally and operationally separate. They maintain separate files, supervision and governance arrangements, with limited information sharing occurring with client consent. An example at Caxton is the co-location of a financial counsellor who is employed by another organisation, works alongside Caxton staff, but remains professionally and operationally separate.

43. Our **referral model** involves legal and social support practitioners working within Caxton but operating largely as separate services. Clients are referred between the disciplines as required. Practitioners retain separate files and supervision, with information shared by consent and joint client attendances occurring where appropriate. Over the last five years, the programs which operated under this model have moved towards more closely integrated practice.

44. In our **integrated MDP model**, legal and social support practitioners work within Caxton and usually within similar teams. The degree of integration is determined by client need rather than applied uniformly. Practitioners may share information with consent, undertake joint client attendances, consult with each other and coordinate interventions. An example of this is our court-based Family Advocacy and Support Service where clients seeking duty lawyer assistance at the Family and Federal Circuit Court of Australia can also be supported by our social workers at the Court, either separately from or jointly with the duty lawyer, as required.

45. At the most integrated end, a **fully integrated MDP** delivers legal and social support as a unified service. This may involve joint intake, assessment, case planning and intervention, joint client attendances, shared files and information sharing with client consent. Service delivery is deliberately designed and undertaken jointly. Examples of this at Caxton include our Seniors Legal and Support Service mentioned earlier. The table below explains these models.

Service	Intake	Attendances	File Sharing by Consent	Model and Rationale
Seniors Legal and Support Service	social support	joint or separate	joint file, joint case plan, joint file review	fully integrated - client need, funded model, available resources
Seniors Legal and Support Service HJP	legal	separate	separate file, limited information sharing	co-location/referral – agreed model with external provider
Seniors Financial Protections	social support	separate (joint by exception)	separate file	referral - funded model, available resources
Court Plus for Men	social support	joint or separate	separate file, joint case plan, joint file review	integrated - client need, worker need
Civil and Criminal Law Services (family, DFV, financial rights)	legal	joint or separate	separate file	referral/integrated - client need, worker need, available resources
Employment Law Service	legal	separate (joint by exception)	separate file	referral - client need, available resources
Sexual Harassment Service	joint	joint or separate	mixed file	integrated - client need, funded model, available resources
Family Advocacy and Support Service	joint or separate	joint or separate	mixed file	integrated - client need, funded model, available resources
DV Duty Lawyer	legal	separate (joint by exception)	separate file	co-location/referral - funded model, external social support provider
Multicultural Advocacy and Legal Service	joint or separate	joint or separate	mixed file	integrated - client need, funded model, available resources
Disaster Service	joint or separate	joint or separate	separate file	integrated - client need, funded model, available resources
Retirement Villages & Parks Service	legal	joint or separate	separate file	integrated - client need, funded model, available resources
Coronial Service	legal	joint or separate	mixed file	integrated - client need, funded model, available resources
Financial Counsellor	legal	separate (joint by exception)	separate file	co-location/referral – agreed model with external provider

46. In Caxton's experience, integrated legal assistance is easiest to implement when practitioners have flexibility to adjust the level of integration to the needs of the client and the circumstances of the matter.

47. Not every client requires the same degree of integration, and the level of collaboration may appropriately change over the course of a matter. At times, separate but coordinated legal and social support may be sufficient; at others, effective assistance may require joint client attendances, active information sharing, joint assessment and integrated case planning.

48. The ease of implementing different levels of multidisciplinary integration depends significantly on whether the practitioners work within the same organisation or across organisational boundaries.

49. Within Caxton, the most workable approach is a fluid model of integration**,** where lawyers and social support workers can adjust the level of collaboration to the needs, preferences and risks of the individual client. Imposing strict information barriers between practitioners who are otherwise part of the same team makes working together for the benefit of the client considerably more difficult. Such barriers require practitioners to continually determine what can be discussed and whether consent to share has been obtained for different types of information. It requires them to restrict opportunities for joint assessment and problem-solving, and can require the client to act as the conduit for information between members of their own service team. This approach requires practitioners to constantly navigate organisational and legal boundaries while attempting to deliver coordinated services. This is particularly difficult in urgent, complex or high-risk matters, where information relevant to a client's legal position may also be critical to their safety or social support needs.

50. The position is different where Caxton partners with an external organisation to provide social support. In that context, a more loosely integrated model with clear information boundaries has generally been easier to implement than attempting a highly integrated model. Separate organisations operate under different governance, professional, privacy and risk-management frameworks and may assess and respond to risk differently. Attempting to reconcile these frameworks through detailed information-sharing arrangements can itself create considerable complexity. For example, Caxton embeds lawyers within tertiary hospitals, often alongside hospital social work teams. While physical proximity facilitates collaboration, information sharing between Caxton and the hospital remains deliberately bounded. Negotiating comprehensive information-sharing protocols with a large tertiary health service, with its own governance, privacy and risk requirements, can be difficult and disproportionate to what is required for the partnership to operate effectively. In this context, clearly defined boundaries, supported by agreed processes for obtaining client consent and sharing information when necessary, provide greater certainty about each organisation's respective responsibilities. In our experience, this clarity can strengthen rather than inhibit an inter-organisational

partnership because practitioners understand the limits within which they are working and can collaborate effectively without attempting to merge distinct organisational systems and accountabilities.

Legal privilege, consent and social support services

51. Caxton recognises that legal professional privilege necessarily limits the availability of relevant evidence and therefore should not be expanded lightly. The privilege has always reflected a balance between the public interest in the administration of justice through candid legal advice and the public interest in courts having access to all relevant evidence.

52. In Caxton's view, however, contemporary multidisciplinary legal assistance has altered that balance. The traditional boundaries of privilege reflect a model in which the communications necessary for a person to obtain legal assistance occurred principally between lawyer and client. For many clients experiencing complex disadvantage, that no longer reflects how effective legal assistance is provided. Where effective legal assistance depends upon appropriate collaboration between lawyers and social service professionals, restricting privilege to communications involving lawyers alone undermines, rather than promotes, the administration of justice.

53. The law should not require legal assistance services to choose between delivering best-practice multidisciplinary assistance and preserving legal professional privilege. The closer practitioners work together, the more the current law of privilege creates uncertainty. The further apart practitioners are forced to work, the less effective integrated legal assistance becomes. That is the dilemma. The current law inadvertently encourages services to become less integrated in order to better protect privilege. It encourages legal assistance services to organise themselves around legal risk rather than client need. Yet everything we know about access to justice points in the opposite direction.

54. The risk that closely integrated legal assistance services may compromise a client's ability to retain legal privilege has been significant enough that Caxton's principal lawyers have thought carefully about it, developed governance, policies and consent processes.

55. As previously noted, however, Caxton has not experienced significant practical challenges arising from the theoretical risk that legal professional privilege may have been waived in the course of integrated service delivery. But if there were to be a successful challenge with negative consequences for a client, Caxton's principal lawyers may adopt a more risk-adverse approach towards its multidisciplinary service model.

56. The principal impact of the current law for organisations like Caxton has therefore been less about actual disputes over privilege and more about organisational uncertainty. The possibility that privilege may be lost influences policy development, staff training, consent

processes and decisions about how multidisciplinary services are structured. Considerable effort is devoted to managing a legal risk that is rarely tested in practice.

57. This uncertainty has contributed to Caxton adopting a consent-based multidisciplinary practice model, under which clients are informed about the multidisciplinary nature of the service, consent to information sharing where appropriate, and are advised that sharing information within the multidisciplinary team may affect legal professional privilege.

58. The real impact of the current law is on clients. Legal professional privilege is the client's privilege, not the lawyer's. The lawyer has obligations concerning it, but the privilege belongs to the client. The current law effectively requires legal assistance services to transfer the risk created by legal uncertainty to the client through informed consent. In Caxton's view, that is an unsatisfactory position.

59. Firstly, it is our experience that informed consent is inherently difficult in this context. Clients seeking multidisciplinary legal assistance are often experiencing significant disadvantage, trauma or crisis. They are frequently dealing with multiple legal and social issues simultaneously. Explaining the doctrine of legal professional privilege, the possibility of waiver, the distinction between legal and non-legal communications, and the future forensic consequences of information sharing is inherently complex. The table below sets out some of our basic training to staff which evidences the complexity. Even where those matters are carefully explained, it cannot be assumed that clients fully understand the legal significance of the choices they are being asked to make.

Dominant purpose test is used to decide whether a communication or document is protected by legal professional privilege (LPP). Usually raised as a defence to a request to disclose files during discovery processes, via subpoena, or in response to regulatory investigations or FOI processes.

Legal notes/documents where no MDP	→ **may attract legal professional privilege** if meet the dominant purpose test
Legal notes/documents where MDP	→ **may attract legal professional privilege** if meet the dominant purpose test BUT **may waive legal professional privilege** when it is shared with the social support worker
Social support notes/documents where no MDP	→ **unlikely to attract legal professional privilege** because the main purpose is not to deliver legal services eg: counselling, safety planning, psychosocial assessments, case management, referrals
Counselling notes	→ **may attract sexual assault counselling privilege** if the matter involves sexual offences, depending on jurisdiction

Social support notes/documents where MDP	→ **may attract legal professional privilege** when the social supports are being provided to support the client to receive the legal service and meets the dominant purpose test
Social support notes/documents where providing supports for decision-making	→ **may attract legal professional privilege** when the social supports are being provided to support the client's capacity for legal decision-making if it meets the dominant purpose test, but not likely to attract privilege where the social support worker provides advocacy services when there is no legal decision-making capacity

60. Secondly, the consent occurs in circumstances of constrained choice. Clients are not choosing between two equally beneficial models of service. They're choosing between receiving the integrated assistance they need while accepting an uncertain legal risk or declining multidisciplinary assistance in order to preserve legal privilege. That's not really a free choice. It's a choice created by the law.

61. Thirdly, the burden should sit with the legal system, not the client. Where governments encourage (and sometimes require in service terms and conditions) multidisciplinary legal assistance because it improves access to justice, the legal framework should support that model. Clients should not bear the burden of resolving legal uncertainty through consent simply to receive the form of legal assistance that governments themselves increasingly fund and encourage. Clients should not have to choose between preserving legal professional privilege and receiving the form of legal assistance most likely to resolve their legal problem.

62. The law should enhance protection for communications between clients, lawyers and social service professionals in integrated legal assistance service settings. Given the privilege is the client's privilege, the question should become: what communications should a client be entitled to keep privileged when obtaining integrated legal assistance? Answering this question in favour of a privilege that extends to communications in integrated legal assistance services would place the burden with the legal system, rather than vulnerable clients, to provide appropriate protection for confidential communications. It would provide greater legal certainty for organisations seeking to deliver integrated legal assistance in accordance with contemporary best practice.

63. The public interest protected by legal professional privilege remains the same: people should be able to obtain effective legal assistance without fear that the confidential communications necessary to obtain that assistance will later be used against them. What has changed is that, in contemporary integrated practice, the communications necessary to provide that legal assistance may no longer occur exclusively between a lawyer and client. Caxton is not seeking to confer a professional benefit or protection on social workers. It is seeking to ensure that clients do not lose a protection they would otherwise enjoy merely because the effective delivery of their legal assistance requires another professional to participate. A carefully

defined privilege for integrated legal assistance would recognise that changed reality while limiting the exclusion of evidence to communications genuinely made for that purpose.

64. Therefore, Caxton supports protecting confidential communications made as part of the client's integrated legal assistance.

65. Law reform should make it clear that a new privilege protects confidential communications occurring across different levels of integration, where practitioners are working together to provide a coordinated, client-led legal assistance service. This would allow legal assistance services to determine the appropriate level of multidisciplinary integration based on client need, rather than structuring their services around the limitations of a privilege doctrine that insists upon a particular level of integration to attract the privilege.

66. Caxton envisages that multidisciplinary practitioners must be working in the one organisation that is providing integrated legal assistance services. This provides a clear and workable boundary for the privilege: the organisation has responsibility for the practitioners involved, the purpose for which the integrated service is provided, and the governance, confidentiality, information-sharing and professional frameworks within which communications occur. It also distinguishes genuinely integrated multidisciplinary practice from the disclosure of otherwise privileged information to an external service provider.

67. The elements of the extended privilege could therefore include –

    a. all communications made in confidence
    b. between a client and an integrated legal assistance service worker
    c. between workers providing or facilitating an integrated legal assistance service
    d. for the dominant purpose of accessing or providing or facilitating integrated legal assistance services
    e. the legal assistance service is being delivered by a legal assistance service provider
    f. the workers are employed (including volunteers) by a legal assistance service provider
    g. the privilege applies broadly to court proceedings and investigative bodies
    h. attach to all socio-legal activities including psychosocial assessment, addressing barriers to participation in legal processes, safety planning, capacity building, supporting decision-making, coordinating services, reducing trauma-related barriers to giving instructions (without limiting the socio-legal activities)
    i. not depend on whether the client first speaks to a lawyer or a social service professional
    j. extend to appropriately qualified professionals (without limiting the professions) who are participating in the integrated delivery of legal assistance under the governance of a recognised legal assistance service
    k. include an exception that permits disclosure for the purpose of preventing serious physical harm to the client or to another person

68. If the privilege was extended to communications within integrated legal assistance services, this reform should be accompanied by accessible resources for practitioners and clients explaining the protection, the exemptions and supported by practical examples, rather than leaving individual services to translate a new and potentially complex privilege for their clients.

This submission was prepared by Cybele Koning, CEO, Caxton Community Legal Centre. [redacted]

Your sincerely

[redacted]

Cybele Koning
CEO
Caxton Community Legal Centre

9.18 Multidisciplinary Practice Policy

Services and Activites

Applies to: Management committee, Chief Executive Officer, staff, volunteers and students

Specific responsibility: as above

Effective date: June 2026

Next review date: June 2028

Policy Statement

Caxton Community Legal Centre (Caxton) is committed to using a multidisciplinary practice (MDP) model for client service delivery. This approach integrates legal and social support services to provide holistic, trauma-informed, culturally safe, and empowering assistance. Caxton recognises that people are better supported to access justice and realise their human rights when their legal issues are addressed alongside the psychosocial challenges that impact their safety, personal agency and wellbeing.

Framing of MDP in a Law Practice

Caxton operates as a law practice under the Legal Profession Act 2007 (Qld). The multidisciplinary practice model functions within this legal framework, ensuring that:

- the legal practice and professional conduct obligations of the organisation anchor all multidisciplinary activity
- other disciplines contribute their expertise within agreed structures that maintain compliance with professional and legal obligations
- each profession's ethical duties are respected, but the overall service operates under the governance of the legal practice.

Purpose

This policy:

- formally recognises multidisciplinary practice (MDP) as a cornerstone of Caxton's practice
- responds to the reality that clients seeking legal help from Caxton and other legal assistance services often face complex and interrelated social challenges
- shapes Caxton's service delivery using an approach that maximises client benefit within available resources
- guides organisational governance, planning, funding, staff development and risk management in line with Caxton's MDP commitment.

Guiding Principles[1]

This policy is guided by Caxton's commitment to the human rights of both clients and staff, and other stakeholders.

	Staff	Clients
Participation	Professionals from different disciplines participate actively in designing, delivering and reviewing MDP services, contributing their expertise to integrated casework and service improvements. This includes supporting client participation by ensuring processes are accessible, culturally safe and rights-affirming.	Clients participate meaningfully in decisions about their legal and non-legal support, including whether they wish to engage in MDP and what the scope of that engagement should be.
Accountability and transparency	Staff work within clear boundaries, and have transparent decision-making, documentation and supervision structures that uphold legal and discipline-specific ethical obligations and uphold clients' rights.	Clients are supported to make informed choices about the benefits and risks of MDP. Clients receive clear information about the MDP model, limits of confidentiality, consent requirements, and that their information will be shared with other disciplines.
Equality and non-discrimination	Collaboration occurs within a partnership of equals where all disciplines are respected and valued regardless of role or credentials. Staff must be aware of, and responsive to, client groups that experience greater barriers in accessing support and work collaboratively to reduce those barriers.	Clients receive holistic services that recognise structural and intersectional disadvantage and barriers to accessing justice, consistent with Caxton's Access to Services Policy. MDP is used to proactively reduce these barriers.
Empowerment	Multidisciplinary collaboration supports professional growth, shared learning and reflective practice, mitigating psychosocial risks inherent in Caxton's work and building capacity across the organisation.	MDP enhances client capability and autonomy by addressing social and legal issues together in trauma-informed and culturally safe ways. MDP strengthens clients' ability to realise their human rights by improving their understanding, increasing their control over decisions and reducing structural barriers that impact legal outcomes.

1 The PANEL principles are a framework for ensuring human rights are embedded in policy and practice.

	Staff	Clients
Linkages with human rights standards	MDP isn't just a service choice, it operationalises the rights recognised in the Human Rights Act 2019 by ensuring that services uphold equality, dignity, autonomy and access to justice. MDP provides a practical framework for realising these rights through integrated legal, social and community-based supports. By addressing legal and social issues together, MDP promotes: • equality and non-discrimination - ensuring clients receive support that acknowledges structural disadvantage and systemic barriers to justice • protection of family and cultural rights - by embedding cultural safety, respect for identity and self-determination in practice • right to health and safety – through trauma-informed practice, safety planning, and coordination with health and social services • right to recognition and participation – by ensuring clients are informed, heard, and supported to make decisions about their lives, and that staff collaborate respectfully across disciplines • right to a fair hearing and access to justice – by ensuring that clients' social circumstances are understood, supported and addressed, so they can effectively engage with legal processes. Staff are responsible for upholding these rights in practice through transparent decision making, ethical information sharing and culturally safe communication. Staff must also adhere to legal obligations including confidentiality, conflict management, any mandatory reporting requirements and privilege.	

Characteristics of Multidisciplinary Practice

Multidisciplinary practice involves more than the co-location of different professions or the provision of parallel services. At Caxton, MDP is characterised by:

- early and appropriate referrals from one discipline to the other
- intentional collaboration between legal and social support practitioners
- shared understanding of the client's circumstances, strengths, risks, goals and preferences
- joint consideration of how legal and non-legal interventions can, when performed side by side, best contribute to client outcomes
- coordinated planning, delivery and review of services
- respect for the expertise, professional obligations and perspectives of each discipline
- active client participation in decisions about the nature and scope of support.

Integration may range from consultation and coordination between practitioners through to joint attendances, shared case planning and fully integrated service delivery. The level of multidisciplinary integration may vary according to:

- the model Caxton is funded to deliver for a particular cohort or legal issue
- the client's legal and support needs, goals and preferences
- the complexity, urgency and risk associated with the client's circumstances
- the client's legal capability, capacity and ability to engage with services
- the likely benefit of multidisciplinary involvement compared with a single-discipline response.

MDP is a deliberate practice approach used to improve client outcomes. Practitioners should actively consider how legal and social support interventions can be designed and delivered together to achieve outcomes that would be less likely to occur through separate service responses.

Staff contribute their expertise towards a shared understanding of the client's circumstances and a coordinated response. While professional responsibilities remain discipline-specific, practitioners are expected to work together to identify barriers, opportunities and interventions that advance the client's goals and access to justice.

Policy Rationale

Legal problems rarely occur in isolation. They are often deeply connected to issues such as poverty, housing insecurity, disability, health concerns, discrimination, domestic and family violence, and other psychosocial stressors. These challenges can create significant access-to-justice barriers and can limit the effectiveness of purely legal interventions. A multidisciplinary practice model addresses this by integrating legal and social support to respond to the wider context and broaden the scope of support to improve the person's access to justice and improved quality of life.

Caxton has provided both legal and social support services since 1976. This practice has been tested, refined and consistently affirmed as an effective approach. Clients report positive experiences of MDP and the model continues to evolve through review, reflection and practice-based learning.

Across Australia, MDPs are increasingly recognised within the legal assistance sector as a best-practice approach. MDP allows for flexible service delivery across diverse programs and client cohorts. Governments now frequently fund, encourage or require multidisciplinary responses as part of program design and service delivery.

Although formal evaluation resources have been limited, there is strong evidence that MDP within community legal services contributes to:

- an improved justice focus[2]
- better safety planning, and [3]
- better access to social resources, including housing, mental health and substance use supports supports.[4]

Socials workers have been some of the key instigators of socio-legal collaborations and the establishment of community legal programs.[5]

Workforce Benefits

The MDP model strengthens Caxton's professional robustness. It values the expertise of each discipline and fosters an environment of mutual respect, shared learning and cross-professional growth. Working alongside colleagues from other professions enhances critical thinking, reflective practice and accountability. It enables staff to use their specialist skills in a coordinated way, leading to better outcomes for clients and a more resilient, confident, and capable workforce.

Staff are positive about MDP in terms of client outcomes they see, the opportunity to learn from each other and use complementary skills day to day. Staff report feeling supported when working alongside a colleague with an MDP approach and that this is a more sustainable way to work in the CLC setting.

Like all collaborative work, tensions can arise and often lead to learning when well-explored. Different disciplines may frame issues, identify risks and prioritise interventions differently. These differences are recognised as a strength of multidisciplinary practice and should be explored constructively through collaboration, reflective practice, supervision and respectful professional dialogue.

---

2 Davidson, J., Hall, G., & Rose, D. (2024). Social workers in socio-legal collaborations: Re-asserting a pivotal role of influence and leadership. British Journal of Social Work, 54(1), 381–398.
3 Manioudakis, M., Ross, M., & Scoullar, D. (n.d.). Pregnancy and Postnatal Services Key to Reaching Women at Risk of Violence and Homelessness: The Eastern Community Legal Centre's Family Violence Programs. Eastern Community Legal Centre.
4 Hatton, C. R. (2023). Research on the effectiveness of holistic defense models & social workers in public defender offices. North Carolina Indigent Defense Services. https://cjil.sog.unc.edu/resource/research-on-the-implementation-of-holistic-defense-models-embedding-social-workers-in-public-defender-offices-2/
5 Davidson, J., Hall G., & Rose, D. Social Workers in Socio-Legal Collaborations: Re-Asserting a Pivotal Role of Influence and Leadership, The British Journal of Social Work, Volume 54, Issue 1, January 2024, Pages 381–398, https://academic.oup.com/bjsw/article/54/1/381/7263183

The combination of legal and social support skills is beneficial when assisting clients who experience a level of decision-making incapacity. MDP practitioners become adept at identifying the person's strengths and preferences and then strategise to optimise the person's capacity to make decisions and progress their matter.[6] (Refer to the Practice Manual for more information)

Importantly, adopting an MDP approach also enhances Caxton's capacity to build and sustain partnerships with organisations beyond the legal sector, extending the reach and impact of its work.

Policy Implementation

To give effect to this policy the following measures will be maintained:

1. Governance: people with legal and social support skills will be recruited to the management committee (along with those with other desirable skills and experience).
2. Risk management strategies specific to MDP practice: in a law practice, an MDP approach challenges legal professional conduct obligations such as avoiding conflicts of interest, maintaining client confidentiality, and asserting legal professional privilege which Caxton prefers to manage via a consent model.[7]
3. MDP strategy: Caxton will maintain an organisation-wide strategy setting out:

- core elements and processes of MDP
- recruitment processes to attract MDP-ready staff
- strategies to strengthen integrated responses for priority client groups and complex matters
- support and guidance to explore and resolve any tensions between practitioners or problems that arise within a program
- an evaluation framework to inform continuous improvement.

Workforce MDP

For its MDP Caxton will employ from professions other than the legal profession only when they can be effectively supervised within the organisation having regard to:

- availability of qualified and appropriately accredited supervisors within Caxton
- the professional and ethical standards applicable to that discipline, including any statutory or registration requirements
- the capacity of Caxton's governance and management systems to provide appropriate practice oversight, supervision, and support and
- the risks and obligations associated with employing staff from that profession, including compliance, insurance, and accountability requirements.

6 Examples of strategies for optimizing decision-making capacity include things like using images and diagrams to communicate, meeting at the time of day when the person is most energized, pacing the work to suit the person's ability to process new information, meeting in a comfortable setting like their home, their favourite library and so on.
7 This is explained further below.

To give effect to the MDP approach, Caxton will maintain the role of Social Work Practice Director in its organisational structure. This enables Caxton to employ social workers and related social support staff (e.g. community workers, case workers, community engagement workers) whose professional supervision can be competently provided by the Social Work Practice Director for the purpose of MDP work.

Where Caxton does not have the internal professional capacity to provide appropriate supervision such as for disciplines with their own statutory registration or complex regulatory frameworks, including financial counsellors, psychologists, nurses or occupational therapists, those roles will not be directly employed for MDP work. Instead, Caxton will engage practitioners from such professions through formal partnerships, secondments, co-location arrangements, or referral arrangements that ensure professional accountability and client safety while supporting multidisciplinary collaboration.

Implications of Caxton's Approach Towards MDP – Consent Model

MDP operates optimally when there can be sharing of information between colleagues in an MDP including in joint attendances and via joint files. This exposes Caxton to a greater risk of non-compliance with legal professional conduct obligations and a risk that clients may waive legal professional privilege through information sharing.[8] Different MDP models have emerged to manage these risks.[9] Caxton adopts the "Consent Model".

Consent Model

The consent model requires a client being:

- informed of Caxton's MDP approach towards service delivery
- asked to consent to the sharing of information between legal and social support staff to provide an MDP service
- warned of the limits of confidentiality when information is shared as part of Caxton delivering an MDP service, especially the potential waiver of legal professional privilege

If the client does not provide consent, the client will still be able to access Caxton's services in accordance with the Access to Services policy.

8 This may mean Caxton would be unable to resist a court-issued subpoena for a social worker's file and part of the legal file.
9 These are discussed in Queensland Law Society, Guidance Statement 26: Multi-disciplinary Practices - CLCs, Annexure A.

References and Related Documents

Related policies	• 1.3 Code of Ethics and Conduct (& the Code of Conduct and Ethics Agreement) • 3.1 Risk Management • 9.1 Access to Services Policy • 9.2 Supervision of Legal Practice • 10.2 Privacy • 10.3 Access to Confidential Information • Australian Solicitors' Conduct Rules 2012 • Human Rights Act 2019 (Qld) • Legal Profession Act 2007 (Qld) • AASW Practice Standards 2003 • Privacy Act 1988 (Cth) • The Risk Management Guide (3rd Edition) developed by Community Legal Centres Australia

Policy Review and Version Control

Review	Date approved	Person responsible	Approved by	Next review date
1	June 2026	COO	management committee	June 2028

SPECIALIST ELDER ABUSE SERVICE

Multidisciplinary Intervention Model
Seniors Legal and Support Service

caxton
COMMUNITY LEGAL CENTRE

Caxton Legal Centre's multidisciplinary social worker-lawyer intervention model responds to older people at risk of, or experiencing, elder abuse, mistreatment or financial exploitation. Features of this successful approach are home visits, case planning, a client-centered focus, risk assessment, safety planning and integrated services.

CONTENTS

ABOUT CAXTON LEGAL CENTRE

Caxton Legal Centre (Caxton) has more than 40 years experience representing the interests of people who are disadvantaged or on a low income when they come into contact with the law. Strategic advocacy, the provision of legal advice and social work services, and community legal education are key components of Caxton's service.

Caxton has a strong reputation for achieving outcomes for vulnerable people through high-quality legal advice across a range of areas including family law, employment law, consumer law as well as services that specifically target seniors with a focus on elder abuse, retirement village and manufactured home park law. A leader in the field of multidisciplinary service delivery, Caxton has refined the co-working relationship between social workers and lawyers to bring the strengths of each profession to the fore.

Caxton's respected reputation attracts universities, government and the community sector to form ongoing partnerships that enable the delivery of a diverse suite of services, from duty law services to student clinics, each strengthening Caxton's mission to provide access to justice.

In 2016–17, Caxton delivered legal advice to 4864 people aided by the contributions of more than 200 volunteer barristers, lawyers and law students.

EXECUTIVE SUMMARY

Elder abuse is a human rights issue. Older people are vulnerable to abuse, mistreatment and exploitation. Interventions should simultaneously promote a life free from abuse, and support an older person's right to self-determination. In this social worker-lawyer intervention model, social workers and lawyers are working together to represent a highly effective first response to elder abuse. This model recognises that elder abuse exists in a complex matrix of psychosocial and legal issues. The older person is empowered to choose the social supports and legal interventions they prefer to address the abuse they are experiencing.

This multidisciplinary response includes an assessment of the older person's family and social context, as well as the early identification of underlying legal issues. It incorporates safety planning as a foundation and urgent protective legal action where indicated. Integrated case planning between the social worker and lawyer ensures that the older person is offered the full spectrum of available supports and interventions, and the mechanism to be empowered to choose which interventions they want. The incorporation of all of these features into the social worker-lawyer intervention model is predictive of positive outcomes for the older person.

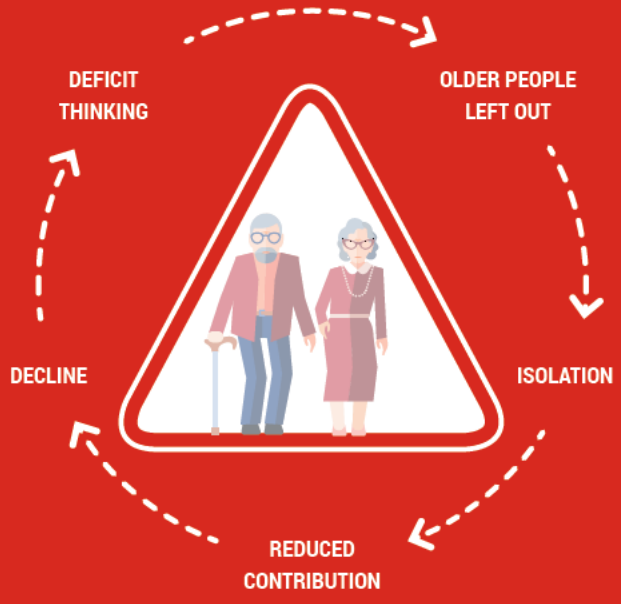
This multidisciplinary model is highly responsive to any situation in which the abuse occurs, whether that be in a health setting, the community or in aged care, and provides inclusive care that is client centred, family focused, protective and self-determined. There are no barriers to accessing the service, which accepts referrals from third persons and provides outreach to wherever the older person is currently living, staying or can safely meet to talk.

HUMAN RIGHTS APPROACH

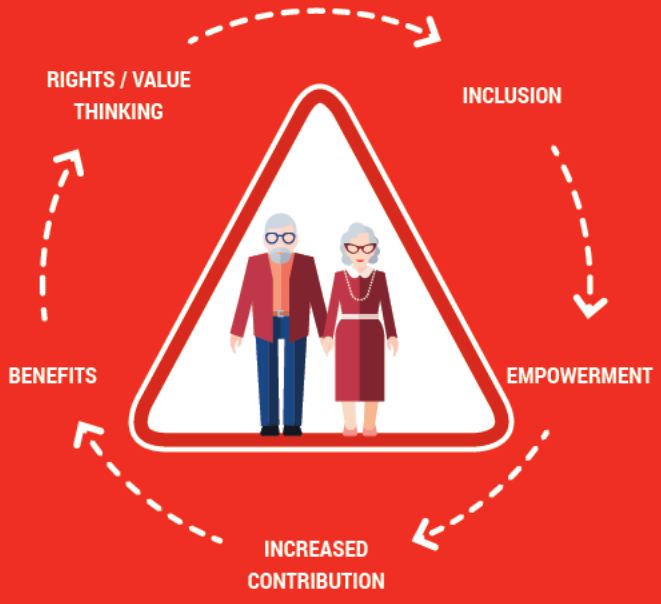
A human-rights-based approach positions the older person as the rights holder whose rights to autonomy and independence are not diminished by the ageing process. This approach requires service providers to support the older person to exercise their right to self-determination.

The reframing required to implement a rights-based approach is demonstrated by the following diagrams.

THE VICIOUS CIRCLE OF AGEISM



REFRAMING: FOCUS ON OLDER PEOPLE'S RIGHTS



These diagrams were adapted from a document published at the International Conference of Human Rights of Older Persons & Non-discrimination (3 October 2017) by the Centre of Old Age and Aging Studies, Pontoficia Universidad Católica de Chile.

SENIORS LEGAL AND SUPPORT SERVICE OVERVIEW

This discussion paper draws upon Caxton's 15 years of experience of providing a frontline, specialist, multidisciplinary service to older people affected by elder abuse. Based in Brisbane, Caxton delivers Queensland's longest running and largest specialist elder abuse service, the Seniors Legal and Support Service (SLASS), which is funded by the Department of Communities, Disability Services and Seniors. Other models of SLASS services are delivered by community legal centres located in Cairns, Townsville, Hervey Bay and Toowoomba.

The Caxton service is delivered by lawyers, social workers and support staff in the Family and Elder Law Practice, who are specifically trained to provide integrated social work support and legal assistance to empower older people who are at risk of, or are experiencing, elder abuse, mistreatment or financial exploitation. At any given point in time, the service is assisting up to 150 older people.[1]

The service's social workers are experienced in conducting psychosocial and risk assessments, safety planning, short-term counselling, capacity screening, aged-care and housing referrals, advocacy for older people and other complementary supports. The lawyers are experienced across a number of related legal areas including domestic and family violence, guardianship and administration, family law, consumer law and general law.

A significant feature of the model is that the service provides outreach to the older person through visits to their home, aged-care facility or hospital. Another feature is a genuine integration of the social work and legal supports through joint client attendances, shared case planning and files, and a multidisciplinary approach towards the interventions offered.

The central idea underlying this multidisciplinary model is that the older person is the rights holder who, except in limited circumstances, is entitled to choose the supports and interventions they prefer to address the abuse they are experiencing. A suite of empowering interventions is explored with the client, including social supports, legal assistance, financial advice, and individual or family counselling or mediation. The support provided ranges from one-off information to intensive casework.

Caxton's social worker-lawyer intervention model was positively evaluated in 2008.[2] A similar model in the US has also been evaluated.[3]

The Interconnectedness of Legal and Social Issues

Legal issues often coexist with a range of social issues. Social issues can be indicators of underlying legal issues, especially for older people experiencing abuse. The integrated model of social workers and lawyers working together provides a holistic and flexible service response for older people experiencing abuse, mistreatment or financial exploitation.

[1] In 2017–18, Caxton provided 3547 pieces of information and referrals, 462 older people with social work supports and legal assistance and 29 court representations. Of Caxton's clients,176 were experiencing family violence and 45 reported English as their second language.

[2] Fiona Guthrie and Shirley Watters, *An Evaluation of Seniors Legal and Support Service*, December 2008.

[3] Rizzo VM, Burnes D and Chalfy A, A Systemic Evaluation of a Multidisciplinary Social Worker-Lawyer Elder Mistreatment Intervention Model, *Journal of Elder Abuse and Neglect*, 2015, 27.

FAMILY CO-LIVING ARRANGEMENTS

Commonly corresponding social and legal issues

SOCIAL

- Deteriorating health and confidence of older person
- Parent's urge to nurture, not self-protect
- Financial hardship for some/all parties
- Social isolation
- Adult child experiencing poverty, debt or addiction
- Housing stress for older person and/or their adult child
- Aged-care needs and wait times for services

LEGAL

- Domestic and family violence
- Tenancy and trespass law
- Property law and caveats
- Trusts and equity
- Family law matters

MISUSE OF ENDURING POWERS OF ATTORNEY

Commonly corresponding social and legal issues

SOCIAL

- Hospital admission and discharge pressures
- Sibling conflict
- Older person's fluctuating capacity
- Ignorance about EPA role and duties
- False assumptions about older person's wishes

LEGAL

- Older person's legal capacity
- Guardianship and administration law
- Responsible banking practices
- Third-party authorities and nominations
- Undue influence
- Compensation
- Fraud

In 2015, the service conducted an audit of 500 closed cases in Brisbane. This review provided data on types of abuse, client and perpetrator demographics, barriers to accessing assistance, factors contributing to abuse and types of interventions. Those cases were further interrogated in 2016 to identify patterns in the collaborative work between social workers and lawyers.

Since the evaluation in 2008, the service has refined its model to streamline the intake process, better manage complex referrals, develop integrated case plans, assess the level of support required at an earlier stage, deliver a minimum number of hours of direct client services and measure stipulated outcomes.

Other legal services provided by Caxton, such as the Park and Village Information Link, which assists people living in retirement villages and manufactured home parks and the consumer law practice, are also valuable parts of a priority focus on providing legal services to older people.

THE MULTIDISCIPLINARY MODEL – SOCIAL WORKERS AND LAWYERS

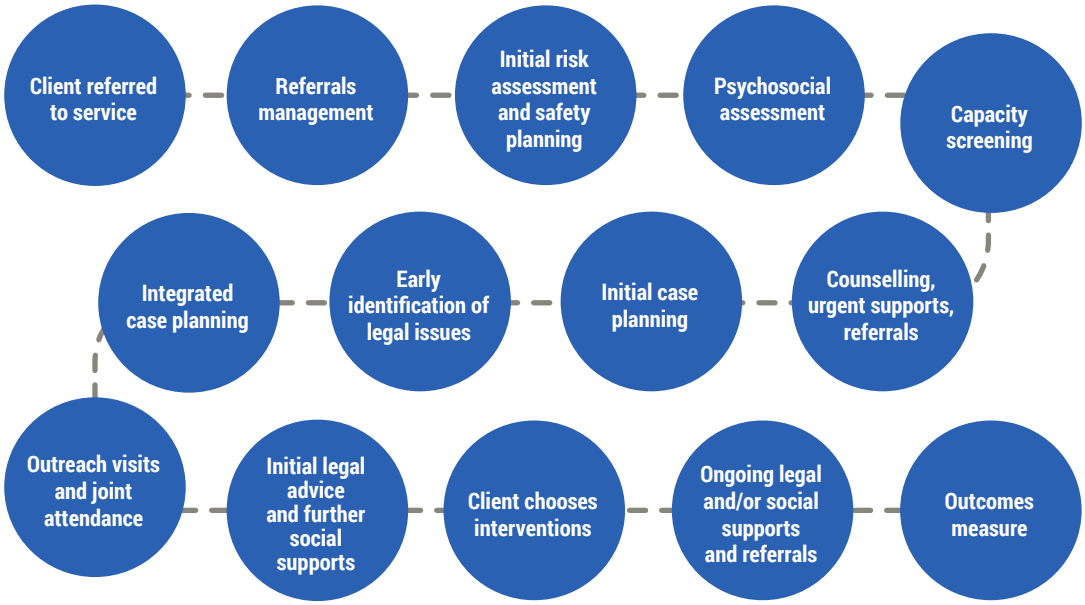
This collaborative model is defined by a seamless pathway of service delivery. The social worker is the first point of contact with the older person, and that same social worker maintains contact with the older person until the conclusion of the service. If legal issues are identified, and if the client wishes to obtain legal advice, the social worker will introduce them to a lawyer. Both the social worker and lawyer visit the client together, often at their home, aged-care facility, hospital or other safe place.

It is unusual to find that there are no legal issues involved in the circumstances of elder abuse. It is even more uncommon to find that the older person does not want legal advice, even if they later decide they do not wish to take legal steps to address the abuse. Where no legal advice is sought, the social worker provides non-legal support to address the social issues related to the abuse.

The client's wishes and safety are always central to the assistance that is offered to them. They choose how to address the abuse they are experiencing from the suite of appropriate and available social and legal interventions presented. If they need ongoing legal assistance, the lawyer and social worker work together to plan with the client the legal steps that will be taken and the ongoing social supports that will be provided. This integrated case plan is reviewed continuously as the case progresses.

This model allows flexibility in the levels of support. In some cases, only social work referrals are required to link the client with services to alleviate the impact of any family dynamics that are contributing to the abuse. Similarly, the client may want one-off legal advice about a specific matter, such as how to revoke their Enduring Power of Attorney. For this type of support, telephone attendances can be sufficient. In other cases, the client may need more intensive support, which this service model can accommodate. Importantly, the level of support needed is identified early on in the intake process, and case planning is undertaken by the social worker and lawyer in collaboration. The service delivery pathway experienced by the client in this model is represented below.

Social Worker-Lawyer Intervention Model



THE INTEGRATED MODEL AT A GLANCE

	KEY STRENGTHS
Intake and management of complex referrals	• Older person's voice is prioritised over those who would speak for them • Social worker provides first response to build trust and sense of safety through respectful exploration of legal and wider needs • Interpreters, outreach visits or other supports are offered to facilitate access
Initial risk assessment and safety planning	• Attention to safety risks at initial contact is paramount; safety plan is integrated into case plans, communications and monitored for entirety of case • Urgent legal issues are responded to: protection orders or caveats are sought if necessary with legal representation and social work support
Psychosocial assessment and capacity screening	• Legal and support options are generated based on the breadth of social and cultural issues; family dynamics and individual strengths are identified • Capacity is screened and ways to increase decision-making capacity are identified • Impaired capacity due to undue influence is identified
Urgent social supports, counselling and referrals	• A 'circuit-breaker' effect in the cycle of abuse is created • Isolation is reduced • Older person's control over their life and self-respect is restored • Referrals are given to support perpetrators experiencing addiction/mental illness to relieve immediate pressure • Counselling for emotional support to build resilience to embark on legal action is provided • Urgent referral into aged-care services and supports for daily living tasks are given
Identification of legal issues and integrated case plan	• Early identification of related legal issues is guaranteed • Older person's goals for possible interventions are outlined and first steps are prioritised • A framework for coordinated and ongoing assistance by social worker and lawyer is built • Clear legal advice is broken into manageable components • Court and legal processes are demystified • Any support is tailored to each individual older person
Social worker and lawyer—the multidisciplinary model in practice	• Balance is struck between protecting the older person and respecting their right to self-determination and living with risk • Transfer of professional knowledge between disciplines is facilitated • Seamless service with more than one form of intervention is available for older person to choose from • One physical client file is created in a shared work space • Client communications are protected by legal professional privilege
Measurement of outcomes	• Case plans are reviewed to assess whether older person's goals were met and whether protection from harm has improved • Guidelines are in place to inform this assessment

Older person empowered as decision maker

High client retention through the availability of a range of avenues for responding to elder abuse

Intake and management of complex referrals

Older people are referred to the service in many ways through self-referrals or by friends, family, aged-care workers, police, service providers, the elder abuse helpline and healthcare professionals (predominantly social workers and general practitioners). The social worker provides the first response to the older person who is referred to the service. Where the referral is from a third party, the emphasis is on making contact with the older person directly to ensure their perspective informs the service about the abuse and the older person's needs, which consequently shapes the initial response and planning. As the client and rights holder, it is vital that the older person's perspective on complex dynamics and issues underpins the service response.

The social worker interacts with aged-care services, hospitals, community organisations and family members to manage any complexities in the referral process. At this stage, the social worker assesses whether outreach, interpreters or other supports are required to overcome any access barriers and to optimise the client's capacity to give instructions and seek help. This involves gathering important information about whether there are capacity concerns, current capacity assessment reports, an enduring document, guardianship and administration orders, and/or involvement of other services. Where it is impossible to contact the older person directly, the third-party referrer (often a family member) is provided with support and referrals, and given the opportunity to obtain their own legal advice. Third-party referrers who are service providers are also provided with information and supports to help them assist the older person.

During the intake process, urgent legal issues can present such as the need to apply for urgent temporary protection orders or to lodge a caveat to protect proprietary interests. An immediate legal response and action is available at any time during the intake process if required. The intake can also be managed jointly by the social worker and lawyer if there are limited opportunities to meet safely with the client.

Example Intake and management of complex referral

A psychologist providing grief and loss counselling to Maria contacts the service. Maria is aged 83 and speaks Spanish. The psychologist speaks Spanish. Maria's husband died two months ago and her son has moved into her house. He has taken over her finances, isolated her from other family members, forced her to make him her attorney under an Enduring Power of Attorney, and is now telling her that he is selling her house and placing her in a nursing home. Maria is distressed and confused. Maria's son is abusive towards her. He yells at her and handles her roughly. Maria is scared to talk to anyone about the situation. She does not want her son to get into trouble. The social worker confirms with the psychologist that Maria has consented to the referral and assesses the safest place to meet Maria is at the psychologist's office with a translator. The social worker discusses with the psychologist ways to keep Maria safe until the meeting.

What works well

The older person's initial contact with the service is critical. Services that specialise in responding to domestic violence emphasise the importance of creating a safe environment in which a person can tell their story of abuse, not feel judged or ashamed, and begin to trust. This learning can be applied to elder abuse services.

Older people accessing the service form a relationship of trust with the social workers who maintain a continuous connection. Clients ask for them by name when contacting the service now or in the future. The nature of the client's relationship with the social worker is empathic and supportive. The social worker asks open-ended questions, rather than the closed questions that the lawyer may ask. The social worker explores the matrix of facts to understand how the client can make better connections, feel more supported and maintain relationships. Lawyers typically filter information for relevant facts without identifying and prioritising important social connections, while the social worker checks that the client feels safe, calm and supported to tell their story and affirms that the interventions offered aim to support them and address their wider needs, not just their legal needs.

Initial risk assessment and safety planning

When an older person is referred to the service, their safety is prioritised from the outset. The social worker performs a preliminary risk assessment and safety planning with the client during their first contact, and continues to assess risk as the case progresses, especially if the client decides to take steps to assert their wishes. There is heightened attention towards safety planning in cases where the client is living with the perpetrator of abuse. In these circumstances, all communications and meetings are conducted discretely. Urgent legal action for a protection order is taken where necessary, with the client's consent and social worker's support. The risk of homelessness and the client's mental health needs are also assessed and appropriate referrals are made. The social worker validates the client's right to live with acceptable risks, while at the same time exploring ways for them to protect themselves.

Example Initial risk assessment and safety planning

Lyn is an elder in her community. She has been the kin carer for her grandson since he was four years old. He is now 21. He has a drug addiction and Lyn has been his main support during his latest rehab. Lyn's grandson has stolen money from her, and the last time he was at her house he threatened to kill her if she didn't give him money. Police were called by a neighbour and obtained a protection order with full conditions restricting contact. They referred Lyn to the service. Lyn wants to vary the order to allow contact with her grandson. She says she is not afraid of him, and she fears he will not complete the rehab without her support. The social worker seeks to understand the nature of the relationship and to find ways in which Lyn can provide support to her grandson while staying safe. The social worker does safety planning with Lyn, and these plans are communicated to the lawyer, who applies for the variation and obtains exceptions to the conditions that enable contact but keep Lyn in control of managing the risks.

What works well

The social workers have specialised knowledge in providing support to older people who are experiencing abuse. They are able to conduct risk assessments and safety planning with the older person without having to refer to external domestic violence services and act as a first response. The social worker and lawyer work together to ensure any joint attendances are safe and that communications containing legal advice are confidentially received. If urgent legal action is needed to obtain a protection order, attention is given to the physical, emotional and other care needs of the client. This is especially important if a protection order includes an ouster condition against the client's family member who is their abuser but also their carer. The social worker supports the client to take protective legal steps where the risks are unacceptable, and the legal process would otherwise be too daunting to undertake. They support the client in court at the same time that the lawyer is representing the client in court proceedings, and if the client chooses not to take protective legal action, the social worker supports them to manage the accepted risks.

Psychosocial assessment and capacity screening

Early in the process, the social worker undertakes a psychosocial assessment with the client to identify the reasons for the referral and to assess issues such as social and family history, significant others who are involved, health, housing/accommodation, financial circumstances, transport, support networks, services in place, strengths and interests, cultural sensitivities, end-of-life planning documents and current decision-making autonomy.

During this assessment, the social worker also screens for capacity issues or a specific diagnosis that could affect the client's capacity. Later, the lawyer will conduct their own assessment of the client's legal capacity for the specific legal issues that need to be addressed. Capacity assessments may be requested, and there may be a recommendation for a referral to the Office of the Public Guardian. The social worker explores what supports could be arranged to increase the client's capacity for decision making around the issues raised in line with a supported decision-making approach. Social work advocacy and/or legal representation may be provided to a person seeking a declaration of capacity in the relevant tribunal.

Example Psychosocial assessment and capacity screening

Michael is living in a manufactured home owned by his partner of 35 years who recently passed away. The psychosocial assessment identifies that Michael has no other family members, one friend June who visits him from time to time, no connection with his doctor, poor diet and overall health, and declining capacity. The lawyer assesses Michael's legal issues to include complex succession law, and there are proceedings underway to evict Michael. Michael is unable to effectively represent himself and is at high risk of homelessness. He denies he has cognitive decline and will not see his doctor. The social worker supports Michael to meet with June, whom he trusts, and Michael subsequently consents for June to speak with the lawyer and make a referral to the Office of the Public Guardian to initiate the process for a litigation guardian to be appointed.

What works well

Older people often experience abuse in the context of familial relationships. Some wish to maintain that relationship and accept the risk of ongoing harm. Referrals to family counselling/mediation are canvassed with the client, however, most older people who experience abuse choose not to participate in counselling or mediation with their abuser. Instead, they are usually seeking to reestablish their own agency and put boundaries in place with family members to stop the abuse, including requiring the person to move out of their home and have no further decision-making role. Alternatively, some older people want someone to tell their abuser to 'stop'. This service offers many options to address this and empower clients to choose their preferred approach. The service assists clients who wish to apply for a domestic violence protection order to stop physical, verbal, financial and emotional abuse by completing protection order applications and providing legal representation and social work supports throughout the court process.

The psychosocial assessment helps both the social worker and lawyer understand a more complete picture of the context in which the abuse is occurring. This in turn provides the basis for generating as many options for interventions as possible to address the abuse. It also allows for a deeper understanding of and sensitivity to relevant cultural, spiritual and intergenerational issues for Aboriginal and Torres Strait Islander people, and culturally and linguistically diverse older people.

The issue of the older person's capacity can be problematic. The psychosocial assessment flags any concerns the social workers have regarding the client's capacity and identifies appropriate supports to optimise this capacity. This assists the lawyers in their assessment of legal capacity for the specific legal matters that need to be addressed. One of the most critical issues in elder abuse matters is the assessment of capacity in the context of undue influence, as this can form an important basis for legal redress and impacts the social supports required. The social workers and lawyers work together to identify cases where a family member (or other person) is using their role and power to exploit the older person's trust, dependency or fear to gain psychological control over their decision making, usually for financial gain. Non-specialist elder abuse services may assume that the older person is capable and competent in their decision making. In this way, the service manages the tension between the older person's right to choose the level of risk they will live with, and the possibility that that choice is being affected by circumstances of undue influence. The lawyers assess this issue relevant to financial transactions, while the social workers consider this issue when counselling the client in how to deal with their complex familial relationships. It should be noted that counselling/mediation to address circumstances of elder abuse in the context of undue influence may not provide insights into legal remedies or adequate protections for the older person.

Urgent social supports, counselling and referrals

Elder abuse is more likely to occur when an older person is isolated. The social worker helps the client identify immediate social supports that can reduce their isolation. An urgent referral to My Aged Care can be made for an assessment, and interim services can be put in place to assist with daily living tasks. If the client lives with the person who is perpetrating the abuse and that person has social needs (e.g. drug or alcohol addictions, poor mental health, or is at risk of homelessness), the social worker can make urgent referrals for supports for both the client and the person they live with to relieve some of the pressures that are contributing to the abusive situation.

Short-term counselling is provided around grief and loss, strained family relations and the impacts of the abuse. The social workers also assist the client to set boundaries and develop insight into family dynamics that may be contributing to the abuse. The client can be reconnected with their general practitioner for a better mental health plan referral or health review. Engaging the general practitioner and making them aware of the situation is a protective factor for the older person.

Ongoing emotional supports are provided for the duration of the service. The social worker identifies ways to build the client's resilience to take legal steps if they choose a legal intervention. They routinely check in on how the client is managing if they have chosen to 'live with the abuse' and encourage them to call back at any time.

Example Urgent social supports, counselling and referrals

Allan is 83 and his son David is his carer. David receives a carer's pension. Allan says David has a history of long-term unemployment and alcohol abuse and has recently separated from his partner. David takes money from Allan's bank account and buys alcohol with it. He often provides frozen meals and recently lost his licence (DUI) so cannot take Allan to an upcoming specialist appointment. Allan feels very anxious about the situation. The social worker provides Allan with counselling around his anxiety and connects him with community transport services, My Aged Care for assessment for services, and a family drug support group. With Allan's consent, the social worker speaks with David and makes referrals to Carers QLD, his general practitioner for a mental health plan, and an alcohol addiction support program.

What works well

The social workers act as circuit breakers in the abuse cycle. They build the client's capacity to set their own boundaries and self-advocate, and in this environment the client may not need to pursue legal solutions once their fair share of control has been restored. Self-respect is being reinstated, and the client increasingly knows their rights and options because the service has identified those options and communicated them well. The client is developing insight, which is critical to their ability to protect themselves from ongoing harm.

Identification of legal issues and integrated case plan

Legal issues are present in most instances of elder abuse referred to the service. The lawyer will identify these issues early in the service delivery pathway. In most cases, the client wants legal advice but without any strings attached—they want to reserve their right to choose what legal steps, if any, are taken. This agenda, consistent with a human rights approach, is well promoted within the service.

An integrated case plan is prepared to address the legal and social support issues. This plan identifies the client's initial goals and needs, and the suite of legal and social work interventions available to address these including the priority that could be placed on certain interventions. It identifies the type/s of abuse experienced, the impact of the abuse on the client and their family network, the profile of the perpetrator, referral pathways and collaboration partners, and nominates a review period. The case plan gives the social worker and lawyer a framework for their joint attendance and outlines the possible scope of more intensive supports that could be provided. The case plan is modified once the lawyer and social worker meet with the client and plan together how to address the elder abuse experienced.

Example A simple case plan

Sarah is 74. Her husband Bill has dementia and is in a nursing home. It is the second marriage for both (35 years married, 16 years his carer). Previously, Sarah was Bill's Enduring Power of Attorney, but now his daughter Jane is. Jane shouts and swears at Sarah. Jane refuses to consult with Sarah and is stopping her from seeing Bill. The house Sarah lives in is in Bill's name only and Jane told Sarah to leave. Sarah is feeling tired, depressed and anxious. There are no capacity flags. Sarah wants to know her rights and how to manage the situation:

1. Social worker to provide follow-up counselling and referrals to GP for mental health plan, Alzheimer's Queensland, safety planning.
2. Lawyer to give legal advice about domestic and family violence (verbal abuse from Jane), EPA validity, EPA rights and responsibilities, General Principles, QCAT process to challenge EPA and to have contact with Bill.
3. Lawyer to give legal advice about the house, entitlement to reside, entitlement to share of house according to family law.
4. Options to resolve issues: social worker to advocate with Jane, written negotiations, mediation, application to QCAT.

What works well

The early identification of legal issues makes legal advice and legal services accessible to a highly vulnerable group of people. The legal advice is clear, unambiguous, realistic and broken down into manageable steps. Legal assistance is provided across as many areas of law as are pertinent to the case. Court processes are demystified, making self-representation tribunals more accessible. The legal interventions are managed so they are appropriate and tailored to what the client wants, and the need for legal representation in court proceedings is also addressed.

The integrated case plan[4] coupled with the psychosocial assessment assists the social worker and lawyer to know how to combine the work they are doing on behalf of the client. Both documents are referred back to continuously check the validity of the supports being provided. This enables the social worker and lawyer to tailor their services to complement the client's strengths and address their needs so the effects of the abuse are minimised. The case plan assesses the client's current needs but also predicts their future and related needs. They are encouraged to use their own skills to address their circumstances, while the service takes into account the gaps where supports are needed. The plan and approach are family centred, allowing the service to prioritise the client's goals in respect of their family relationships.

Social worker and lawyer—the multidisciplinary model in practice

In this multidisciplinary model, the social worker and lawyer share one physical file. Each has open access to the other's notes and documents, they share a workspace, and case discussions and reviews are extremely responsive to daily developments. Ongoing communications with the client are usually via joint social worker and lawyer attendances, or individually as the case may require. The casework is usually conducted using a combination of telephone conferences and outreach visits[5] to overcome communication or mobility barriers. Interpreters are used to assist communication with people with sensory impairments and those who speak languages other than English.

The social worker and lawyer discuss each step to be taken on behalf of the client in accordance with the case plan. The communication is easy but robust. The aim is to strike a balance between taking protective steps and allowing for self-determination in decision making, and this requires thoughtful, skillful and passionate discussion. There are duty-of-care considerations, client confidentiality, legal privilege, structural resource limitations and systemic issues to navigate, which the social worker and lawyer address together. A recently closed case of the service is provided as an example of the complex issues being successfully managed in this multidisciplinary model.

[4] Formal case planning was not a feature of the service delivery model for the cases that were reviewed in the 500 closed cases audit. Cases closed after case planning was introduced in 2016 have been reviewed for the purpose of this discussion.

[5] 76 outreach visits to older people at home, in hospital or aged-care facilities were made during 2017–18.

Case Study The multidisciplinary model in practice

Raymond is a 70-year-old alcoholic man who separated from his wife many years ago. The service met Raymond when he was desperate to leave a secure dementia unit in a nursing home, which he was placed in by his son. His son was appointed by QCAT to be his financial administrator after a hospital admission, when he was found living in squalid conditions. Once in receipt of good health care, Raymond's health and capacity to make decisions for himself were largely restored, although he still suffered from depression and anxiety. Raymond's son would not support Raymond moving back into the community, fearing a repeat episode of alcohol abuse and self-neglect.

Raymond felt aggrieved that he had been 'imprisoned' in the nursing home on the basis that it was a short-term placement, but was now viewed by those around him as a permanent arrangement. He tried to escape over the wall of his room, and went on a hunger strike to force the nursing home to act. However, Raymond's son would not agree to a reviewed capacity assessment and would not discuss Raymond's financial situation with him, including a property settlement that was underway with his former wife.

The lawyer and social worker were concerned about balancing what appeared to be competing issues. On one hand, Raymond presented with reasonable capacity to make his own decisions about where to live and other day-to-day personal and financial decisions that were being denied by his son. Raymond was a very strong and convincing advocate for his individual rights. On the other hand, as the lawyer and social worker spent more time with him, it became apparent he had a lack of insight into the realities of his situation, including the minimisation of important factors that needed to be dealt with to live independently. Knowing how best to intervene was sometimes tricky when balancing duty-of-care considerations, legal capacity across a number of decision-making domains, supporting Raymond's autonomy and maintaining familial relationships.

The SLASS lawyer was required to intervene in the property settlement where Raymond's son was attempting to advocate for his mother's interests while still appointed as Raymond's financial administrator. This led to Raymond's son bringing a QCAT application to progress the sale of the house. Following this, the social worker and lawyer supported Raymond at a QCAT application to declare his capacity. QCAT declared that Raymond had capacity for day-to-day financial decisions (management of his pension, signing a lease, paying his bills), but that his son would remain his financial administrator for more complex financial decisions (management of his half share of the house sale proceeds). As a result of the SLASS team's advocacy, Raymond's son eventually agreed to support Raymond to move to a friend's house because he would be well supported there, and Raymond was released from the secure dementia unit.

The social worker and lawyer always adopted a family-centred approach in communications with Raymond's son, even though they were asserting Raymond's rights. Raymond was able to maintain his relationship with his son and can negotiate about access to his term deposit for larger purchases. Practical social work support (e.g. help to set up direct debit bill payment) and access to a limited budget for alcohol have facilitated Raymond's ability to live independently in a way that is low risk and ongoing.

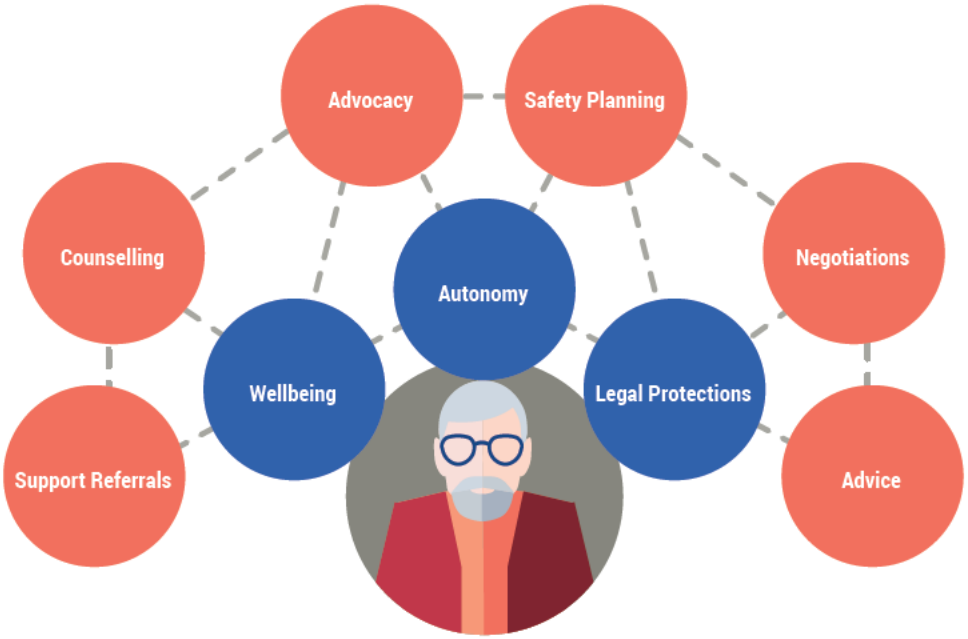
What works well

In the social worker-lawyer intervention model, there is high client retention. Instead of experiencing 'failure' if one approach or intervention does not work, the availability of a suite of social and legal options assists the older person to remain engaged with the service. The older person experiences a seamless service instead of needing to seek a combination of services from multiple locations. Importantly, the legal issues that underlie the abuse are identified early, and the older person is empowered to make fully informed choices about how to balance family relationships while also asserting their autonomy to make decisions and have financial redress where relevant. Multiple options are

explored and multiple steps are taken in stages to address the complex combination of issues and respond to the abuse.

The model embraces the services other providers can offer. The client is not expected to make these connections alone. The social worker and lawyer both make warm referrals, ensuring the referral loop is closed. For example, at the same time that the social worker is advocating and working with external financial counsellors to address financial hardship, the lawyer is tackling more complex financial issues that may be associated with irresponsible lending by financial institutions, unpaid family loans and the resolution of granny flat arrangements. The social worker talks with a wide range of family/friend/community supports, the client's general practitioner and hospital staff, and always makes the connection back to the client to make the ultimate decisions.

Some of the model's success is due to the way in which the social workers and lawyers approach their work together. In particular, lawyers employed in community legal centres are instinctively well suited to developing highly collaborative working relationships with social workers (and other professionals). Similarly, social workers with strong advocacy skills are well suited to working with lawyers. They share and transfer knowledge from their original skillset to become well versed in the other's skillset, professional world view and obligations. They undertake training across both knowledge areas, but still recognise the other's expertise developed from years of practice in specialty areas. This creates a better working understanding and respect for each other's professional expectations, responsibilities, limits and uses. The assistance provided to clients is therefore congruent and complementary.



Measurement of outcomes

At the conclusion of the service to the client, a review is conducted to measure the outcomes achieved against the case plan (as reviewed from time to time). The review specifically measures whether the majority of identified needs were met and whether there were improvements in the client's level of safety and protection from harm. The service has developed simple guidelines to measure these outcomes.

CONTACT

Seniors Legal and
Support Service
Level 23
179 Turbot St
Brisbane Qld 4000
Australia
Tel: (07) 3187 7187
caxton.org.au

caxton
COMMUNITY LEGAL CENTRE