



Review of the Literature on Integrated Social Work and Legal Practice

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Acknowledgement of Country

The authors would like to acknowledge that this resource was made on the land of the Wurundjeri people of the Kulin Nations. We pay respect to Elders past, present, and emerging, and extend that respect to all First Nations peoples. We acknowledge that sovereignty over this land has never been ceded, and land theft, colonisation and genocide of First Nations peoples is ongoing.

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Introduction

Integrated legal and social work practice is increasingly being recognised as a means of providing effective, holistic services for people experiencing complex and intersecting legal and social support needs (Coumarelos et al., 2012; Goodrick & Sampson, 2020; Maylea et al., 2018).

Legal problems often have considerable health, financial, and social impacts on peoples' lives (Coumarelos et al., 2012). Further, people experiencing marginalisation and disadvantage often face intersecting legal issues and social issues, including family violence, financial stress, homelessness and housing insecurity, physical and/or mental health problems, substance addiction, and family breakdown (Goodrick & Sampson, 2020). People experiencing disadvantage come into contact with the justice system more frequently, experience higher rates of legal need, and have lower rates of seeking professional legal assistance than the general population (Council of Attorneys-General, 2019; Goodrick & Sampson, 2020).

Disadvantaged groups that are particularly vulnerable to experiencing substantial and/or multiple legal problems include people with a disability, people experiencing poverty and/or unemployment, single parents, and First Nations peoples (Coumarelos et al., 2012). First Nations communities particularly experience greater rates of disadvantage due to the ongoing impacts of colonisation, dispossession of land and culture, and intergenerational trauma, and experience extremely disproportionate rates of incarceration, making up 3% of Australia's population but 28% of the prison population (Australian Bureau of Statistics, 2019; Bennet & Green, 2019). Unmet legal need may contribute to escalating or compounding legal issues, and exacerbate distress, anxiety and avoidance, further entrenching marginalisation and disadvantage (Goodrick & Sampson, 2020). Access to legal assistance is thus fundamental to individual and community wellbeing, and social justice (Coumarelos et al., 2012).

The National Strategic Framework for Legal Assistance sets the shared goal of an integrated system of legal assistance that provides high quality, culturally appropriate, and accessible services, thereby improving access to justice (Council of Attorneys-General, 2019). There is growing recognition that integrated legal and social work services are needed as clients often experience interconnected legal, financial, social, and health needs, requiring a holistic approach to address clients' needs and prevent reoccurrence of these issues (Goodrick & Sampson, 2020). Integrated practice enables legal and social work professionals to provide person-centred, holistic services while focusing on their area of expertise in order to better support the clients' full range of needs (Maylea et al., 2018). Timely integrated service support can also reduce demand for and costs to other services, including the justice system, Child Protection, health, mental health, and housing services (Council of Attorneys-General, 2019; Goodrick & Sampson, 2020).

Models of collaborative practice vary from partner legal and health or social support organisations that refer to each other, outreach, co-location between services, or integrated legal and social services within a single organisation (Goodrick & Sampson, 2020). In Australia, social workers work with lawyers in community legal centres (CLCs), personal injury law firms, the Office of Public Prosecutions, and specialist roles such as supporting people giving evidence to Royal Commissions (Maylea et al., 2018). There are growing numbers of legal practices that employ social workers, with 122 social workers employed in 2016, up from 87 in 2011 and 71 in 2006 (Australian Bureau of Statistics, 2016).

CLCs provide free legal services and community legal education to disadvantaged groups, and engage in policy advocacy and strategic litigation (Maylea, 2019). They may provide generalist legal assistance or specialise in specific areas of law or client groups, such as criminal law, disability law, refugee law, or services for First Nations peoples. As CLCs provide services to disadvantaged groups who often experience intersecting legal and social issues, they are an important site through

which integrated legal and social work practice can make a difference in clients' lives (Goodrick & Sampson, 2020).

Despite state and federal policy acknowledging the importance of integrated practice for effective, holistic legal and social service provision for people with complex needs, there is a lack of peer-reviewed literature on integrated practice in CLCs in Australia (Noone, 2012; Walsh, 2012). However, this literature review will explore the growing grey and academic literature on integrated practice. This literature review aims to highlight the importance of integrated practice to provide holistic support to people with complex legal and social support needs, explore the various models through which lawyers and social workers work together in Australia and internationally, and identify best practice principles for integrated practice. Lastly, this literature review will identify gaps in the literature, and make recommendations for future research.

Method

For this literature review, both authors conducted a literature search via the RMIT Library, Google, and Google Scholar. Key search terms included "social work", "law" and "integration/collaboration/multidisciplinary/interdisciplinary/integrated practice". The authors also searched CLCs' websites, and the peak bodies Federation of Community Legal Centres and Health Justice Australia's website for evaluations and reports on their integrated practices. Lastly, the authors used search terms "COVID/coronavirus" and "law/social work" to locate recent literature on the impact of COVID-19 on legal and social work practice. As the literature on integrated practice is still emerging, this literature review includes both academic literature and grey literature produced by organisations with an integrated practice model. While this literature review focuses on integrated practice in an Australian context, it also includes international literature, particularly from the USA.

Terminology

This literature review uses the term 'social workers' as an umbrella term to describe professionals providing holistic social support in an integrated practice setting, reflecting the terminology most commonly used in the literature. While professionals in these roles are commonly social workers, it is also important to acknowledge that professionals can come from a variety of backgrounds, including case management, community services, cultural liaison, youth work, psychology, counselling, and/or social sciences. This literature review also discusses service users' needs in terms of legal needs and 'social support' needs, which can include social, emotional, financial, physical health, and mental health needs.

There is variation in the literature regarding how the term 'integrated practice' is used, from referring to any model through which lawyers and social workers work together, to referring specifically to integrated legal and social work practice within a single organisation. This literature review will use the term 'integrated practice' to refer to social workers and lawyers working together within a legal setting, and will use alternative terms to refer to other models of practice, such as health justice partnerships, outreach, and co-location.

Benefits and Challenges of Integrated Practice

Overall, the literature search demonstrates that there is a lack of empirical research on the characteristics, benefits, and challenges of integrated services (Noone, 2012). However, there is developing literature articulating support from those who work in integrated settings for the benefits of this model, while also acknowledging the need to work through challenges. The literature indicates that there are clear benefits of integrated practice to both clients and professionals, including improved holistic and client-centred service provision, better legal and social outcomes for clients, and enhanced knowledge and teamwork among professionals (Walsh, 2012; Maylea et al., 2018). The literature also highlights key challenges of integrated practice, including mistrust and misunderstanding between lawyers and social workers, conflicts in professional ideology and ethics, differing responsibilities surrounding confidentiality and reporting to authorities, and insufficient funding to support the development and maintenance of integrated services.

The following discussion of benefits and challenges of integrated practice will take a particular focus on two recent studies by Walsh (2012) and Maylea et al. (2018), as these two were the only two studies identified in the literature search on challenges and benefits in integrated practice specifically in Australian CLCs. Walsh (2012) conducted focus groups with lawyers and social workers from five CLCs in Brisbane, finding marked variations between organisations' integrated practice in terms of its nature and effectiveness. However, all organisations reported positive feedback from clients regarding the services offered to clients, and that concerns were primarily around how to improve relationships among colleagues. As participants attributed these differences to their distinct organisational culture and individual personalities of team members, each integrated practice will be unique, but some commonalities are identifiable. Maylea et al. (2018) interviewed social workers and lawyers from three integrated practices in Melbourne, who overwhelmingly reported that their integrated model enabled more holistic, client-centred practice, while acknowledging some challenges, again demonstrating the impact of organisational context on professionals' experience of integrated practice.

Benefits

Improved Holistic and Client-Centred Service Provision

The 'Legal Need in Australia' survey (Coumarelos et al., 2012) highlighted that integrated services hold potential to improve access to legal services, and provide better coordinated, more client-focused services for people with multiple legal problems and intersecting social needs, particularly for disadvantaged people. According to Maylea et al. (2018), both lawyers and social workers experience dissatisfaction with the limitations of their profession, with lawyers feeling disempowered in addressing underlying issues in their clients' lives, particularly when working with disadvantaged clients, and social workers feeling disempowered by difficulty navigating the legal system. These limitations of each profession can be supplemented by the other's strengths (Walsh, 2012). Lawyers can provide timely, high-quality legal assistance and use the law to support the rights of disadvantaged groups, which social workers may otherwise find difficult to access for their clients. Social workers bring skills in crisis intervention, assessment of client needs, negotiation and mediation, referral, and direct casework that are valuable to lawyers' practice (Galowitz, 1999). Social workers can provide support to address underlying causative issues in the clients' life and work to prevent legal issues reoccurring, and alternative modes of support when a legal remedy is not possible or the most appropriate course of action (Walsh, 2012). While professionals can develop skills and knowledge in each other's fields, working in an integrated setting allows professionals to focus on practicing in their area of expertise while providing a collaborative, holistic, and client-centred service (Maylea et al., 2018).

Enhanced Teamwork, Knowledge and Problem-Solving between Professionals

Both social workers and lawyers identified benefits of working collaboratively to their professional development, with social workers developing their understanding of the law, and lawyers developing their understanding of clients' social context (Maylea et al., 2018; Maylea, 2019). Social workers developed their understanding of how to navigate the legal system, including their ability to identify clients' legal needs early and refer to legal services before the legal issues escalate (Maylea, 2019). Social workers are trained to work with high-risk and vulnerable clients, whereas lawyers often work with high-risk and vulnerable clients but may lack sufficient training in interviewing and counselling to communicate effectively with these groups (Deck, 2016). Lawyers reported that working with social workers had enabled them to improve their listening and interviewing skills, and to learn to view the client's situation more holistically, such as considering potential for negative impacts of litigation on the client's mental health (Walsh, 2012). Lawyers can thus develop greater consideration of non-legal remedies to legal problems, and of the needs of all parties, enabling more flexible interventions such as alternative dispute resolution approaches (Walsh, 2012; Maylea, 2019). While lawyers are trained to focus on the individual client and their legal problem in isolation, social workers see clients as impacted by broader social, legal and policy issues, where these are oppressive and unfair, with an aim to achieve greater social justice (Maylea, 2019). One lawyer reported that social work had led them to think beyond their focus on individual case work, considering the importance of structural change to prevent people from coming in contact with the legal system (Walsh, 2012). Integrated practices can thus combine the knowledge and experience of legal and social support professionals to more effectively advocate for systemic policy change (ECLC, 2018). Lastly, social workers can promote collegial social support in the workplace, to assist lawyers to more effectively process and cope with the stressors of their practice (Galowitz, 1999).

Improved Client Engagement and Experience of Legal Processes

According to Maylea et al. (2018), integrated practice provides a more empowering and client-centred experience of the legal system, which can enhance the clients' engagement with both legal and social services. As engaging with lawyers and the legal system is often stressful – particularly for people experiencing marginalisation and disadvantage – social workers are able to support individuals to engage with the organisation's legal services. Social workers have valuable interpersonal and communication skills that can assist in building rapport and encourage clients to open up. For example, social workers can facilitate communication between lawyers and clients through their ability to recognise when clients do not fully understand, translate legal jargon into plain language, and feed information about client needs back to lawyers (Maylea et al., 2018). Social workers can also work with lawyers to improve legal outcomes for clients, such as by providing supports that enhance clients' ability to engage with legal processes, communicating a client's social context to their lawyer or to court, or ensuring that the client has supports in place to strengthen their application for bail or release (Maylea, 2019). According to Goodrick and Sampson (2020), integrated practice can enhance client engagement with both legal and social support through 'warm' referrals to another professional within the same service, building on the relationship and rapport the service already has with the client. This can work more effectively than traditional 'cold' referrals, where services provide clients with information to self-refer to another service without communication between the services. This particularly addresses challenges for people experiencing disadvantage and/or crisis who may have barriers to contacting the new service, attending appointments, or having to explain their story to yet another service (Goodrick & Sampson, 2020).

Improved Legal and Social Outcomes for Clients

In Maylea et al.'s (2018) study, lawyers and social workers overwhelmingly reported that their integrated model enabled more holistic, client-centred practice that achieved the best possible legal and social outcomes for clients and supported and empowered clients. Walsh (2012) also found that all services involved in their study had received positive feedback from clients regarding their

integrated services. Social workers have skills in making effective referrals due to their ability to conduct in-depth assessments of client needs and their understanding of the service system, which lawyers reported not feeling like they could do themselves (Maylea et al., 2018). Social workers can thus support clients with underlying issues that could prevent them from engaging with legal services and/or lead to legal issues reoccurring, including homelessness, mental health, family violence, and substance abuse. Integrated practice thus has the potential to halt the cycle of reoffending and/or re-presentation to social services, reducing both economic and social costs to the individual and the community (Goodrick & Sampson, 2020). Addressing both the legal and social-emotional needs of clients can also have less tangible benefits such as reducing clients' experiences of stigma and increasing clients' wellbeing, social participation, and resilience. However, there is still a need to build up the evidence-base for the effectiveness of integrated practice over and above traditional siloed delivery in order to demonstrate the value of this model to organisations, policy-makers, and funders (Goodrick & Sampson, 2020).

Summary

In summary, key benefits of integrated practice include:

- Improved holistic and client-centred service provision
- Enhanced knowledge, teamwork and problem-solving for professionals
- Joint understanding of broader social, legal, and policy issues, and social justice
- More empowering experience of legal processes for clients
- Clearer communication between lawyers and clients
- Enhanced client engagement with both legal and social services
- Better legal and social support outcomes for clients

Challenges

Conflicts in Professional Ideology and Ethics

While both lawyers and social workers share care and concern for their clients and commitment to achieving the best outcomes for clients, the professions can be at odds in terms of their tactics and professional ethics to realise these aims (Deck, 2016; Walsh, 2012). Lawyers are trained to think using the language of proof, winning and losing, and problem-solving, and to have an "instructive, representational and deliberate relationship with their clients" (Walsh, 2012, p. 755). On the other hand, social workers take a broad, systems-based approach, trying to achieve the best outcome as possible for the client, their family, other services, and the community, with a focus on emotional and social factors. While lawyers take an advocacy approach by acting on the client's instructions and maintaining client autonomy, social workers take a 'best interests' approach to work with the client to develop a consensus for the best course of action for the client, other people in the clients' life, and the broader community (Galowitz, 1999). Some lawyers considered this 'best interests' approach to be paternalistic, and for emotional factors to be less reliable or relevant, primarily valuing formal legal remedies (Walsh, 2012). Lawyers' work can be more formal and inflexible than social workers are used to, considering duties to the legal system and their client, including conflict of interest obligations to represent the interests of one party only. For example, Walsh (2012) found that ethical conflicts arise from lawyers' obligations to turn away a person immediately due to being 'conflicted out' from providing legal services, regardless of any lack of alternative services, whereas social workers felt that they were ethically obliged to assist despite this conflict where the person was seriously distressed or suicidal. It is beneficial for social workers to develop their understanding of legal principles including conflicts of interests and client legal privilege so they can more effectively communicate and work with lawyers (Maylea, 2019).

Conflicting Responsibilities around Confidentiality and Reporting to Authorities

Lawyers and social workers have different legal and professional obligations around confidentiality, which may make lawyers reluctant to work with social workers if they are concerned this could compromise their client's confidentiality and harm their legal interests (Galowitz, 1999; Maylea et al., 2018). According to Maylea et al. (2018), lawyers are obligated to maintain client legal privilege, where information clients provide to lawyers for the dominant purpose of legal advice or use in legal proceedings is confidential, with limited exceptions to this, and information is generally protected from subpoena. Social work files are not protected from subpoena, and can be used as evidence in court by another party. Social workers have less clarity around confidentiality, as they practice under a non-legally binding Code of Ethics (AASW, 2010), which states they may breach a client's confidentiality if doing so can prevent an actual, identifiable risk to themselves or another person. Also, privacy and reporting legislation can change depending on the social worker's jurisdiction and employer. For example, in New South Wales all social workers who work with children are mandatory reporters of child abuse (section 27, *Children and Young Persons (Care and Protection) Act 1998* (NSW)), whereas in Victoria, social workers are not yet mandatory reporters of child abuse (section 182, *Children Youth and Families Act 2005* (Vic)), but all adults are mandated to report child sexual offences (section 327, *Crimes Act 1958* (Vic)). Both lawyers and social workers reported concerns about situations where a social worker's ethical responsibility to breach a client's confidentiality in the interests of safety conflict with lawyers' legal obligations to maintain confidentiality, such as when a client threatened harm to themselves or others (Maylea et al., 2018).

According to Maylea (2019), concerns over confidentiality can make lawyers and social workers discussing a client's situation difficult, as it may not be clear whether information or files shared between a lawyer and a social worker are protected by client legal privilege. No court has yet ruled on whether such shared client information is protected by privilege, and there is no clear legislation to provide guidance. It is therefore up to individual practitioners and organisations to agree on a strategy for communicating and protecting confidential client information (Maylea, 2019). Walsh (2012) found that some lawyers believed their obligations should be given primacy as they are legally binding, whereas social workers' ethical obligations are 'aspirational', but social workers felt that the principles of beneficence and moral responsibility were of greater significance. On the other hand, Maylea et al. (2018) found that social workers generally reported that they were required to follow their organisation's policy around client confidentiality, and had accepted the necessity of this due to working in a legal setting under the lawyers' public liability insurance.

Misunderstanding and Mistrust between the Professions

Misunderstanding and mistrust between lawyers and social workers raises concerns that if these tensions escalate, seeking funding for social work services may become less of a priority for legal organisations (Walsh, 2012). As Walsh (2012) explains, relationships between lawyers and social works have traditionally been characterised as "polarised, hostile and resentful" (p. 753). While social workers are trained to work collaboratively in teams, lawyers are trained to work in a clear hierarchy (Maylea, 2019). Each profession may hold stereotypes of the other, with social workers seeing lawyers as arrogant, inflexible, and risk-averse, and lawyers seeing social workers as overly-emotional and vague (Walsh, 2012). Social workers reported feeling misunderstood and undervalued as professionals by their legal colleagues, and some lawyers reported that they can do everything required to support their clients themselves. Some organisations reported a lack of lawyers' trust in the social workers, impacting the social workers' professional autonomy. Social workers may lack confidence to assert their expertise and contribution to the legal setting, and need to be able to articulate their contributions in terms that lawyers value, such as how social workers support client's human rights (Maylea, 2019). Some social workers also reported feeling isolated and unsupported as a sole or minority practitioner in the organisation, but some had addressed this issue by joining a network of social workers in integrated practices (Maylea et al., 2018). Walsh (2012) found that while many organisations had formal equality, including equal pay for lawyers and social workers, and social workers in leadership positions, this did not equalise relationships, but that

communication and development of mutual understanding and respect did. Despite this history of misunderstanding and mistrust between the professions, some professionals reported that their understanding and appreciation of the other discipline has grown through working together (Maylea et al., 2018).

Funding

Despite acknowledgement in Australian state and federal policy of the importance of integrated practice as a means of achieving policy objectives, there is a lack of sufficient funding sector-wide to enable strong, long-term integrated services (Noone, 2009). According to Goodrick and Sampson (2020), while short-term grants enable integrated services to be launched or trialled, the reliance on short-term funding and emphasis on outputs to secure funding in the sector threatens the sustainability and quality of integrated practices. As it takes time to work out the logistics of an integrated service, short-term funding arrangements do not provide the security needed to develop strong and effective relationships between professionals, or trust and continuity with service users. At an organisational level, integrated services are challenged by increasing demand for collaboration by already overworked staff (Noone, 2012). Organisations need to be able to allocate resources, time and energy to the development and maintenance of a strong integrated service, beyond allocating resources for individual client service provision. More sustained and flexible government funding is thus required to invest in integrated service delivery, development and maintenance of these partnerships beyond individual client services, and monitoring and evaluation (Goodrick & Sampson, 2020).

Summary

In summary, key challenges of integrated practice include:

- Conflicts in professional ideology and ethics
- Conflicting ethical and professional responsibilities around confidentiality and reporting to authorities
- Potential for misunderstanding and mistrust between the professions
- Social workers may feel unappreciated or isolated in a law-dominated practice setting
- Insufficient and/or insecure funding arrangements for integrated services

The section on best practice principles in integrated practice will explore in more depth how to address these challenges.

Models of Integrated Practice

The model of the combination or integration of two or more professions working together, such as social work and law, is known as integrated practice or multidisciplinary practice. This practice model of integrated legal and social support is increasingly being used to address client needs and legal issues that result in or arise from issues such as health and mental health, housing, employment, education, finances and family breakdown (Goodrick & Sampson, 2020). Integrated practices are common within health and legal partnerships, legal and financial partnerships, and legal and social work partnerships (Goodrick & Sampson, 2020).

The professions of social work and law often work with the same clients, yet their history of integration is short (Maylea et al., 2018; Maylea, 2019). Since the 1980s, community legal centres (CLCs) have worked with health staff and social workers to address individual and systemic issues of their clients, but integrated practice in CLCs have not had much analysis until the last decade (Noone, 2009). Even though there has been increasing integration of social workers working within the legal sector, there are still many missed opportunities for the two professions to work together (Maylea, 2019). To address the need for more appropriate and timely legal aid, a holistic, case managed or coordinated response is needed. This response can include a team of legal and social support services, such as a hub where services are located near each other in order to facilitate better referrals and coordination, or fully integrated services within a legal setting (Noone, 2009).

CLCs are increasingly employing in-house social workers to provide holistic legal and social support to clients (Maylea et al., 2018). A CLC can employ a social worker or partner with one other or several organisations that are bridged by the common purpose of supporting clients to address their needs. Social workers and lawyers work together in various levels of integrated teams to provide a holistic service and ultimately better outcomes for the client, as well as to address the limits each profession feels are placed on them. The strength of the integrated partnership relies on the specialist skills of each profession, which strengthens their capacity to support clients (Maylea et al., 2018).

In Australia, the literature and research is lacking around successful integration and interdisciplinary practice of these two professions, regardless of the fact that many legal organisations employ social workers (Maylea, 2019; Walsh, 2012). However, the research that exists on social workers and lawyers working together is significantly more developed in the United States (Maylea, 2019).

International Models

United States of America (USA) models of integrated practice are more common, more developed, and larger in scale, thus more literature exists. According to Block and Soprych (2011), three basic categories of practice models were found within the literature. These models include: Consultant Model; Multidisciplinary Model; and Interdisciplinary Model.

- In a **Consultant Model**, the social worker acts as a consultant to the legal team and does not meet with the client. This consultant position is to provide support and expertise.
- In a **Multidisciplinary Model**, the two disciplines are independent of each other and only interact to make referrals for their clients. This mitigates conflict for confidentiality and privilege.
- In an **Interdisciplinary Model**, social workers and other staff members work within the legal team requiring them to work under lawyer-client privilege. This model has called for the need to develop ways to address potential conflicts of ethical standards or requirements. Clients are informed of the roles of the social worker and lawyer and how they are situated within the team (Zajac, 2011).

According to Zajac (2011), some examples of legal-social work integrated practice models in the US include multidisciplinary teams working with homelessness prevention; interdisciplinary teams working with at-risk youth, families, or veterans across multi-service centres; caregiver/elder rights interdisciplinary model with informed consent (where social workers are mandated reporters, which is communicated to clients); and interdisciplinary models working for children's rights and advocating for children and youth.

In the United States, integrated practice is dominated by large legal clinics and law firms with legal staff (attorneys and paralegals) and 'support staff' – which may include one or several social workers as well as advocates, volunteers, and pro-bono lawyers (Public Counsel, 2020; The Law Foundation of Silicon Valley, 2020; Bet Tzedek, 2020). For example, Public Counsel – the largest pro bono law firm in the US – has 70+ lawyers and 50+ support staff, five of which are social workers, along with 5,000 law students, volunteer lawyers, and legal professionals (Public Counsel, 2020). Other models that exist in the US are legal-social work collaboratives, where the lawyers and social workers work in interdisciplinary teams, providing holistic and comprehensive support to clients. For example, The Youth and Education Law Project (YELP), a founding practice at Stanford Law School's Mills Legal Clinic, has recently expanded to establish the Legal-Social Work Collaborative, which provides a multidisciplinary approach to address client's needs (Chun et al., 2020). This model pairs the legal clinic's practices, including community law, criminal defense, immigrants' rights, and MLC Youth and Education Law Project, with social work practitioners, law students, and social work interns.

In the US, there is a multidisciplinary law firm based at the Paediatrics Department of the Boston Medical Center, called The Family Advocacy Program (FAP), which was formed in 1993 in response to the frustration of paediatricians unable to address the underlying cause of poor health of patients at their clinic (Noone, 2009). The FAP has grown to include three lawyers addressing family, education and immigration law; a network of advocacy resources; and addresses systemic reform related to the issues faced by client and patient families.

Australian Models

The US models of integrated practice are comparable to models and key elements of integrated practices that commonly exist in Australia. In Australia, a determining factor of early CLCs was their claim to provide a holistic service in recognition of the connection between social and systemic factors and legal issues (Noone, 2009). CLCs valued working with other professions to address client issues and their objective was to address related issues as well as legal issues. For example, the first employee of the first NSW CLC, Redfern Legal Service, was a social worker (Noone, 2009).

The level of integration – the extent to which the lawyer and social worker are working together – varies throughout different models between Australian CLCs and other support services. The level of integration is a key distinguishing feature among partnerships, but the service integration should be guided by the needs of the community and the aim of the program (National Centre for Medical-Legal Partnerships (NCMLP), 2014; Federation Of Community Legal Centres (FCLC), 2018). Each partnership and integrated service functions differently depending on the needs of the community, yet the literature indicates that there is a significant connection between the levels of integration and the viability of a service. Integrated alliances are more likely to result in a higher quality of services (NCMLP, 2014).

The level of integration of Australian integrated practice models varies across the sector. The FCLC (2018) acknowledge, but are not limited to, the following models:

- CLCs that employ one or several social workers
- CLCs based within a health service or other non-legal space (co-location)

- A lawyer employed within and by a health or social service organisation
- CLCs that partner with another service that complements the associated support needs

The level of team integration is also described as: Co-location model; Multi-disciplinary teams; and Partnerships with other community services (FCLC, 2018). The NCMLP (2014) describes the methods of integration in a local context as four different methods or models, including: Referral Partnerships & Networks - the lowest level of integration yet the most common, in which legal and health or social services have a close relationship and refer to each other; Outreach Service Provision, where a member of the legal team attends another service for meetings with clients; Co-located Service Provision, a CLCs based within a health service or other non-legal space; and Integrated Service Provision, such as a lawyer employed within a social service organisation or CLCs that employ one social worker or several to co-deliver the program as an integrated practice (FCLC, 2018). The level of integration can range from low level of integration to high level of integration.

A CLC may collaborate with health or social services by referring clients to a partner organisation, co-locating with another organisation to offer multidisciplinary support in collaboration with other professionals, and/or offering legal support to clients that have been identified by external services (Goodrick et al., 2020). The co-location of services does not necessarily mean that the services being provided are integrated between two professions or organisations, but the close proximity of two services can facilitate ease of access for clients (Noone, 2009). The ways in which an integrated practice is modelled raises the question of how to address legal professional privilege and mandatory reporting obligations within each practice and practice model (FCLC, 2018).

As of October 2020, based on previous and current membership of the Integrated Legal and Social Support Network and the Specialist Support Professionals in Legal Settings Network, we understand the following integrated practices exist in Victorian legal settings – whereby social workers or social support professionals are operating within the legal setting in an integrated way. These CLCs may also be involved with HJPs and other socio-legal partnerships, but the table below speaks to social workers integrated in legal settings only. Some CLCs may have several models of integrated practice programs within their service.

Table 1

Integrated Practices in Legal Settings in Victoria

Community Legal Centres (CLCs):	Other legal settings with social workers/social support:	Previous integrated practices (e.g. had pilot/short-term funding which did not continue):
<ul style="list-style-type: none"> ● Ballarat & Grampians Community Legal Service ● Barwon Community Legal Service ● Eastern Community Legal Centre ● Flemington & Kensington Community Legal Centre ● inTouch ● Justice Connect ● knowmore ● Law and Advocacy Centre for Women 	<ul style="list-style-type: none"> ● Office of Public Prosecution ● Slater + Gordon 	West Heidelberg Community Legal Service - however this CLC is involved in a long-standing HJP

<ul style="list-style-type: none"> ● Mental Health Legal Centre ● Monash Oakleigh Legal Service ● Murray Mallee Community Legal Service ● Peninsula Community Legal Centre ● Seniors Rights Victoria ● Springvale Monash Legal Service ● Women’s Legal Service Victoria ● Youthlaw 		
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Navigating Privilege and Reporting

Two issues that are commonly raised when contemplating if and how to integrate services are legal professional privilege and mandatory reporting obligations. These two issues, as described by the FCLC (2018), are especially important when establishing policies and protocols for integrated practices including:

- Communicating with clients about different roles and obligations within integrated practices;
- Meeting and correspondence with clients;
- File management practices;
- Making decisions about when a social support professional within an integrated practice might report child abuse or neglect; and
- Responding to requests for information or subpoenas, including in relation to family law, family violence, child protection or criminal proceedings.

To aid in a successful relationship between the two professions within an integrated practice, the literature suggests that clarification of role boundaries, expectations, joint training and role-play can facilitate successful working relationships (Schoeneman, 2017; Walsh, 2012). Education has also been identified as a key component of successful interdisciplinary or integrated practice, which is explored more thoroughly in the Education section of this literature review. Seamless integration and a powerful alliance is possible if the two professions merge knowledge bases and skill sets while embracing feminist and anti-oppressive practice (Schoeneman, 2017).

Medical-Legal Partnerships

Another common model of integrated practice is medical-legal partnerships, as it is known in the U.S. and U.K., or health justice partnerships (HJPs) as it is known in Australia (Noone, 2009). One of the earliest examples in Australia of a HJP model is the co-location between West Heidelberg Community Legal Service (WHCLS) and Banyule Community Health (BCH). WHCLS co-locates with BCH and the two services have built strong professional relationships and referrals pathways both ways. WHCLS hosts a clinical legal education program for law students, and within WHCLS’s management sits a representative of BCH (Noone, 2009).

Further examples include health agencies that employ legal workers. In the UK, the development of common policy objectives for public health and civil justice is supported by the connection between events tried in court, disability, poor health and poverty (Noone, 2009). Because low income and poverty are acknowledged as causes of poor health, and health needs are shaped by social and economic environmental elements, it is contended that more than just a focus

on medical issues is needed in order to address client health inequalities. To address the health needs of the community and in providing social support services, a wider lens on health needs is required. Elements of a successful integrated medical-legal practice include collaborations between physicians, social worker and legal staff, and encompass walk-in legal clinics, outpatient sites, staff contribution in interdepartmental meetings, collaboration on family matters and systemic reform, incorporation of a medical director, development and implementation of advocacy tools to be used by medical staff, and working together as a team (Calvin et al., 2012; Noone, 2009). These services can effectively assist families who require a hub, or singular place to access multiple services such as medical, legal, and social supports (Calvin et al., 2012). A more detailed review of the literature around HJPs can be found in the following Health Justice Partnership section of this literature review.

Summary

By working within an integrated practice, social workers and legal staff can do more to support clients than they could achieve alone (Maylea, 2019). With the history of medical-legal partnerships and as CLCs increasingly employ in-house social workers to provide holistic social support to their clients, various models and levels of integrated practice are emerging. Although there is limited literature addressing the specific integrated models that exist in Australia, the literature in the US is more developed as is their quantity of integrated practices. Integrated practice models range from partnerships with other community services, co-location models, and multi-disciplinary teams, and the level of integration can range from a low level, such as referral partnerships, to increasingly higher levels of integration from outreach service provisions, co-located service provisions, to fully integrated services (FCLC, 2018). The benefits of integrated practice serve both professionals as well as clients, achieving better outcomes for clients and addressing the limitations of each profession (Maylea, 2018). Challenges of integrated practice sit overwhelmingly in issues around the differences between legal privilege and confidentiality, but the benefits of joining professional relationships to service gaps in client support far outweigh those challenges (FCLC, 2018; Walsh 2012).

Health Justice Partnerships

According to Forell (2018), health justice partnerships (HJPs) embed legal help into healthcare services to address individuals' legal needs, providing holistic services to improve both health and legal outcomes for clients. The need for such partnerships has been identified as many people experience intersecting health and legal issues, experience barriers to accessing legal help, and are more likely to present to health or social services for support than legal services. HJPs increase legal services' capacity to reach people with complex and intersecting needs who may otherwise fall through service gaps, including clients experiencing economic disadvantage, family violence, mental health conditions and/or addiction, and people who identify as Aboriginal or Torres Strait Islander. HJPs differ from other models of integrated practice in that community lawyers partner with health settings as an effective means of accessing clients who may not otherwise seek legal support. In contrast, other models of integrated practice involve the provision of social work support for people who are already engaged in a legal service. All these types of services have the aim of improving clients' legal outcomes and physical, psychological and/or social wellbeing through greater collaboration between services (Forell, 2018). The substantial grey literature on HJPs, particularly from the peak advisory body Health Justice Australia (HJA), can thus be useful for informing integrated practice in a legal setting.

As Forell and Nagy (2019) explain, HJPs have grown over the past decade, with 73 services recognised as HJPs in 2018 in all states and territories except Tasmania. HJPs vary in terms of the healthcare settings they operate in, the type of legal help provided, client groups, and how the partners collaborate. Partnerships most commonly occur in hospitals, community-based health services, and Aboriginal community-controlled health services. They most commonly provide legal assistance for family violence, family and civil law issues, housing and tenancy, debt and/or fines, and Child Protection, and may specialise in one or more of these areas. Key features of legal practice in HJPs are that lawyers develop skills and experience in working with vulnerable client groups, identifying, triaging and providing assistance for legal issues beyond their specialisation, identify and refer client's social support needs, and work in partnership with other professionals and organisations (Forell & Boyd-Caine, 2018).

The partnerships can also involve secondary consultation and training between partners, community legal education, and systemic advocacy to influence policy that impacts client groups' health and legal wellbeing (Forell & Boyd-Caine, 2018). HJPs also hold the potential to strengthen advocacy through combining the expertise and impact of both health and legal partners.

HJA has identified various service models through which partnerships operate, with varying intensity of partnerships and autonomy for each service (Forell, 2018). They range from:

- Integrated services – health and legal services provided by a single organisation (i.e. a lawyer employed by a health service as part of the healthcare team)
- Partnership – including a lawyer/lawyers in the healthcare team
- Service hubs – health, legal, and other services co-located in an accessible community setting
- Outreach – lawyer/s attending health settings to facilitate client access and referral between organisations, but the lawyers are not considered part of the healthcare team
- Student clinics – law faculties supervising law students to provide legal help in health settings (Forell, 2018).

HJA also developed a 'scale of integration' to measure the level of collaboration between partners (Forell, 2018), ranging from:

- No awareness – no awareness of the approach taken by partner workers

- Awareness – awareness of the approach taken by partner workers, but each organisation coordinates their own activities according to their own objectives and resources
- Communication – partners actively share information (formally or informally)
- Coordination – partners modify their activities to work together more effectively, such as shared case planning or support for clients
- Collaboration – partners jointly plan and deliver key aspects of their program (Forell, 2018).

More ‘joined-up’ service models provide benefits through increased opportunities for multidisciplinary practice and professional development, but require more time, resources and trust to maintain (Forell & Boyd-Caine, 2018). Limitations on resources to develop and maintain more integrated services may mean that higher levels of integration is not the most appropriate model in some contexts.

HJA have identified the following elements of effective partnering which it recommends partners should actively develop, maintain, review, and adjust as required (Forell, 2018; Forell & Boyd-Caine, 2018):

- Shared purpose and goals – there should be clear benefit to both organisations and understanding of the value that each partner brings to generate motivation and engagement to foster the partnership. These benefits include provision of holistic services, improved access to legal assistance, improved health and wellbeing of service users, and interdisciplinary professional development.
- Co-creation of partnership structure – partnerships require genuine commitment and leadership from both organisations to work collaboratively, and to allocate time and resources to foster the partnership beyond direct service provision. Co-creation of the partnership may be agreed upon through a Memorandum of Understanding (MOU) to establish expectations and boundaries early. HJA has developed a MOU resource kit to support HJAs to agree positions on shared purpose, governance structure, responsibilities and contribution of each partner, information sharing arrangements, and dispute resolution (HJA, 2018).
- Mutual engagement and shared activity – partnerships build the capacity of health and legal staff to work in a more holistic and collaborative way. This can be realised through formal and informal referrals both ways between health and legal partners to address the holistic needs of the client, shared case management, secondary consultation, reciprocal training, and shared systemic advocacy (Forell, 2018; Forell & Boyd-Caine, 2018).

Privacy and Information Sharing

HJA (2019b) highlights that partnering services need to plan how to communicate and share information in a way that upholds their respective professional and legal obligations. They recommend each partner consult with their peak body regarding their obligations around privacy and sharing information, and regularly discuss each partners’ role, professional obligations, and how to maintain clients’ confidentiality. Processes for client information should be agreed upon, reviewed, and adapted as required, including processes for how to record and store client information, how to communicate between partners, conflicts of interest, information required for referral within and outside the partnership, communicating with clients, and obtaining client consent to share information. These processes may be formally documented through a MOU. Processes should be client-centred by ensuring clients understand how the partnership model works and how their information is collected and used, and involving clients in discussions about when and how their information is shared. Particularly when undertaking joint client meetings, it is important that the client understands each partners’ role and obligations, including when certain disclosures would require health practitioners to make a mandatory report or provide subpoenaed documents to court (HJA, 2019b).

Maintaining the Health of the Partnership

HJA recommends monitoring the ongoing 'health' of the partnership to maintain and evolve partnerships over the longer term (Forell & Nagy, 2019). Both partners are encouraged to participate in monitoring and reviewing the health of the partnership, including direct service provision, and the processes, relationships and capabilities that enable these services. HJA (2019a) provides reflection and discussion questions that they recommend partners use regularly to identify strengths, areas for development, and potential alternatives. These include reflecting on processes that enable the partnership, how to build and maintain collaborative relationships, if the partnership has sufficient leadership and accountability, the extent to which the partnership is adding value to each service and their clients, and if the benefits outweigh the costs of the partnership. Lastly, HJA promotes HJPs connecting with each other in a peer network to foster mutual learning and innovation in the sector (Forell & Nagy, 2019).

Funding

Services have reported that they face challenges sustaining their partnerships due to short-term and uncertain funding arrangements, including pilot-based funding, and unfunded work required to sustain the partnership and its practice (Forell, 2018). Funding sources include state/territory and federal governments, philanthropy, and the Victorian Legal Services Board Grants Program. HJA reports that there is much higher financial investment in HJPs by the legal sector than the health sector, which may be cause for concern given paucity of funding for public legal assistance (Forell & Nagy, 2019). HJA thus aims to demonstrate the value of health justice partnerships in improving health services' effectiveness, efficiency and capacity in order to advocate for funding from a broader group of stakeholders and ongoing funding from existing stakeholders.

Financial Counselling

Integration of financial counselling within community legal centres (CLCs) acknowledges that clients' legal issues are often complicated by social and financial concerns (Hyams et al., 2013). Financial counsellors can work alongside legal staff to deliver integrated financial counselling and legal support (Centre for Innovative Justice (CIJ), 2020). This practice may call upon the lawyer to resolve a dispute so that the client's financial position settles, and the financial counsellor to analyse the client's finances and negotiate with creditors. The majority of integrated practices incorporate a social worker into a legal space or lawyers within a health or social service setting. However, integration of financial counsellors within CLCs is a relatively recent development (CIJ, 2020).

This literature review section will draw mainly from the CIJ's (2020) comprehensive Financial Counselling Practice Guidance document for establishing an integrated financial counselling practice in a legal/social work setting, as well as studies on the benefits and challenges of integrated financial counselling practice.

Need for Integrated Financial Counselling and Legal Practice

A study conducted by Morehead and Robinson (2006) looked at how effectively staff of 12 legal firms and advice agencies dealt with their clients' financial difficulties. They reported that clusters of issues including housing, benefits, debts, and relationship breakdowns occurred for 40-50% of their clients, most of which were vulnerable people. Other issues that clients faced included interrelated problems with mental health, domestic and family violence, employment, homelessness, and home-ownership problems. They found that because these issues co-occurred, coordinated management of financial and legal support would be beneficial (Morehead & Robinson, 2006).

To highlight the importance of integrated practice for financial counselling within legal or social services, Livingstone et al. (2008) identified that non-integrated financial counselling organisations were not equipped to tend to the full range of problems presented by their clients. Clients were sometimes confused about instructions to pursue independent legal action, and therefore left problems unresolved until they again escalated. Financial counsellors often are not able to understand the scope of clients' legal and social problems, might have little understanding of providing holistic advice, and are unable to address clients problems if they fell out of their area of expertise. Inability to understand clients' interrelated issues of financial need and social and legal problems resulted in missed opportunities to address these issues. The barriers to provide a holistic service as a financial counselling service included funding, organisational capacity and skills, and lack of information (Livingstone et al., 2008).

Benefits and Challenges

The benefits and challenges of integrated practices have been well documented and continue to be explored (CIJ, 2020). Clients can greatly benefit from early identification of financial issues and referral to financial counsellors. Additionally, information sessions provided by a financial counsellor to women entering correctional centres and financial literacy workshops can assist in identifying financial or debt related issues early on and set them up to manage their finances when released (CIJ, 2020).

Much like other integrated practices, challenges include differing professional and legal obligations (Hyams et al., 2013). Lawyers are bound by legal professional privilege, whereas financial counsellors are guided by their Code of Ethical Practice to uphold confidentiality, but are not bound by privilege (CIJ, 2020). Differing obligations can be mitigated by keeping separate case files in the event that financial counsellors must act in accordance with their ethical and professional obligations, and this conflicts with their legal colleagues' professional obligations. Other conflicts

that may arise in an integrated practice are file management, information management, and database usage. Being that the legal framework is often the dominant structure for integrated practices, it is key that the financial counsellor be across relevant requirements around requirements and existing practices (CIJ, 2020). However, the friction of obligations and confidentiality between financial and social support professionals is less pronounced than that of legal staff. For example, social workers and financial counsellors both act in the interest of the client within relevant ethical boundaries, and therefore there are less conflicting or competing responsibilities (Hyams et al., 2013).

Within multidisciplinary education between law, social work and finance, finance students learn and benefit from exposure to other disciplines, as they adopt a client-centred approach instead of merely providing financial impact analysis (Hyams et al., 2013). Integrated education allows finance students to learn the difficulties of financial management for low-income clients, as well as the importance of advocating for clients by challenging banks and other financial service providers when they may not have acted responsively. To better equip finance, law and social work students for further multidisciplinary or integrated practice, Hyams et al. (2013) argue that it would be beneficial to include interdisciplinary classes within the curriculum in conjunction with multidisciplinary placements. This may include the causes and effects of financial disadvantage, industry codes of practice, alternative dispute resolution, difficult behaviour, ethics and conflict, and managing files and record keeping (Hyams et al., 2013).

Integrated Financial Counselling For Justice-Involved Clients

Justice-involved clients may have a range of needs and issues, including legal or criminal matters and underlying and co-occurring issues, which includes various forms of financial needs or debt amongst needs previously mentioned, such as homelessness, AOD, or mental health issues (CIJ, 2020). Social workers are able to support these co-occurring issues that may contribute to financial needs or debt, while lawyers are positioned to address legal matters associated with debts. Debt may include debt to utility companies and pay-day lenders, rental arrears, property damage debt, vehicle repossession, Centrelink debt, and fines and infringements. Settling or resolving financial issues may not be remedied by legal mechanisms, however, clearing of financial issues allow for needs such as housing support to be addressed (CIJ, 2020).

The CIJ (2020) conducted a financial counselling pilot program at the maximum-security women's prison, the Dame Phillips Frost Centre (DPFC). The CIJ seconded a financial counsellor to the Mental Health Legal Centre's (MHLC) Inside Access program, which provides civil legal assistance to women in the prison. The pilot ran over ten months and resulted in a highly valuable service with great demand, providing financial counselling group information sessions for 148 women, as well as individual casework appointments with 110 women. The pilot showed that a long period of rapport building is needed for clients to feel confident in the financial counsellor and trust that the practitioner will follow through. The need for trust for justice-involved clients likely stems from being let down from services over long periods of time.

Summary

Financial counselling may be a relatively recent addition to integrated practices within CLCs, but the interrelated nature of financial, social and legal issues have been recognised and well-documented for some time (CIJ, 2020). Like professions such as law and social work, financial counsellors are best equipped to deal with complex and co-occurring issues of clients in partnership or integration with a professional who has appropriate training and expertise (Livingstone et al., 2008). Clients may have financial support needs amongst other social needs such as homelessness, AOD or mental health issues, as well as legal matters associated with debts. Settling debts or financial issues with support from a financial counsellor can allow for social support needs to be addressed, and concurrently legal matters associated with debts can be resolved (CIJ, 2020).

Integrated Legal-Social Work Education

Interprofessional education is defined by the World Health Organisation (2010) as education where students from two or more fields of study learn about, from and with each other to effect collaboration and improve outcomes. Interdisciplinary education models can range anywhere from students taking courses from another discipline to a more formal joint program (Kozakiewicz, 2008).

A collaborative learning model is not as common within community legal settings, yet it is prevalent and has an historical background within the health field (Hyams et al., 2013). However, clinical legal education has been well-established in Australian law schools since the 1970s and multidisciplinary clinics are becoming more common throughout Australia and internationally. Interdisciplinary teams of other professions such as finance, law and health professions are more common than legal-social work interdisciplinary education and practice.

Integrated legal-social work education provides many benefits to both law students and social work students, as well as their future clients (Kozakiewicz, 2008). It is suggested that universities should incorporate training within curriculum in working with other professions in order to prepare lawyers and social workers to work collaboratively. This may include training on interpersonal skills and alternative dispute resolution within law education (Maylea, 2019). The intersections, differences, benefits, challenges and gaps in literature will be further discussed in relation to law and social work education.

Intersections and Differences between Law and Social Work Education

Law and social work have many points of intersection that complement each other, but also may yield differences or dilemmas (Boys et al., 2015). Because of the intersection of law with the underlying issues that bring people into contact with the law, it is natural for these disciplines to work together and share overlapping duties, goals and discourses. According to Hyams et al. (2013), if law students and their supervisors take a holistic and broad view, the disciplines of law and social work are more aligned than different, despite the differences in approaches to legal and social work education. The gap between these two disciplines may be smaller than assumed, as the foundation of law and social work is the shared role of advocate and professional responsibility to client autonomy and confidentiality. In educating law and social work students, the interaction between the respective curricula assists in paving a way for successful professional interdisciplinary teams and practices. According to Boys et al. (2015), the end goal and purpose of teaching these areas in an interdisciplinary way is to enhance collaboration between the professions and strengthen each profession's practice.

Much of the literature on social work and law education focuses on skill-sharing and intersecting discourses across disciplines (Boys et al., 2015; Hyams et al., 2013). There appears to be a higher proportion of literature focused on how legal students can attain better interpersonal skills by working with social workers than the benefits of integrating law into social work education. However, it is also acknowledged that in working within legal settings or with law students, social work students can better grasp and understand laws that impact on their clients and advocacy strategies within legal processes, which is valued in practice (Boys et al., 2015). The literature also points to how joint-degree programs have been an area where interdisciplinary education has seen successful growth (Boys et al., 2015). Walsh (2012) notes how it has been suggested that universities should consider and respond to the fact that their future graduates will be working with other professionals, and that law students should be taught practical skills such as interviewing and counselling and social work students should receive some legal training.

Interpersonal skills are a key focus in social work education, yet are not a focus in legal education even though lawyers play a significant role in client engagement and advocacy (Boys et al., 2015). According to Boys et al. (2015), social work education is viewed as collaborative, while law

education is seen as authoritative. In social work classes, professors and tutors share speaking time between students, and students are encouraged to share experiences and interact with classmates to gain information. This is a stark difference to law classes, which hold the professor in a place of authority and place students as the audience (Taylor, 2006). Law school curriculum is generally focused on a way of thinking that separates law students from their emotions, while social work education focuses heavily on the relationships between client and social worker and the skills that are needed for these relationships, including being culturally competent, how to listen, counsel, interview, empathise, work with groups and a multitude of other skills (Boys et al., 2015).

Dual Benefits of Legal-Social Work Interdisciplinary Education

The literature highlights the importance of law, social work, health and financial education students learning to work in collaborative teams and to address clients' needs in a holistic manner (Hyams et al., 2013). The largest benefit of interdisciplinary education identified in the literature is that it produces more collaborative team members who can work together for better, more sustainable outcomes for clients (Bridges et al., 2011; Taylor, 2006). Client needs are complex and often require coordinated care across professions and agencies (Chhun et al., 2020).

Models of interdisciplinary education include tertiary or higher education legal clinics where social work and legal students learn together in an immersive environment. Examples of these clinic models include Stanford University's integrated legal clinic, Mills Legal Clinic which operates as a legal-social work collaborative in California, USA; and Monash Oakleigh Legal Service at Monash University where students from the three disciplines of law, finance, and social work see clients as a team, at the same time (Hyams, 2013); At the Mills Legal Clinic, the Youth and Education Law Project (YELP) claims that the collaboration of social work student interns and law students are provided with valuable pedagogical experiences, making them better lawyers and social workers (Chhun et al., 2020).

A multidisciplinary learning environment serves several purposes and has diverse goals. According to Hyams et al., (2013), these goals include:

- Assisting students to see client needs and issues holistically
- Allowing law students to experience law in its broader social context
- Building social work students' understanding of the legal system and processes
- Exposing students to a social justice agenda
- Broadening students' understanding of different professional backgrounds and how they interact with their own field of practice
- Introducing students to practical applications of their academic training
- Enhanced service provision for clients who present with multiple and complex needs

According to Boys et al. (2015), both social workers and lawyers interact with people from diverse and complex backgrounds in their daily work, yet only in social work education is there a focus on interpersonal skills. According to Hyams et al. (2013), law school curricula are increasingly taking account of how the roles of lawyers are changing to reflect the need for more training in emotional intelligence and holistic approaches. Interdisciplinary models provide law students with practical client experience that enables them to increase the skill set needed to work successfully with future clients (Boys et al., 2015). Overall, many pieces of literature overwhelmingly note the benefits of integrated practice education to law students. At the end of an integrated course of law and social work, law students showed significant improvement in interpersonal skills (Boys et al., 2015). The results indicate a need for increased support for interdisciplinary education, specifically partnerships between the professions of law and social work (Boys et al., 2015).

Challenges within professional and ethical responsibilities can lead to conflict in practice. However, an interdisciplinary education environment such as legal clinics, particularly those

attached to a tertiary institution, can provide a space to establish protocols to mitigate conflict (Boys et al, 2015). The roles and duties of a lawyer and social worker differ, as well as their ethical obligations. Social workers may be legally required to report certain client disclosures if the social worker suspects the client is in danger of harming themselves or others, while lawyers are bound by their profession to legal-client privilege and confidentiality (Boys et al, 2015). There are often conflicting roles within social work, such as risks versus rights and care versus control, whereas there is an assumed certainty in legal principles (Swain, 1999). Interdisciplinary education provides law and social work students with experience in navigating these conflicts to prepare them for multidisciplinary practice.

There are reciprocal benefits to social work and law students in an interdisciplinary model of education, such as how social workers and their values are becoming increasingly embedded in sectors of the legal system (Boys et al., 2015). The combination of law and social work students is seen as particularly beneficial for law students, who are now more than ever expected to expand their skills beyond a purely legal context (Hyams, 2012). Social work students do greatly benefit from exposure to legal settings, aiding in the development of a rights-based perspective and increased knowledge of legal systems and processes. According to Madden (2000), the field of social work is not as actively involved in the functioning of the legal system, but the legal system has had a large influence on the practice of social work. When social workers gain a better understanding of the legal system, professions and practices, there are more opportunities for social workers to advocate and influence the legal system (Madden, 2000).

A common theme in successful interprofessional models is supporting students to achieve a better understanding of their own professional identity as well as other professional's roles (Bridges et al., 2011). Hyam et al. (2013) states that interprofessional teams can impact positively on each students' professional role within society, as well as their agenda towards social justice. Sharing skills and knowledge can in turn create shared values, respect for each other's roles, and a better understanding of each discipline (Bridges et al., 2011). A shared social justice foundation and goal can also bring together students from each discipline despite differences in profession and approach (Hyams et al., 2013).

The legal sector acknowledges that the university environment is a key place to instill and grow skills needed to work collaboratively with other professionals (McGraugh et al., 2014). Social work students' ability to collaborate can be revolutionary in traditional legal environments. Social work approaches to self-care, supervision, debriefing and an awareness of vicarious trauma can also benefit the legal profession. Social workers and social work placement students can play an integral role in normalising practices around self-care and debriefing (Foster, 2014).

To better equip finance, law and social work students for further multidisciplinary or integrated practice, Hyams et al. (2013) argue that it would be beneficial to include interdisciplinary classes within the curriculum in conjunction with multidisciplinary placements. This may include the causes and effects of financial disadvantage, industry codes of practice, alternative dispute resolution, how to respond to clients in distress, ethics and conflict, and managing files and record keeping (Hyams et al., 2013).

Challenges to Legal-Social Work Interdisciplinary Education

The challenges that arise in interdisciplinary education are based on differences in disciplinary cultures (Boys et al., 2015). Law students' learning is set up as authoritative and one-way, traditionally delivered in large, lecture-based classes that places the student as an audience member, whereas social work students learn in a more collaborative environment that values personal views and experiences (Boys et al., 2015). A significant amount of time is spent teaching social work students the skills to build healthy client relationships (Boys et al., 2015). One drawback in the attempt to integrate law and social work education is that social work courses only permit a

small allowance of time in the areas of the law, due to high workloads across a social work degree (Swain, 1999). This is also true of law students obtaining interpersonal skills and client-facing experience (Boys et al., 2015).

Critical resources such as commitments from departments, mentoring and faculty training, a sense of community, and relationships were found to be necessary to support a dual or integrated program (Bridges et al., 2011). Adequate space, curricular mapping, technology, and training were also seen to be critical for a successful program. According to Boys et al. (2015), social work students benefit from experience in their field work placements, whereas law students commonly learn more so from the literature and academic staff. The lack of practical, hands-on experience in law education may not be the norm across the board, however the traditional model of law course delivery may be a contributor to law students developing less skills working with clients and understanding their needs when compared to social work students.

Gaps and Recommendations for Future Directions

Studies focusing on integrated practice education have been small, but outcomes from these studies show evidence to support further interdisciplinary educational collaborations (Boys et al., 2015). Hyams et al. (2013) recommend that there is value in developing academic units of study that would operate alongside practical placements. This would be beneficial to students of either law, social work, or finance (Hyams et al., 2013). There is also a need for increased support and supervision in interdisciplinary education, especially law and social work, so that the effectiveness of interdisciplinary teams can be enhanced through better supported collaborative education and skill-sharing (Boys et al., 2015; Bridges et al., 2013).

The apparent gaps within the literature revolve around how social work students could benefit from interdisciplinary legal education, and how these benefits could be evaluated. Despite literature on the benefits of interdisciplinary education, there is a current lack of empirical evidence for the effectiveness of interdisciplinary partnerships between law and social work students (Boys et al., 2015). It is therefore important that future research investigates the effectiveness of current interdisciplinary education models, and investigates how students can best learn collaboratively to the benefit of their future clients.

Summary

The benefits of legal-social work education prove to be in favour of both social work students and legal students, with legal students benefitting greatly from increased interpersonal skills and understanding of clients' complex needs, and social work students benefiting from a greater understanding of the law and legal processes that may impact their clients. Skill-sharing and knowledge-sharing are also common and produce shared values, respect for each other's roles, and an understanding of different disciplines (Bridges et al., 2011). Shared duties, goals and a social justice foundation can bring students together despite differences in approach (Hyams et al., 2013). Integrated practice in universities and educational settings increases practical and positive outcomes for the various disciplines as professionals and for their future clients.

Best Practice Principles

While integrated practice between law and social work is an appealing means of achieving more effective, holistic practice, this model is more complicated than traditional service delivery, requiring allocation of time and resources to be successful (Goodrick & Sampson, 2020). Commitment to the integrated practice is essential to build a strong platform for effective collaboration, work through the risks and challenges of integrated practice, maximise benefits to the service and to clients, and maintain and review the practice.

While the literature on best integrated practice principles is still developing, there is valuable grey literature from organisations with integrated practice models. This section will articulate best practice principles identified by organisations that practice and champion integrated practice models, and will explore processes that underlie and enable these principles. This section will draw on recommendations for best practice principles identified by the Federation of Community Legal Centres' (FCLC, 2020) research on ten Melbourne community legal centres' (CLCs) integrated service projects, Eastern Community Legal Centre's early intervention family violence program (ECLC, 2018), Caxton Legal Centre's specialist elder abuse service (Caxton Legal Centre, 2018), knowmore's legal service for survivors of child sexual abuse to interact with the Royal Commission into Institutional Responses to Child Sexual Abuse (Keating, 2016), and Walsh's (2012) study of five Brisbane CLCs with integrated practices. It will discuss the need for a strong formal integrated practice structure, collaborative relationships between professionals based on mutual understanding, respect and trust, and shared vision, purpose, and goals to maintain commitment to the integrated practice. It will then explore the interdependent principles of person-centred, trauma-informed, and culturally safe practice. Lastly, it will discuss the importance of evidence-based practice to continually improve upon service delivery and demonstrate the value and effectiveness of integrated practice.

Strong Integrated Practice Structure

Strong integrated practice structure requires all stakeholders to recognise that developing collaborative relationships involves investing scarce time, resources, and energy, and long-term commitment to the resourcing, development, and strengthening of the integration (Goodrick & Sampson, 2020; Noone, 2012). The literature highlights the importance of allocating dedicated funding for the development and coordination of the integrated practice beyond funding for direct service delivery (ECLC, 2018; Goodrick & Sampson, 2020). Strong, dedicated leaders of the integration are important to champion and model interprofessional communication and learning (Goodrick & Sampson, 2020). knowmore's model involves representation of all disciplines at a management level to enable each discipline to advocate for discipline-specific issues and solutions, and participate in management decisions (Keating, 2016). Lastly, integrated practice requires structures and processes for genuinely working in collaboration with fellow professionals, rather than working in parallel (Caxton Legal Centre, 2018). This is achieved through day-to-day collaboration between professionals, which may differ depending on the service model, but can include joint client sessions, joint case planning, regular communication, sharing information and/or files, and interprofessional meetings (Caxton Legal Centre, 2018; ECLC, 2018; Goodrick & Sampson, 2020).

According to Goodrick and Sampson (2020), formal structures that support the integrated practice can include a Memorandum of Understanding or other agreements, advisory groups and team meetings to maintain shared vision and activities. Formal structures should also include planning for how to communicate and share information between professionals in a way that upholds each discipline's legal and professional obligations (HJA, 2019b). FCLC's (2018) guide to understanding legal privilege and mandatory reporting in integrated practice can inform this planning, although each integrated practice will differ in terms of how they navigate this issue. Developing logic maps or theory of change diagrams can also clarify the processes and intended

outcomes of the service. These formal structures should be co-created to represent the expertise, perspectives and responsibilities of all disciplines (Forell, 2018). However, it is important to recognise that these formal agreements alone are not sufficient for a strong integrated practice, as this also requires strong leadership and interprofessional relationships to foster meaningful collaboration (Goodrick & Sampson, 2020). Nonetheless, these formal structures can provide practical means to enable professionals to allocate time to actively foster the collaboration while managing competing demands (Goodrick & Sampson, 2020).

Incorporating the values and aims of integrated practice into recruitment processes can also enable services to ensure staff are the right 'fit' for integrated practice (Noone, 2012). Noone (2012) highlights the importance of employing staff from all disciplines who have an understanding of the complexity of issues experienced by service users in a community setting, value person-centred and holistic practice, and hold experience, skills and/or values in collaboration with professionals outside of their field. knowmore's selection criteria for staff include prior experience working with people who have experienced complex trauma, Aboriginal and Torres Strait Islander peoples, and culturally and linguistically diverse communities (Keating, 2016).

Mutual Understanding, Respect and Trust between Professionals

While formal structures for integrated practice are important, they cannot replace the need for positive, collaborative working relationships between professionals (Goodrick & Sampson, 2020). The literature highlights that effective interdisciplinary relationships built on mutual respect, understanding, trust, and empowerment are central to the success of integrated practice (Walsh, 2012). This requires taking time to develop relationships between practitioners, learn about and understand each other's role, scope of practice, expertise, and skills, and work through any areas of misunderstanding or mistrust (ECLC, 2018; Walsh, 2012). Hierarchies between professions should be addressed, with the aim to foster genuine openness to other professionals' perspectives, strengths, skills and expertise, and an understanding of how these enhance the services' ability to respond to clients' legal, health, social, financial, and other needs (Goodrick & Sampson, 2020; Keating, 2016). Practitioners can build trust with fellow professionals and demonstrate commitment to the integrated practice by being responsive, reliable, and building in time for regular interprofessional communication (Goodrick & Sampson, 2020). This trust enables professionals to focus on their area of expertise with confidence that the client is receiving support for their other needs (Goodrick & Sampson, 2020).

Social workers and lawyers should engage in mutual interprofessional learning to draw on and further develop each professionals' shared knowledge, expertise and experience (ECLC, 2018). Social workers and lawyers can share knowledge both formally and informally to become well-versed in the other's skillset and perspective, while still recognising the other professionals' expertise (Caxton Legal Centre, 2018). Formal learning processes include professional development, training, and formal agreements of roles and boundaries, and informal learning processes include team meetings, secondary consultations, and collaborative practice (ECLC, 2018; Walsh, 2012).

Both formal and informal processes for open communication, shared decision-making, reflective practice, debriefing, and feedback are important (ECLC, 2018; Walsh, 2012). This allows practitioners to openly discuss how the program is running at individual client and organisational levels, further develop relationships between practitioners, and identify opportunities to improve the integrated practice (ECLC, 2018). Clear communication involves clarifying understandings of the boundaries between different roles, with lawyers and social workers working together to navigate any issues around differing ethical and professional requirements concerning legal privilege, confidentiality, and duty of care (Caxton Legal Centre, 2018; Walsh, 2012).

Shared Vision, Purpose and Goals

Best integrated practice is underlined by clear, shared vision, purpose and goals that are beneficial to each discipline and to service users in order to strengthen stakeholders' commitment to collaboration (ECLC, 2018). Lack of shared vision or commitment to integration, differing funding priorities, or neglecting the integration due to competing demands on professionals' time inhibits the development of quality integration (Goodrick & Sampson, 2020). To counter this, it is important to recognise that social work and community law are both inherently caring professions, with a shared commitment to advocate for and empower clients in order to improve client outcomes (Walsh, 2012). According to Goodrick and Sampson (2020), shared vision and purpose can be fostered through recognition of the interplay between legal and social issues that impact the client, acknowledgement that each professionals' ability to address the clients' presenting needs is partial, and valuing integrated practice as a means to address clients' needs in a more holistic, flexible and effective manner. Common goals of integrated practice can include improving client outcomes, preventing legal issues from reoccurring, and addressing injustices experienced by clients (Goodrick & Sampson, 2020).

Walsh (2012) recommends that integrated practices work from a shared ethics of care, a moral framework for practice that centres caring and empathetic treatment of others, values personal connections between professionals and with clients, and also maintains professional boundaries. To achieve shared vision, purpose and goals in providing effective integrated services, organisations should foster shared understandings of the principles and practices of being person-centred, trauma-informed and culturally safe between all professionals, particularly as professionals in an integrated setting may vary in their training and experience with these practice principles (Goodrick & Sampson, 2020). The following sections on the interdependent principles of person-centred, trauma-informed and culturally safe practice will explore how these can be fostered in an integrated practice setting.

Person-Centred Practice

Person-centred practice is grounded in empathetic and supportive relationships with clients, prioritising the voice and self-determination of clients, and tailoring supports to each individual (Caxton Legal Centre, 2018). As clients may have experiences of their story not being listened to, believed or acknowledged, it is important that practitioners demonstrate respect for and carefully listen to the client's story (Goodrick & Sampson, 2020; Keating, 2016). Workers should be flexible and adaptive in letting the client set the pace and develop trust with the service, such as deferring certain questions until the client is comfortable sharing (ECLC, 2018; Keating, 2016). ECLC (2018) highlights the importance of quick response times to referrals, longer appointment times, and flexibility for follow-up appointments to enable sufficient time to build trust and rapport and for clients to share their story. In traditional siloed practice, lawyers sometimes need to stop clients from disclosing certain information, either due to not being perceived as relevant to the legal issues, or insufficient time in the appointment. Lawyers commented that supporting clients to tell their story comprehensively enabled lawyers to develop a more thorough understanding of the clients' situation and provide more targeted legal advice. This also allows for clients to better understand their options (ECLC, 2018).

Well-developed assessment and referral processes, both sharing information within the integrated practice and warm referrals to other organisations, can strengthen the capacity of the service to meet the needs of the client without requiring the client to continually retell their story and relive their trauma, which can be a barrier to engaging with services (Goodrick & Sampson, 2020; Keating, 2016). Professionals can reassure clients that they personally know the practitioner they are referring to and vouch for their sensitivity and expertise, which may make clients more comfortable engaging with the new service (ECLC, 2018). Providing information to other professionals to reduce the need for the client to retell their story should always be done with the clients' consent (Keating, 2016).

Practitioners should take an empowerment approach, including educating clients about their legal rights, explaining legal terms in clear, everyday language, and providing a range of options including both legal and social support avenues (ECLC, 2018; Keating, 2016). Holding the client at the centre of all decision-making ensures that the client is informed and empowered to make decisions that are meaningful to them (ECLC, 2018). The client is empowered to choose which legal or social interventions and levels of support they want, including whether or not they wish to pursue legal action (Caxton Legal Centre, 2018). In respecting the client's autonomy, practitioners should work together to carefully consider the balance between respecting the client's rights to self-determination, and professional or ethical responsibilities to protect the client and others from harm (Caxton Legal Centre, 2018). It is also important to inform clients of the different roles and professional responsibilities of the lawyer and social worker, including their different responsibilities in relation to confidentiality, the potential benefits of having the professionals work together, their right to choose not to engage with the legal or social services, the potential impacts this may have on the service, and the possibility of the need for referral to other services (ECLC, 2018). Workers should continually inform clients of potential conflicts in relation to client-legal privilege and social workers' responsibilities to report to authorities so that the client can make informed decisions about the services they are receiving and the information they share with each professional.

Trauma-Informed Practice

Integrated services should provide professional development opportunities and support in trauma-informed practice for all staff to understand the impacts of trauma and effectively support clients with complex needs (Goodrick & Sampson, 2020). As Keating (2016) explains, trauma-informed legal services do not directly treat trauma or its symptoms, but are sensitive to the presence of trauma and its impacts in clients' lives. Trauma-informed services are designed to avoid re-traumatising clients and to address vicarious trauma for staff, and aim to provide a service that trauma survivors experience as safe, empowering, and validating of their story (Keating, 2016). The possibility of trauma in all clients' lives is acknowledged and addressed, regardless of whether the individual's experiences of trauma are known to the service (Keating, 2016). Trauma-informed practice involves understanding the impact of trauma on the individuals, and prioritising the need to establish physical, psychological and emotional safety, and to re-establish the person's sense of control and agency in their own life (ECLC, 2018). Using a trauma-informed lens can also help professionals to look beyond challenging client presentations, such as appearing unmotivated or resistant to change, to understand these behaviours as adaptations or coping strategies to stress and trauma (Goodrick & Sampson, 2020).

As Keating (2016) explains, working with client groups who experience complex trauma and marginalisation carries an unavoidable risk of various trauma for staff. In a client-centred and collegiate organisation, there are risks that staff will not seek help or take time out when needed for fear of letting the team or clients down. Integrated services should thus develop resiliency to vicarious trauma at an organisational level, implementing trauma-informed care into organisational policies and procedures, health and safety systems, and workplace culture. This includes developing a strong workplace culture of looking out for and supporting colleagues' wellbeing, reflective practice, providing supervision and debriefing (ranging from formal team-based debriefing to immediate debriefing after client contact), monitoring workload (including number and complexity of clients), Employee Assistance Programs, and supporting staff's self-care strategies, such as promoting taking breaks, leave, and engaging in non-client-facing tasks (Keating, 2016). Carnes (2017) provides a valuable resource for trauma-informed legal practice and how to address vicarious trauma among legal professionals.

Culturally Safe Practice

Social workers and lawyers should work together to develop a shared understanding of the distinct barriers to accessing legal support for people experiencing intersecting forms of marginalisation and disadvantage, including discrimination and social exclusion on the basis of culture, gender, sexuality, ability, class, and/or regional or remote location (ECLC, 2018; Goodrick & Sampson, 2020). Culturally safe practice involves respect for the person's cultural identity and responsiveness to the needs of Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse client backgrounds, people with a disability, and LGBTIQ+ people (Caxton Legal Centre, 2018; ECLC, 2018). Organisations should take initiative to continually improve cultural safety and accessibility, such as ongoing cultural awareness training for staff, consulting with other services that have already taken steps to promote cultural safety, and options for referral to culturally appropriate services for ongoing support (ECLC, 2018).

As Keating (2016) explains, given the unique history and ongoing reality of colonisation and intergenerational trauma for Aboriginal and Torres Strait Islander communities, services particularly need to attend to cultural safety for First Nations peoples, especially in settings where Indigenous peoples make up a significant proportion of clients. Services should acknowledge the additional barriers Indigenous people may experience accessing legal support, including a lack of trust in service providers and statutory bodies, and intergenerational and lived experience of trauma from the justice system. Aboriginal and Torres Strait Islander cultural safety is a framework that aims to avoid re-traumatisation for First Nations peoples and establish safety for people accessing services by demonstrating respect for culture, community, family, traditions, and country. Organisations can develop their culturally safe practice by developing relationships with and responding to the voices of First Nations communities and Aboriginal Community Controlled Organisations. For example, knowmore employs a team of Aboriginal engagement officers to deliver culturally safe services and provide secondary consultation for non-Indigenous staff to strengthen their understanding of culturally safe practice. knowmore highlights the importance of not engaging with Aboriginal workers or organisations in a tokenistic or isolated manner, but valuing cultural knowledge as its own discipline by having an Aboriginal engagement team with leadership, and providing cultural support to workers (Keating, 2016).

Evidence-Informed Practice

According to Goodrick and Sampson (2020), formal plans and frameworks for monitoring and evaluation of integrated services are important to inform service delivery and strengthen the evidence for the effectiveness of the service model. Services need to demonstrate the economic, social and cultural value of integrated services to build a compelling case for the need for more and longer-term funding for integrated services. Evaluation should include both qualitative and quantitative data, including client feedback to capture clients' views on the service and areas for improvement. Evaluation should assess the effectiveness of the service in reaching clients and addressing clients' needs, particularly for clients with complex needs, and client outcomes. It is acknowledged that this can be a challenge when supporting people who may be transient, or people who may receive short-term targeted support from services.

It is also important to measure funding accountability and value-for-money of the service. Evaluation should capture the value of the integrated practice beyond its impact on clients, such as provision of secondary consultations and professional development between professionals, to demonstrate the full economic and cultural impact of integrated practice. Lastly, it is important that evaluation accurately captures both successes and failures, limitations, and setbacks, as a focus on demonstrating successes and minimising failures can inhibit valuable opportunities for learning and improvement to service delivery (Goodrick & Sampson, 2020).

Services can utilise and build on existing monitoring and evaluation mechanisms to ensure consistent evaluation processes across integrated practices (Goodrick & Sampson, 2020). This will

allow for more streamlined synthesis of evidence for the effectiveness of integrated practice at state and federal levels. For example, the Federation of Community Legal Services have developed an Outcomes Measurement Framework to enable CLCs to contribute to a consistent, robust Victoria-wide evidence base for the impact of CLCs, which can be adapted for the assessment of CLCs with an integrated practice model (Planigale & Thwaites, 2017). The development of an outcome measurement framework specifically for the assessment of CLCs with an integrated practice would be a valuable avenue for future directions. Lastly, CLCs sharing information on their integrated practice within the sector, including their monitoring and evaluation approaches and resources, can promote effective service delivery and evaluation processes among new and upcoming integrated practices (Goodrick & Sampson, 2020).

Co-Design

Goodrick and Sampson (2020) recommend that integrated services utilise principles of co-design to make services more client-centred and evidence-informed, valuing clients' lived experience in informing service delivery, and empowering clients to make a difference to the services that impact them. Co-design includes involving clients in planning services, including informal opportunities for feedback, formal evaluation forms, and focus groups. While services in Goodrick and Sampson's study acknowledged the value of clients' participation in co-design, they found that there are currently limited co-design processes in CLCs. Knowmore found that implementing strategies for consumer involvement and feedback was challenging due to concerns about triggering and/or further burdening clients (Keating, 2016). However, informal co-design processes were applied by recording all client feedback offered, with plans to implement the feedback (Keating, 2016). Co-design in integrated services requires further development, to ensure that these processes are practical, well-resourced, and involve service users beyond symbolic or tokenistic participation, meaningfully contributing to quality improvement of services (Goodrick & Sampson, 2020).

Summary

In sum, the key processes that underlie each of the best practice principles are:

- Strong integrated practice structure
 - Allocation of time and resources to the development and coordination of the integrated practice
 - Strong leadership for the integration of professions
 - Formal structures such as agreements and team meetings
 - Incorporating the values and aims of integrated practice into recruitment processes
- Mutual understanding, trust and respect between professionals
 - Taking time to develop relationships between practitioners
 - Valuing each professions' different perspectives, strengths, skills and expertise
 - Interprofessional learning
 - Mutual understanding of the other professions' role, boundaries, and ethical and professional requirements
 - Open communication, debriefing and feedback
- Shared vision, purpose and goals
 - Recognition of the interplay between legal and social issues that impact the client
 - Valuing each professions' contribution to addressing the clients' presenting issues
 - Articulate common goals to provide effective, holistic interventions, improve client outcomes, and address injustices experienced by clients
 - Shared understanding of person-centred, trauma-informed, and culturally safe practice methods
- Person-centred practice
 - Time to build supportive and trusting relationships with clients

- Allowing space for clients' stories
- Well-developed assessment and referral processes to reduce the need for clients to retell their stories
- Empowerment approaches, ensuring clients are informed and at the centre of decision-making
- Trauma-informed practice
 - Professional development opportunities and support for trauma-informed practice
 - Prioritising re-establishing safety, control and agency for clients
 - Address vicarious trauma among staff at an organisational level, including developing a supportive workplace culture, providing opportunities for supervision and debriefing, and monitoring workload
- Culturally safe practice
 - Respect for all peoples' cultural identity
 - Acknowledging the barriers people experiencing accessing legal support
 - Working to improve the accessibility and responsiveness of services
 - Organisational strategies, including cultural awareness training, developing relationships with communities and service providers, and hiring practices
- Evidence-informed practice
 - Formal plans and frameworks for monitoring and evaluation of integrated services
 - Use of evidence to inform and improve service delivery
 - Consistent evaluation mechanisms between integrated services to allow for synthesis of evidence
 - Sharing information to assist the development of other integrated practices
 - Principles of co-design

Funding

The literature highlights that short-term and insufficient funding is a key challenge for the development and maintenance of effective integrated practice (Goodrick & Sampson, 2020). Despite acknowledgement in both state/territory and Commonwealth policy of the importance of integrated practice as a means of providing holistic services to vulnerable groups, there is a lack of sufficient or ongoing funding for strong, long-term integrated services (Noone, 2009; Victorian Government, 2016). More sustained and responsive government funding is required to invest in integrated services, the development and maintenance of the integrated practices beyond direct client work, and monitoring and evaluation (Goodrick & Sampson, 2020).

Issues with Insufficient Funding

The literature highlights that current levels of funding do not adequately address the level of community need and demand for integrated services (Goodrick & Sampson, 2020). Waiting lists and consequent barriers to clients accessing services inhibit the reach and impact of integrated practice (Noone, 2012). Heavy client caseloads and competing demands can inhibit professionals' ability to dedicate time and resources to integrated practice (Goodrick & Sampson, 2020).

For example, Social Compass' (2019) evaluation of 14 health justice partnerships with specialist domestic violence units found that limited resources and staff capacity created significant barriers to providing sufficient services to women experiencing family violence, and more intensive wrap-around services to women with complex legal and social needs. The report highlighted the need for both more lawyers and social workers to meet client needs, and for more specialised roles in integrated practice. These limitations led services to reprioritise clients, reduce community education sessions, and scale back or pause drop-in clinics. The reduction of community education limits services' ability to build women's awareness of supports available, but staff reported that at current staffing levels, services would be unable to take on increased referrals that would result from increased awareness of the service. The evaluation also found that funding cuts to other CLCs, Aboriginal Legal Services, and social support services place additional pressure on integrated practices, as other services refer out more often and do not have capacity to take on referrals. Services also reported that they had limited brokerage to support clients with expenses during times of crisis, including assistance to cover legal document fees, secure housing, and access emergency food and travel vouchers. Lastly, the report highlighted that staff are at high risk of burnout due to regularly experiencing vicarious trauma in their work and resource limitations placing additional pressure on staff, highlighting the importance of supporting staff and having realistic caseloads in order to retain experienced workers (Social Compass, 2019).

Issues with Short-Term Funding

Integrated services face challenges sustaining their practices due to a reliance on short-term and uncertain funding arrangements in the sector, including pilot-based funding, philanthropic donations, or one-off grants from local, state, or federal governments (Forell, 2018; Victoria State Government, 2016). According to Goodrick and Sampson (2020), while short-term grants and pilot funding enable innovative integrated services to be launched and trialled, the reliance on short-term funding means that promising integrated practices may not be maintained or extended. For example, ECLC (2018) highlight that despite its integrated early intervention family violence program demonstrating high efficacy, the program faces ongoing funding challenges, with no obvious departmental funding that can adequately fund the integrated model.

Uncertainty and inconsistency around funding can undermine the quality and effectiveness of services, which in turn impacts client outcomes (Goodrick & Sampson, 2020; Victoria State Government, 2016). CLCs report difficulty planning under short-term funding arrangements, which can lead to ad hoc service provision, potentially undermining trust between clients and services

(Victoria State Government, 2016). Services also report challenges attracting and retaining experienced staff due to not being able to provide secure employment, particularly in regional and remote areas, impacting continuity in relationships between staff and with clients (Social Compass, 2019; Victoria State Government, 2016). Further, current funding arrangements require services to compete for limited resources, and while competition can promote efficiency, it also undermines trust and co-operation between service providers (Victoria State Government, 2016).

The Victoria State Government's (2016) Access to Justice Report recommends that both state and federal governments provide ongoing funding for integrated services where there is a demonstrated legal need for wrap-around services and to reach particular client groups. According to Goodrick and Sampson (2020), more secure, longer-term funding could enable greater continuity in staffing, more effective service delivery, and more cost-effective services. This is also to acknowledge that it takes time and resources for new integrated practices to work through the logistics of an integrated service model. Long-term partnerships can be more efficient as they have had time to establish effective processes for the integration, and provide the security needed to develop strong collaborative relationships between professionals, and trust and continuity with service users (Goodrick & Sampson, 2020). Greater funding certainty would also reduce the resources integrated services need to allocate to participate in short-term funding cycles, leading to greater efficiency and ability for services to allocate resources directly to the integrated practice (Victoria State Government, 2016).

Funding Beyond Direct Client Work

Integrated services are challenged by increasing demand for collaboration by already stretched staff (Noone, 2012). Current funding is dedicated to direct client work, rather than the mechanisms that enable effective service delivery, meaning that the work required to sustain the integrated practice is often unfunded (Forell, 2018; Goodrick & Sampson, 2020). The need for services to focus on meeting funders' output requirements for client work in order to attempt to secure ongoing funding may limit services' ability to dedicate time and resources to the development of the integrated practice, which could threaten the quality of the integrated practice (Goodrick & Sampson, 2020). Integrated practices require allocated funding to the integrated practice itself beyond funding for direct service provision, in order to be able to allocate sufficient resources, time and energy to the development and maintenance of a strong integrated practice (Goodrick & Sampson, 2020; Noone, 2012). Functions of the integrated practice that require allocation of resources include the development of formal agreements, coordination and leadership of the integrated practice, evaluation, and policy advocacy (Goodrick & Sampson, 2020).

Cross-Departmental and Streamlined Funding Streams

The current funding streams for integrated services in CLCs are often from a single government department (Goodrick & Sampson, 2020). ECLC (2018) recommend that the Victorian Government establish cross-departmental funding to adequately fund integrated models of practice. This would involve shared funding commitments across departments including justice, health, human services, child protection, and education (Goodrick & Sampson, 2020). However, Goodrick & Sampson (2020) also warn that multiple funding streams can raise complex reporting requirements that may detract from professionals' capacity to perform the core work of the integrated practice. The Victoria State Government's (2016) Access to Justice Report recommends streamlining funding arrangements to reduce the burden on services of complex and/or frequent application, administrative, and reporting requirements, but that consolidation of funding processes should not discourage funding across government departments.

Evaluation

Goodrick and Sampson (2020) highlight the importance of integrated practices conducting monitoring and evaluation of their services in order to both improve upon service delivery and build the evidence-base for the economic, social and cultural value and effectiveness of the service. This data enables services to advocate for ongoing, increased, or longer-term funding from existing stakeholders and a broader group of potential stakeholders (Forell & Nagy, 2019). Evaluation would ideally capture direct client work, as well as secondary consultations between professionals and systemic advocacy undertaken in order to demonstrate the full value of the integrated practice (Goodrick & Sampson, 2020). Funders can also enable evaluation through reporting requirements targeted towards supporting accountability for the integrated practice to evaluate what works and what doesn't work, in order to inform learnings to improve service delivery (Goodrick & Sampson, 2020).

Summary

In summary, key recommendations for funding integrated services include:

- Increased, longer-term, and more secure funding for integrated practices
- Funding for the development and maintenance of the integrated practice in addition to direct client work
- Cross-departmental government funding to adequately fund integrated services
- Streamlining funding arrangements to reduce the burden of application, administrative, and reporting requirements on services
- Evaluation of integrated services to support funding applications, improve on service delivery, and build evidence-base for integrated practice

Impact of COVID-19 on Integrated Practice

As of October 2020 when this literature review section was undertaken, the COVID-19 crisis has had a profound impact on integrated legal and social work practice (FCLCV, 2020; HJA, 2020). As governments have introduced crisis management measures that are necessary to reduce the spread of COVID-19, including border closures, quarantine, social distancing, and enforced working and schooling from home, these measures to save lives have also created a range of economic, social and psychological impacts (Branicki, 2020). The COVID-19 crisis has exacerbated existing injustices in society and existing issues within the service system, highlighting the need for strengthened and more integrated social welfare, health, legal, and economic support systems (Banks et al., 2020). Both legal and social services have had to rapidly adapt to the challenges of remote service delivery, escalating social and legal needs, and disruptions to the service system (Banks et al., 2020; FCLCV, 2020; Smyth et al., 2020). While the literature is very new and requires development as the longer-term impacts of the pandemic unfold, early literature on the impact of COVID-19 on legal and social services provides important insights into how services are adapting to these challenges.

Impact of COVID-19 on Social Services

COVID-19 has disproportionately impacted client groups that social workers typically work with, including people experiencing poverty, family violence, poor physical or mental health, older people, and ethnic minority groups, both in terms of risk of contracting and dying from the virus, and the impacts of social isolation and economic precarity (Banks et al., 2020; Cox, 2020). COVID-19 crisis measures are set to exacerbate existing inequalities, including elevated risk for “essential” workers borne by low-income, female and ethnic minority workers, and gendered barriers to work as women bear the brunt of increased child care responsibilities (Banks et al., 2020; Branicki, 2020). Banks et al. (2020)’s May 2020 study found that social workers around the globe reported that service users’ needs are greater and different and service delivery is restricted due to COVID-19, raising ethical dilemmas around who should receive limited resources and services. Social workers surveyed reported challenges around creating and maintaining trusting and empathetic relationships with clients, and difficulty completing full assessments of clients’ safety and needs, both while working remotely and while working face-to-face wearing personal protective equipment. Lastly, social workers also discussed the emotional impact and fatigue on practitioners of working in stressful and potentially unsafe conditions involving risk of COVID-19 exposure to workers and service users. However, social workers also highlighted the important role that they play in challenging systemic injustices exacerbated by COVID-19, advocating for social change, and educating the community about COVID-19 safety measures (Banks et al., 2020; Cox, 2020).

Family Violence

Much literature discussed growing evidence that family violence and abuse has increased globally and in Australia since necessary isolation and quarantine measures to reduce the spread of COVID-19 have restricted people to their homes and limited both personal and professional support options (Usher et al., 2020). In April 2020, there were reports that the impacts of COVID-19 in Australia was causing family violence to escalate, with increases in people reporting family violence overall, increases in reports of violence for the first time, and more extreme violence (Women’s Safety NSW, 2020). Social isolation requirements and disruptions to the service sector place victim-survivors of family violence at increased risk as families spend longer periods of time at home together, perpetrators have increased ability to restrict their partner’s movements, the signs of family violence are less visible to concerned others, and victim-survivors are less able to flee home and/or gain access to support services (The Lookout, 2020; Usher et al., 2020). According to Usher et al. (2020), increased economic stress, unemployment and housing insecurity, social isolation, and increased childcare responsibilities contribute to perpetrators’ use of violence to regain a sense of control in a context of containment and fear. This is further exacerbated by excessive alcohol

consumption as a coping mechanism that has been documented in Australia, and perpetrators drinking within the confines of home rather than at bars and pubs. Other types of family violence likely to increase include financial abuse in the context of increased financial insecurity, elder abuse as older people are more isolated during COVID-19, and child neglect and/or physical, sexual or emotional abuse as children have less contact with their school, childcare, and extended support networks (The Lookout, 2020; Usher et al., 2020).

Impact of COVID-19 on Legal Services

The Federation of Community Legal Centres Victoria (FCLCV) (2020) investigated the impact of COVID-19 on legal need in April 2020, during the early stages of the impact of COVID-19 in Australia. The report warned that COVID-19 will have wide-ranging economic and social impacts on individuals and communities that will create areas of increased legal need, seriously impacting the ability of the community legal sector to meet increasing demand and complexity of legal issues. They found that CLCs have experienced huge increases in demand as the economic and social impacts of COVID-19 have increased tenancy, employment, social security, and family violence legal issues, raised uncertainty around legal rights and obligations surrounding government announcements, and led to a growing proportion of the community seeking free legal assistance. Given the ongoing impacts of COVID-19, this spike in legal need is unlikely to diminish for some time. Further, FCLCV predicted that levels of legal need will grow as stimulus packages and restrictions come to an end, but the long-term economic and social impacts of COVID-19 continue. They predicted that already stretched CLCs will struggle to meet demand, particularly while CLCs also deal with challenges involved in staff working from home. The report warned that reduced accessibility of legal assistance may lead legal issues to escalate and poses risks to individuals' mental, physical and financial wellbeing, which poses flow-on costs to the state through increased burdens on health, Child Protection, housing, and justice systems, and hence called for greater funding and investment for CLCs (FCLCV, 2020).

While there is not yet literature specifically on the impacts of COVID-19 on integrated practice in CLCs, Health Justice Australia (HJA) (2020) conducted a qualitative survey and group interview of lawyers operating in health justice partnerships on the early impacts of COVID-19 on their practice in April 2020. While the results are based on anecdotal evidence, they provide valuable early insights into the impact of COVID-19 on frontline practice. Lawyers reported disruptions in communication and a reduction in referrals from health partners to legal partners, which they attributed to health services navigating their own challenges adapting to COVID-19, reduced contact with clients impacting health partners' ability to identify client legal issues, and clients not presenting to health services due to fear of exposure and/or deprioritising their health needs. However, lawyers also reported increased intensity in their caseload, with less contact for non-urgent matters but an increase in family violence, financial issues, housing insecurity, mental health, and family law matters. Lawyers raised concerns about COVID-19 impacting jurisprudence, including abuse of new police powers, over-policing marginalised groups, impacts of COVID-19 laws on civil liberties, and courts adjourning matters creating a substantial backlog in the courts system. Lawyers also reported that working remotely by phone had raised challenges building rapport and practical issues obtaining documents and signatures from clients. Lawyers also highlighted learning and opportunities in adapting to COVID-19. For example, they reported factors that assisted shifting to a remote partnership included long-standing partnerships, well established referral pathways, technological upskilling to streamline referral and communication, and actively fostering the partnership. They reported that health partners could facilitate clients' engagement with lawyers by more regularly checking in with clients to reduce isolation, supporting client's access to technology, and facilitating document exchanges. These issues of changing legal needs, and difficulties in communication between professionals and with clients are also likely to impact integrated practice in CLCs, requiring further investigation.

Remote Service Delivery

As legal and social support services have had to adapt to COVID-19, there has been a rapid shift from face-to-face to virtual methods for service delivery and court hearings (Smyth et al., 2020). Remote service delivery has been crucial to increase accessibility of services and protect the health and safety of both staff and service users (HJA, 2020; Smyth et al., 2020). However, reliance on technology-based appointments raises issues around clients' access to technology, with barriers such as affordability, reliability of internet connection, and technological skills (Smyth et al., 2020). This is likely to have disproportionate impacts on people already experiencing disadvantage due to factors such as poverty impacting access to phones with internet and camera capability, and incarceration, in which access to technology is reliant on the prison system. Legal professionals have raised concerns about inequities in clients' access to technology, particularly for people in remote Indigenous communities, older people, people with English as an alternative language, and people with a disability and/or mental health problems (HJA, 2020). Clients completing appointments and legal proceedings in their home also raises concerns that they may not have sufficient privacy to disclose risk or harm to themselves or their children due to risk of being overheard by people in the home (Banks et al., 2020; Smyth et al., 2020). For example, the potential for participating in family violence proceedings when the perpetrator might be present in the house puts the victim-survivor further at risk (Smyth et al., 2020). As Smyth et al. (2020) highlight, virtual service delivery is a largely untested method that requires timely evaluation. As remote service delivery methods with little or no client contact are low cost and relatively efficient, it also raises concerns that these practices established in response to the pandemic might be difficult to reverse (Banks et al., 2020).

Summary

In summary, key challenges faced by integrated services during COVID-19 include:

- Increased under/unemployment, economic stress, housing insecurity, social isolation, and substance misuse
- Disproportionate impacts of COVID-19 on marginalised groups
- Escalation of family violence
- Services functioning at reduced capacity or being closed
- Increased demand for already stretched legal and social support services
- Health and safety of both clients and practitioners
- Emotional impacts on practitioners
- Challenges in remote service delivery, including difficulty building rapport with clients, difficulty assessing risk and safety, and privacy concerns
- Equity issues around clients' access to remote service delivery

Gaps in the Literature and Recommendations for Future Research

Overall, there is a lack of research on integrated practice, particularly in terms of social workers working in legal settings (Noone, 2012; Walsh, 2012). While there is some grey literature in this area, particularly reports by organisations with an integrated practice model, there is a need for this knowledge from the sector to be captured in peer-reviewed academic literature. It is important to build up the evidence-base for integrated practice in order to inform and improve service delivery, and to demonstrate the value and effectiveness of integrated services above and beyond traditional siloed services (Goodrick & Sampson, 2020). As difficulty securing funding is a key challenge to the development and maintenance of effective integrated services, strong evidence is needed to demonstrate the value of integrated practice to policy-makers and funders (Forell, 2018; Goodrick & Sampson, 2020; Noone, 2012).

Integrated Practice Models

There is a need for more specific literature on integrated practices in a community legal centre (CLC), as distinct from an outreach or co-location model, in order to acknowledge the uniqueness of this model. Future research should evaluate how integrated service outcomes differ to other services, and how integrated services provide value above traditional siloed service models. In order to achieve this, it is important to capture integrated practice client outcomes, measuring both legal and social outcomes, and how they interact. Future research could capture how legal professionals identify social support needs and how social workers identify legal needs, how services triage clients in terms of urgency and level of need, and how capable services are of meeting demand (Forell & Nagy, 2019). Future research could also investigate the nature of the social work being practiced in integrated settings and what forms of social work support are most beneficial to clients and organisations, as social work is a broad field with many different theories and methodologies. Greater understanding of how integrated services operate, including what works, challenges or inhibitors to effective practice, and how to address these, could contribute to the development of a best practice integrated model. Further research in integrated practice can support the development of tools for assessment/screening, triage, and outcomes measurement (Forell & Nagy, 2019). Future research could also investigate how integrated practices engage in multidisciplinary systemic advocacy around policies, laws, and practices that impact on various client groups, and how to support this advocacy (Forell, 2018). Lastly, future research could investigate how services can support the health and wellbeing of professionals working with complex need and trauma in integrated practice settings, and develop tools to assist this (Forell, 2018).

Client Voice and Co-Design

A major limitation of the current literature is that while it captures professionals' perspectives on integrated practice, it does not foreground service users' voices and lived experience. This is likely due to most research to date having been conducted in the grey literature space, as research with clients as participants require more stringent ethics approval processes that organisations may not have capacity to conduct without involvement from academics. Further, there are currently limited co-design processes in place at CLCs, with concerns about triggering and/or burdening clients, and tokenistic participation that would need to be addressed (Goodrick & Sampson, 2020; Keating, 2016). Future research could consider adopting principles of co-design, meaningfully involving and empowering clients in evaluation and quality improvement of services (Goodrick & Sampson, 2020). It is important that future research captures clients' experience of integrated practice, and their views on what they require to best support their needs.

Legal Professional Privilege

As Eastern Community Legal Centre (ECLC, 2018) highlight, due to the lack of legislative guidance or legal precedent around whether non-legal client files in CLCs are protected by privilege,

risk to client confidentiality in integrated settings cannot currently be eliminated, and must be minimised and managed. Clients may have to choose between accepting this risk or losing the benefits of integrated practice, and this risk poses a challenge to communication and collaboration between legal and social work practitioners. ECLC (2018) therefore recommends that the Victorian Government and the legal sector work collaboratively to develop clearer legislative guidance regarding client-legal privilege, information sharing, and mandatory reporting in integrated practice settings. Future research should also include how services can best communicate about privilege and reporting requirements with clients, particularly when clients are in crisis or have complex support needs.

COVID-19

Further research is required to understand the complex, long-lasting impacts of COVID-19 on clients, the community, and services, and the unique effects on marginalised groups (Smyth et al., 2020). While the literature is developing in terms of the impact of COVID-19 on both legal and social services, there is currently no literature in terms of how COVID-19 has specifically impacted integrated practice within CLCs. Further, as most of the literature thus far has focused on understanding the impacts of COVID-19, future directions should include how services can adapt to changes in client support needs and service delivery, and what best practice looks like in a COVID-19 context.

Summary

In summary, key recommendations for future research include:

- Further academic research on integrated practice
- Acknowledgement and investigation of in-house integrated practice in a CLC as its own model
- Foregrounding client voice, experience of integrated practice, and views on how to improve service delivery
- Development of co-design processes in integrated practices
- Development of clearer legislative guidance around client-legal privilege, information sharing, and mandatory reporting in integrated practices
- Investigation of the impact of COVID-19 on integrated practice, and identification of facilitators and barriers to effective practice in this context

Conclusion

Integrated legal and social work practice is increasingly being recognised as a means of providing effective, holistic services for people with interconnected legal, financial, social, and health support needs (Coumarelos et al., 2012; Maylea et al., 2018). This is particularly important for people experiencing marginalisation and disadvantage, who experience higher rates of legal need, lower rates of seeking legal assistance, and intersecting social issues, including family violence, financial stress, homelessness and housing insecurity, physical and/or mental health problems, and substance addiction (Council of Attorneys-General, 2019; Goodrick & Sampson, 2020). However, despite government policy acknowledging the importance of integrated practice, there is still a need for further development of this model, research, and funding for integrated services (Noone, 2012).

Benefits and Challenges of Integrated Practice

Integrated practice provides benefits to both clients and professionals, including improved holistic and person-centred service provision, enhanced knowledge and teamwork among professionals, improved client engagement, and better legal and social outcomes for clients (Walsh, 2012; Maylea et al., 2018). Integrated practice allows professionals to focus on their area of expertise while knowing that the clients' other needs are being addressed by a professional specialised in that area (Maylea et al., 2018). Integrated practice is an important means of improving access to justice, addressing the underlying causes of clients' legal issues, and preventing legal issues from reoccurring or escalating (Walsh, 2012).

Despite the benefits of integrated practice, there are also challenges that must be addressed for a successful practice, including conflicts in professional ideology and ethics between lawyers and social workers, and differing responsibilities surrounding legal privilege and social workers' responsibilities to report risk or harm to authorities (Walsh, 2012; Maylea, 2019). These differing professional frameworks can lead to mistrust and misunderstanding between the professions, with social workers potentially feeling undervalued and/or isolated in a legal setting (Walsh, 2012). Lastly, integrated practices are challenged by a lack of sufficient and ongoing funding to enable strong, long-term integrated services (Noone, 2009; Goodrick & Sampson, 2020).

Integrated Practice Models

By working within an integrated practice, social workers and legal staff can do more to support clients than they could achieve alone (Maylea, 2019). As community legal centres (CLCs) increasingly employ in-house social workers to provide holistic social support to their clients, various models and levels of integrated practice are emerging. Although there is limited literature addressing the specific integrated models that exist in Australia, the literature in the US is more developed as is their quantity of integrated practices. Integrated practice models range from partnerships with other community services, co-location models, and multi-disciplinary teams. The level of integration can range from a low level, such as referral partnerships, to increasingly higher levels of integration from outreach service provisions, co-located service provisions, to fully integrated services within the same agency (FCLC, 2018).

More established than other models are medical-legal partnerships, or health justice partnerships, in which community lawyers partner with healthcare services to support people who may not otherwise seek legal assistance. Another emerging model of integrated practice is with financial counselling, which is a relatively recent addition to integrated practices within CLCs in Victoria (CIJ, 2020). Like professions such as law and social work, financial counsellors are best equipped to deal with complex and co-occurring issues of clients in partnership or integration with a professional who has appropriate training and expertise, as the interrelated nature of financial, social and legal issues have been recognised and well-documented for some time (Livingstone et al., 2008).

Integrated Social Work and Legal Education

The benefits of legal-social work education prove to be in favour of both social work students and legal students, with legal students benefiting greatly from increased interpersonal skills and understanding of clients' complex needs, and social work students benefiting from a greater understanding of the law, which assists their clients. Skill-sharing and knowledge-sharing also produce shared values, respect for each other's roles, and an understanding of other disciplines (Bridges et al., 2011). Shared duties, goals and a social justice foundation can bring students together despite differences in a holistic, multidisciplinary approach (Hyams et al., 2013). Integrated practice in universities and educational settings increases practical and positive outcomes for the various disciplines as professionals and for their future clients.

Best Practice Principles

While integrated practice is an appealing means of providing more effective, holistic services, this model is more complicated than traditional service delivery, requiring allocation of time and resources to be successful (Goodrick & Sampson, 2020). Both a strong formal integrated practice structure, and development of positive, collaborative relationships between professionals are important for a successful integrated practice (Goodrick & Sampson, 2020; Walsh, 2012). Shared vision, purpose, and goals are also important to maintain organisations' and practitioners' commitment to the integrated practice (Goodrick & Sampson, 2020). Integrated practices should foster a shared understanding of the interdependent principles of person-centred, trauma-informed, and culturally safe practice to demonstrate respect for cultural diversity, build supportive relationships with clients, prioritise clients' voice and decision-making, and re-establish safety and control for clients (Caxton Legal Centre, 2018; Keating, 2016). Lastly, evidence-based practice is important to continually improve upon service delivery and demonstrate the value and effectiveness of integrated practice to support funding applications and policy advocacy (Goodrick & Sampson, 2020).

Funding

The current levels of funding for integrated practices do not adequately address the community need for integrated services, inhibiting the reach and impact of integrated practice (Goodrick & Sampson, 2020). Uncertainty around funding can impact services' ability to retain experienced staff and undermine the quality and effectiveness of services, potentially impacting clients' trust with the service and client outcomes (Goodrick & Sampson, 2020; Victoria State Government, 2016). Increased, longer-term funding is required to invest in integrated service provision, develop and maintain effective integrated practices, and enable evaluation and improvement of services (Goodrick & Sampson, 2020).

Impact of COVID-19 on Integrated Practice

At the time of this literature review, necessary measures to reduce the spread of COVID-19 have also created a range of economic, social and psychological impacts and exacerbated existing inequalities (FCLCV, 2020; Branicki, 2020). COVID-19 has led to increased un/underemployment, economic precarity, housing insecurity, family violence, substance misuse, and social isolation, and limited people's personal and professional support options. Legal and social services have had to rapidly adapt to the challenges of remote service delivery, increased demand for already stretched legal and social services, disruptions to the service system, and impacts on practitioners working in stressful and potentially unsafe conditions (Banks et al., 2020; FCLCV, 2020; Smyth et al., 2020).

Gaps in the Literature and Recommendations for Future Directions

There is a need for further research on integrated practice, including legal and social work client outcomes of integrated practices, development of best practice integrated models, and

exploration of navigating legal privilege in integrated settings (ECLC, 2018; Forell & Nagy, 2019). Future research should also develop and include co-design processes to foreground clients' lived experiences and involve clients in evaluation and quality improvement of integrated services (Goodrick & Sampson, 2020). Lastly, future research should capture the longer-term impacts of COVID-19, and how integrated practices can adapt service delivery for the new COVID-19 'normal'.

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