INNER MELBOURNE COMMUNITY LEGAL

T: (03) 9328 1885
F: (03) 8672 0230

ABN: 89 992 917 962

Office
Wurundjeri Country
2/508 Queensberry St.
North Melbourne
VIC 3051

Post:
Wurundjeri Country
PO Box 512
North Melbourne
VIC 3051

Legal Privilege and Integrated Legal Services Review
Victorian Law Reform Commission

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

18 August 2026

Submission on behalf of Inner Melbourne Community Legal (IMCL) to the Legal Privilege & Integrated Legal Services Review

IMCL is grateful for the opportunity to contribute a submission to this review.

About IMCL

IMCL is a community legal service with a strong track record of providing holistic, trauma-informed legal support to people experiencing disadvantage living/ accessing services in metropolitan Melbourne.

IMCL are sector leaders in delivering integrated partnerships. We provide free legal services in our office and through integrated outreach services to reach people who face barriers in accessing help. We work to achieve a future where systemic injustices that affect our target clients are recognised and addressed, including by eliminating them in the first place.

We do this by delivering

a) free specialised, intensive and highly tailored legal services across multiple areas of law;
b) community and integrated partnerships with health, housing and education organisations to reach those who might not otherwise get help, as well as to provide concurrent holistic and wraparound assistance; and
c) law reform and advocacy to challenge unfair laws that disproportionately impact our clients and achieve systemic change.

Our programs deliver legal information, advice and ongoing representation (including court and tribunal representation in family law, family violence, criminal law, tenancy and housing, fines and financial assistance scheme matters (for Victims of Crime).

Questions

1.Integrated legal assistance services involve the delivery of legal and social services by professionals working for the same organisation or partnership. Loosely integrated legal assistance services impose strict information barriers between lawyers and social service professionals providing services to clients. Closely integrated legal assistance services promote the joint delivery of legal and social services to clients at the same time, sometimes after obtaining client consent to potentially compromise

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

IMCL's integrated models adopt the loosely integrated approach, with all our non-legal partners working externally to IMCL in health, social support, homelessness and education/youth settings.

Although our current models do not utilise a closely integrated approach, IMCL is interested in exploring the future option of integrating non-legal roles into our model such as social workers, peer works and financial counsellors.

In light of this, our submission focuses primarily on the loosely integrated model, given our ways of working and practice insights, noting however that many of our observations about potential consequences for clients of changes to the status quo are also relevant for clients in closely integrated models.

IMCL has delivered services through a loosely integrated model for decades, with the model developing significantly in sophistication and complexity over that time. IMCL's flagship integrated programs started as place-based outreach clinic services, usually enabling clients to drop in or book appointments with a lawyer with limited collaboration with the non-legal workers at the partner service.

The development and advancement of these models have taken multiple years of relational work and operational and strategic collaboration to embed fully to what they are today. In 2026, our programs and models across three tertiary hospitals, maternal and child health services, homelessness crisis services, flexible learning centres and public housing estates operate as embedded and integrated services, with strategic and operational governance arrangements, Memorandums of Understanding and established feedback loops, continuity and presence through regular on-site service delivery, training and capacity building programs and monitoring and evaluation.

Some of our key integrated partnerships include:

- Ozanam House (Vincent Care Victoria) Housing Justice Program – commenced 2003
- Royal Women's Hospital Health Justice Partnership (incorporating Women's Alcohol & Drug Service, CASA House and Cornelia House) – commenced 2009
- Royal Melbourne Hospital Health Justice Partnership (incorporating Inner West Area Mental Health, John Cade Unit and Royal Park campuses) – commenced 2015
- Integrated public housing partnerships (various) commenced 2016
- City of Melbourne Family Services (Maternal Health Partnership) - commenced 2017
- Peter MacCallum Cancer Centre Health Justice Partnership - commenced 2019
- Flagstaff & the OpenDoor (Salvation Army) Housing Justice Program – commenced 2021
- Hester Hornbrook Academy School Lawyer Program – commenced 2022

The establishment, development and embedding of these partnerships is a long term and resource intensive proposition, and many of them still have insecure and short-term funding. In terms of implementing the necessary ethical and practical processes to enable them to succeed, IMCL has greatly benefited from the groundbreaking work of Linda Gyorki who undertook a Churchill

Fellowship[1] whilst working for our organisation that provided an understanding and framework for how to best navigate the ethical and practical challenges for professionals working in health justice partnerships. IMCL has also been able to extend and iterate our model of integration over time, building on the work of Dr Liz Curran, the Federation of Community Legal Centres through its Integrated Practice Toolkit, Eastern Community Legal Centres Integrated Practice-Better Practice Principles and the work and research conducted by Health Justice Australia.

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

IMCL has extensively evaluated our integrated programs and is confident of the demonstrable benefit of the model for clients, services and the justice system more broadly.

It has been well-documented that most people do not know where to go for legal help; and for people who experience marginalisation and disadvantage, this issue is compounded as they are also likely to experience marginalisation in service access and unaware their problem has a legal solution.

Linking marginalised people with a community lawyer at critical points such as during hospitalisation means they are getting the right supports to reduce stresses on their health and wellbeing. For many patients, getting access to legal support means they can have a safer discharge from hospital because issues such as precarious housing or safety in family violence situations can be addressed.

In summary, the core benefits are:

- **Access** to integrated services facilitates legal assistance for Victorians experiencing marginalisation or life crises, who would otherwise not recognise their life issues as legal problems or be unable to get the help they need without the access point that an integrated service provides.
- **Reduced pressure on social service professionals** from integration with legal professionals ensures that social workers, health care professionals and other social service professionals can focus on providing the right supports to their clients and not seeking to resolve complex life problems that have a legal dimension or solution.
- **Close collaboration between** legal assistance providers and social service professionals contributes to fairer and more sustainable outcomes for clients, ensures early resolution of legal problems and improves knowledge and capacity of both professionals to support clients in future. When information sharing and collaborative case management is possible, working together the lawyer and the social service professional can facilitate the client remaining engaged in their legal matter, support them to attend court and engage in treatment and support that translate to better outcomes for the client.
- **Improved health and wellbeing** for clients through the resolution of their health harming legal issues – including reduction in stress, improved ability to focus on their health

[1] Gyoki, Linda, *Breaking down the silos: Overcoming the Practical and Ethical Barriers of Integrating Legal Assistance into a Healthcare Setting,* p.77

treatment, education or housing needs, addressing of issues that are contributing to distress or health issues.

Evaluations and reports regarding our integrated programs, including case studies documenting impact can be accessed here:

- https://imcl.org.au/assets/downloads/IMCL-RMH HJP 10 years report.pdf
- https://imcl.org.au/assets/downloads/IMCL Housing Justice Partnership Evaluation Final Report.pdf
- https://imcl.org.au/assets/downloads/2311_IMCL_CLReport_FA_Web.pdf
- https://imcl.org.au/assets/downloads/FINAL REPORT 29 August 2014.pdf
- https://imcl.org.au/assets/downloads/RMH_Evaluation Report 2018.pdf
- https://imcl.org.au/assets/downloads/IMCL_report_FA_web.pdf

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

In IMCL's practice experience, we do not generally observe that integrated practice models compromise legal professional privilege, or that legal professional privilege operates to diminish the benefits of integrated practice.

IMCL has rigorous and developed policies and procedures that our lawyers apply as a baseline when working in an integrated way - regardless of whether a client is presenting in crisis or there are other time/space constraints such as court. Often the need for rigid protocols is even greater for these sorts of scenarios because of the seriousness of the legal matter or likelihood that a social service professional's mandatory reporting or information sharing obligations would be enlivened.

The risks and practical challenges caused by differing confidentiality obligations are actively mitigated in our model via training, feedback loops and robust policies and processes.

In summary, the processes IMCL have developed include the following components:

- Regular training for integrated partners to proactively identify and educate on legal professional privilege and the difference between differing practitioners' obligations, meaning that relationships and integration are not compromised.
- Genuine informed consent processes which are clear and graduated based on what the client wants to disclose/share, and clear options for revoking or changing the consent levels. This is coupled with specific tailored advice to clients about any risks associated with disclosing information to a social service professional such as when it might compromise a client's legal position or enliven a mandatory reporting obligation.
- Where the lawyer assesses there is a risk of privileged information being compromised or adverse outcomes for the client, they are likely to advise against the social service professional being present.

- Communication/information sharing can be applied at different levels depending on the individual client's circumstances, preferences and the benefit – this might include
    - Practical communicate to facilitate engagement of client with services
    - Consent to let refer know client has accessed service/received advice,
    - Consent to communicate with referrer about next steps in the legal matter
    - Consent to request support materials or information or letter from referring service
    - Consent for shared meetings/consultations
    - Consent for reporting back to referrer with outcome of legal matter.
- Where a client has given informed consent for a social services professional to be present in an appointment, the lawyer may ask them to step out for parts of the consultation or ask that they do not take notes of the consultation. Furthermore, where a social service professional is party to a privileged communication, the lawyer may stipulate that no notes should be made of the consultation and that the conversation is legally privileged.

These processes and procedures can have flow on effects to how effectively integration or collaboration can happen on some occasions, but generally those impacts are more practical than substantive (ie. Delay in information sharing impacting turnaround time of advice or legal assistance, social services professional may not have fulsome information about next steps in legal matter and how it might impact the client's engagement with their service). In our experience, practical information sharing regarding matters such as appointment times, reminders or updates are uncontroversial and can usually be shared unless a client is not consenting to this. In those circumstances, it is not a matter of legal privilege being the barrier, rather, decisions are made that are centred on respecting client agency and acting on instructions.

In our submission, parameters that are put around the level of information sharing and collaboration are necessary and not detrimental to good client outcomes.

It is possible to deliver coordinated support without full scale information sharing about all elements of the legal assistance being provided. An example might be where a lawyer may have consent to attend a shared case coordination meetings with the care team, provide an agreed level of information about how the case is proceeding or what the client's legal position is, receive relevant information to inform the conduct of the legal case. This doesn't mean the lawyer will disclose the full picture of what instructions the client has given – they will make a case-by-case judgement on whether shared case planning/coordination is appropriate and what level of information can be shared or should be withheld. This is still an example of successful integrated practice that will achieve more streamlined support for the client and generally lead to improved outcomes for the client.

Although it is not always straightforward to navigate these issues and it requires considered development of processes and policies, as well as careful relational work with integrated partners, in IMCL's view, it is achievable and does not create barriers to successful integrated legal assistance models.

INNER MELBOURNE COMMUNITY LEGAL

CASE STUDY

IMCL received a referral from a hospital social worker for an inpatient who was experiencing mental health issues and living with an acquired brain injury. The client's spouse had enduring power of attorney for the client. The hospital social worker was concerned about financial abuse as the family were closely managing the client's financial affairs and were making an application to the Victorian Civil and Administrative Tribunal (VCAT) to remove the spouse and appoint an administrator. The client was suspicious and uncertain about accepting a legal referral. The lawyer met the client at hospital and introduced our service. The social worker was keen to attend the appointment but the lawyer let the client know that the information conveyed in the appointment would not be protected by legal professional privilege if the social worker remained in the room. It was agreed that the social worker should leave and the client received confidential advice to help them navigate the legal issues.

In this instance, legal professional privilege was a tangible basis to exclude the social service professional for the client appointment and ensured the client's best interests and rights were not detrimentally impacted by information being shared.

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

IMCL would be concerned by changes to the law that risked or undermined the perception of legal professional privilege for clients accessing services through integrated legal practice models.

We note there is strong evidence highlighting the importance of legal professional privilege as a factor that reinforces trust in lawyers.

Research makes clear that young people specifically are comfortable speaking to lawyers rather than youth workers or social workers because they understand they are not mandatory reporters. This is especially pertinent for integrated school lawyer programs. Having relationships of trust and absolute confidentiality enables young people to make disclosures more comfortably and enables access to appropriate supports.

Research by the Centre for Innovative Justice found that "*practitioners working in CLCs observed that the absence of mandatory reporting obligations, as a result of legal professional privilege, meant that young people were more likely to disclose experiences of family violence in this service context. This was often because young people, particularly those who had experiences of system harm, were fearful of disclosure triggering an unwanted system response from police or Child Protection*."[2]

Having less closely integrated service models enables this boundary to be maintained where necessary in the best interests of clients. Clients referred through integrated practice models

[2] Ellard, R., Young, S., Lazzaro, E., Hard, N., Ogilvie, K., Dobson, D. and Campbell, E. (2025) Unsafe and Unseen: Spotlighting the needs and experiences of unaccompanied young people seeking shelter, RMIT University, Melbourne, p.31. Also see Pritchard, E, (2024), *School Lawyer Program, WestJustice – Evaluation report, p.5, 35*

won't always have relationships of trust with their social service provider. Through our practice, we are aware that experiences or engagement with services by marginalised people will not always be positive or therapeutic in nature. Indeed, the intervention of the social service provider can be the precursor or driver of further legal issues. Examples of this include heightened risk of child protection notification or involvement, applications made for guardianship or administration orders for older clients or people with disabilities, or applications by treating teams being made for a compulsory mental health order.

The protective layer for clients in integrated practice models is the clear message that they can disclose information frankly to their legal representative without fear of being exposed to interventions that are against their wishes or compromise their rights. The lawyer can and will also rely on legal professional privilege as a basis on which to exclude third parties from client consultations where the client doesn't wish to have them present. This can also help to preserve boundaries and relationships between the client and their social services worker.

5.Are you in favour of establishing:
a.a social service professional privilege that would enhance protection for communications between clients and social service professionals in loosely integrated legal assistance service settings and/or
b.a new category of legal privilege that would enhance protection for communications between clients, lawyers and social service professionals in closely integrated legal assistance service settings?
Why or why not?

On balance, we do not see utility in introducing a new category of privilege for social services professionals working in integrated legal assistance settings. Having a category of privilege that is not absolute and must be balanced with the obligation to mandatory report or information share creates potential risks which can compromise the best interests of the client. It would create added complexity for social service professionals to navigate obligations if they were qualified or had to be balanced. It could also undermine the benefits of trust and accessibility that integrated legal practice models enable and are predicated on.

Any steps that might change client perception of legal professional privilege having a special status risks compromising the trust and confidence of marginalised community members who access lawyers in the context of prior negative experiences of services and health, housing and social support systems.

IMCL is supportive of increased resourcing, training and protections for social services professionals to navigate these issues in a way that gives their clients agency and ensure interactions with social support services are a safe place to engage about their life circumstances.

In IMCL's view, the strength of loosely integrated models is the way in which they enable different disciplines to come together with their distinct roles and professional obligations to reduce barriers for access and improve outcomes for marginalised people.

INNER MELBOURNE COMMUNITY LEGAL

We would welcome any further opportunity to participate in this important review. Please contact our office on 9328 1885.

Yours sincerely

Nadia Morales
Chief Executive Officer

INNER MELBOURNE COMMUNITY LEGAL