Health Justice Australia

Health justice partnership in the time of COVID

COVID-19 HJP Practitioner Survey and Practitioner Network Meeting

April 2020

What's happening on the ground

For questions and comments, please contact
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Context and Methodology

Health Justice Partnership (HJP) COVID-19 Practitioner Survey - Method

- The survey was conducted between **14 April 2020** and **28 April 2020**, approximately seven weeks after the Australian Government activated its emergency response plan for COVID-19 (27 February 2020) and three weeks after non-essential businesses in Australia were ordered to close (25 March 2020).

- The survey consisted of three questions:
  1. **Are you seeing a change in client need and issues as a result of COVID19?**
     No; Yes – please tell us what you're seeing
  2. **Is your health justice partnership working differently as a result of COVID19?**
     No; Yes – please tell us how
  3. **What consequences of COVID19 concern you the most?**

- Responses were collected via an online questionnaire, with a link circulated to Health Justice Australia's practitioner list on 14 April 2020. In total, there were **30 respondents.**

HJP Practitioner Network Meeting (PNM)

- On 22 April 2020, while the survey was open, Health Justice Australia hosted a virtual Practitioner Network Meeting (PNM) via Zoom.
- Like the survey, this meeting focused on topics related to COVID-19.
- Where relevant, themes from this meeting are noted (in green) together with the survey results, however, be aware that many of the meeting attendees will also have been survey respondents.

Common Themes

The following slides give an overview of themes to emerge from the survey, together with example quotes from respondents and notes from the PNM

Changes to volume of work/referrals

"We have had a decline in referrals"

"reduction in numbers significantly […] lack of attendance could result in cessation of advice clinic"

"We are seeing a drop in enquiries"

Where practitioners commented on *overall* changes to caseload, the change was usually a <u>reduction</u> in referrals/enquiries/clients

"far less client referrals (to the legal service) being received"

"there has been a drop in appointments"

"getting less referrals"

"referrals have dropped off"

"reduction in referrals coming through"

*"People are contacting us **less for non-urgent matters**. Only getting contacted about family violence court hearings."*

*"We have had a **slight increase** in referrals from the hospital and a **significant increase in client engagement** in the past four weeks (up approx. 50%)"*

*"**Increase in intensity** in current caseload (family violence, mental health, family law), **less referrals** coming through"*

Some reported other patterns of change to caseload, including overall increases, selective increases/decreases or shifts in case intensity/type

*"**Higher access** for family violence services, AOD, aged care in community, and headspace services"*

*"It is almost too early to tell - we have seen an **increase in referrals in family violence**. We think that there will be an increase but we are yet to see it."*

*"Differences noticed in **hospital: -No referrals**, minimal secondary consultations […] Community health referrals- -Fortunate that we have some clients already and that we also have community health referral model. -**Still some referrals from community health.**"*

Factors that may affect the volume of referrals/clients during COVID-19

Legal assistance being provided remotely, leading to difficulties connecting with clients

"there has been a drop in appointments as I am working via phone now and not in person. This cohort of people ***respond better to in person appts****. […]* ***Relies more heavily on the health justice partner facilitating*** *the appt"*

It was noted at the PNM that the collaborative model may work to offset the challenges, compared with standalone legal assistance, as the pre-existing relationship with the health service may make all the difference. This relationship may mean a client is willing to accept a call from a lawyer they haven't met before.

"Both the lawyers and the referring workers are now mainly working from home. This has resulted in far less client referrals (to the legal service) being received. We (legal service) are sending regular reminders that the service remains open, but we ***just don't think the workers are engaging with the clients at the level required*** *for the worker to discover the client has legal issues."*

Referring workers working remotely, so patient engagement and screening is less in-depth

Factors that may affect the volume of referrals/clients during COVID-19

Clients not accessing referring services

*"As **less people are attending some hospitals in person**, we have seen a reduction in referrals coming through."*

Sites closed

*"We are seeing a drop in enquiries as other service providers navigate their own challenges with processes. Many women would present physically at a location and then be referred through to us. However this cannot occur as **other service providers have closed their doors**."*

Concerns about (actual and potential) reduced use of health services were also expressed more generally in the survey:

Safety

*"We have had a decline in referrals, expected to be attributed largely to the restrictions resulting in **perpetrators of violence being at home** with their families, making it difficult for clients to access service supports. We expect a spike as restrictions ease."*

Fear

"lots of fear around getting out and about which may lead to not attending all sorts of appointments or even getting to the pharmacy to collect drugs."

De-prioritising own health needs

"Older people not accessing 'non-urgent' services for chronic disease."

"Deteriorating health of the clients as they are avoiding services due to the extra precautions in place as a result of Covid-19."

Factors that may affect the volume of referrals/clients during COVID-19

*"Client numbers are down due to the **challenges faced by our partners**."*

*"Our challenge is that referrals have dropped off because our **health colleagues are 100% focussed on gearing up for COVID**."*

*"No referrals, minimal secondary consultations -Cannot deliver co-located model due to COVID-19 -Have to work harder to keep partnership alive, but difficult as **hospital priority is COVID-19**"*

*"Concerned about: 1. Out of sight, out of mind approach of workers - i.e. they are **working harder and have less time to refer** or to look out for legal issues of clients"*

The capacity of referring services being stretched generally, or there being an adjustment in priorities

*One comment at the PNM mentioned a slow down in **mental health and alcohol/drug** referrals specifically. It was suggested that this may be due to a current shift in focus to other acute needs and that an increase may be expected eventually.*

Factors that may affect the volume of referrals/clients during COVID-19

Systems/ technology limitations; support services infrastructure

Administration challenges

"basic systems of communication and referrals are now complex and disjointed"

[concerned about] "*The disjointed accessibility of the service being provided"*

At the PNM, an example was given of a booking system that made it difficult to receive certain streams of referrals. Updates to this were expected to facilitate the flow of referrals.

Client barriers affecting referrals:

Availability of support services

Technology inequity in the community

At the PNM a comment was made about reduced engagement and **referrals** from **culturally and linguistically diverse communities** – challenges included **interpreters**, hearing issues and access to the internet.

As will be seen, access to (or the ability to use) technology was also raised more broadly in both the survey and the PNM, especially for people in remote Indigenous communities, older people, those with mental health issues and those in domestic violence situations.

Factors that may affect the volume of referrals/clients during COVID-19

The survey – and more particularly the PNM discussions, which brought together practitioners from many different services – highlighted the way in which aspects of the partnership or collaboration may be affecting the flow of referrals

Features of the partnership or collaboration

How established the partnership is

In the current climate, partnerships benefitted from long-standing relationships, infrastructure and referral pathways. Those with more established relationships reported ongoing referrals (not withstanding some drop off due to other priorities) or even increases, in contrast to newer HJPs. With social distancing measures in place, building new referral relationships is particularly challenging at this time.

Setting, or the type of health service

Some partnerships that receive referrals from both hospital and community health sources have noticed the flow of referrals from each being affected in different ways. Exactly how was varied: there were contrasting examples of hospital referrals dropping off more than community referrals and vice versa. This may be related to the type of health issues treated in each case and whether these have been affected by reprioritisation.

Location

The location of the services may also be a factor, in terms of the size of the population served and accessibility of referring services.

Working differently

"Customarily, we attend at the hospitals in the region to meet with clients. This is not happening due to COVID-19. We are doing our best to take instructions electronically."

"We're now fully remote and providing advice via phone and other online modalities."

"We are now providing all advice via phone and not attending the health service in person."

"We continue to have our outreach service on the same days and times but all appointments are conducted remotely by telephone."

"Telehealth, phone, Zoom, video links."

Respondents commonly reported that <u>interaction with clients</u> had now shifted (sometimes entirely) to phone or online contact

"Everyone is working remotely, including client appointments being by telephone. More electronic communication and less face-to-face contact with our partners and clients."

"Telehealth model with lawyer working remotely."

"Phone assessments and advice."

"We can no longer go to the client to assist but have to do everything over the phone making the process slightly less personal. Accessibility to speak with a lawyer remains the same it has just lost the face-to-face factor."

"The lawyer and the community social worker are working from home. Legal advice and social work support is provided by the telephone."

"Everyone is working online now. All counselling is occurring online."

The lawyer and the community social worker are working from home. Legal advice and social work support is provided by the telephone."

Remote interaction with clients – challenges and concerns

Clients' access to, and ability to use, technology (safely)

*"Our client demographic in this context is predominantly the **aged** and those with **mental health** issues. It has been **difficult to communicate electronically** with them."*

*"A majority of **women** do not have reliable **phones** or mobiles on **remote Indigenous communities**."*

*"Communication with women who are in a **DV situation** is harder with **partners at home during the day**."*

*"We are doing our best to take instructions electronically. **Witnessing** documents is also an issue. This issue has been addressed in some jurisdictions but not in others."*

The challenges of obtaining documents and signatures from clients more generally were also mentioned at the PNM.

Practical issues with document management

Remote interaction with clients – challenges and concerns

Reduced depth of engagement with clients

Screening & assessment

"Both the lawyers and the referring workers are now mainly working from home […] ***we just don't think the workers are engaging with the clients at the level required for the worker to discover the client has legal issues.****"*

"Inability to ***assess*** *clients/older people in person."*

Relationships

"The [in]ability to connect with the ***women*** *on a face-to-face basis resulting in a* ***break in building relationships.****"*

"The model of visiting clients face-to-face with health issues is preferable to ***ensure understanding, build relationships*** *and to support an* ***older*** *person."*

Isolation / monitoring

*"****Clients/older people*** *[…] no social and* ***community eyes*** *on clients to check their welfare."*

"Isolation is a real risk factor for ***elder abuse****. Face-to-face health services have been reduced, creating increased* ***isolation*** *for our clients."*

At the PNM, concerns were expressed for culturally and linguistically diverse families who had ceased coming to playgroup, as there is no other contact.

Remote interaction with clients – responses to the challenges

Check-ins

*"Clients needing **more regular phone check-ins** because more isolated from other services."*

*"Legal advice and social work support is provided by the telephone. **Social worker is following up with clients** to provide emotional support, checking in on clients and to make sure they have everything they need and supports. To reduce social isolation."*

Technology access

The PNM heard an example in which patients were provided with mobile phones by the health service so that they could stay engaged with their treatment. The health justice lawyer was able to contact a client through this phone.

Practical workarounds

Assistance from the health service to facilitate document exchanges, while maintaining physical distancing.

Ideas for reaching clients and community through new avenues

- Social media
- Community radio, podcasts

Potentially partnering or aligning with other services, e.g. Queensland Care Army

*[of concern] "basic **systems of communication** and referrals are now complex and disjointed."*

*"Have to **work harder to keep partnership alive**, but difficult as hospital priority is COVID-19"*

*[of concern] "lack of social engagement with **community stakeholders.**"*

The current environment has also been challenging in terms of maintaining relationships with partners and stakeholders

*"Now more than ever we need to make sure we are connected to other service providers as we have **lost the ability to have 'corridor conversations'** by being on site together. […]* [of concern:] *the **relationship building with networks and stakeholders** that have taken time to establish since the commencement of our operation."*

***"**Outreach being done by phone but one partner closed services and this making **harder to reach the team**."*

Interaction with partners/stakeholders – responses to the challenges

Adapting with remote technologies

*"Producing **webinars** and using **Zoom** to participate with health stakeholders."*

*"We are **working online** to organise our quarterly facilitation workshops for health practitioners. This will be facilitated via Zoom."*

Check-ins and reminders

*"We are finding ways to connect with stakeholders, sharing legal resources, **emailing to let them know we are still active."***

*"We are **ringing the hospital every day** and if a woman is needing assistance will be put on the phone by the social worker."*

*"We (legal service) are **sending regular reminders that the service remains open."***

*"**Increased communication** with program partners."*

Changing systems

*"We are looking at **options to expand the service and make referral pathways available to GPs**, to ensure older people have legal and support options if they are experiencing elder abuse."*

At the PNM, other examples included working towards a more streamlined booking system and more flexible lawyer rostering (e.g. spreading hours across the week or being more available in an on-call capacity).

Openness to new ways of working; new systems bringing new opportunities and connections.

Realisation of how important that face-to-face connection really is.

Working more with stakeholders – remote communication has enabled shifts like being invited to each others' team meetings.

Technological upskilling.

Despite the challenges, discussion at the PNM revealed that managing the COVID-19 situation has delivered learnings, realisations and, in some cases, new opportunities

More regular, intentional connection time with team.

Challenging own assumptions, e.g. legal partner not wanting to interrupt health partner's work, but ultimately finding them really receptive when they did reach out.

Moves to electronic filing systems and digital offices expedited.

The adoption of online platforms has allowed regional and remote colleagues greater access to resources such as training, along with the opportunity to engage in events more equally.

Specific client needs and issues

Client groups and issues of particular concern during COVID-19

Client groups and issues of particular concern during COVID-19

Family violence and women's safety

"***Higher access*** *for family violence services*"

"We have seen an ***increase*** *in referrals in family violence"*

"*We have had a* ***decline in referrals,*** *expected to be attributed largely to the restrictions resulting in* ***perpetrators of violence being at home*** *with their families, making it difficult for clients to access service supports. We expect a spike as restrictions ease."*

"*There are* ***less options for clients*** *who need to leave a domestically violent situation.* ***Communication with women who are in a DV situation is harder with partners at home during the day****. … When women are leaving domestic violence, they have immense challenges. The COVID-19 restrictions are making it harder."*

[concerns about] "*Women who are* ***locked down on their communities and isolated. Perpetrators are being released*** *from prison without the victims knowledge in some instances. They are required to self isolate for 14 days upon release and we have already had two instances from women who are wanting to be removed from their communities to come to the women's shelter. They advised they had received threats and did not believe these men were being supervised or where they were self isolating. A majority of women do not have reliable phones or mobiles on remote Indigenous communities.* ***Lack of protection,*** *(police on borders and doing other COVID-19 business) and hours away from a police station in some instances."*

"Increase in ***intensity*** *in current caseload (family violence, mental health, family law)."*

"*COVID specific* ***parenting*** *issues."*

Family law

Client groups and issues of particular concern during COVID-19

Mental health

*"Higher access for family violence services, **AOD, aged care** in community, and **headspace** services."*

*"We have seen more **distressed** people who cannot work, have financial issues and who have difficulty regulating their **emotions** and behaviour when staying at home. People struggling with the **isolation**."*

*"More legal issues with **adult children** coming back home or demanding **money** pressure in the family."*

Older people

*"**Isolation** is increasing underlying **mental health concerns**. Clients **avoiding** health services because of the extra measures in place."*

*[concerns about] "Older people **not reporting abuse** during COVID-19 due to isolation and less access to services and groups."*

People with complex health needs

*"Some people living with **HIV** are experiencing extra **anxiety** and reliving trauma. People are more **isolated** and for some this is increasing their need for support."*

*"difficulty adhering to **medications** due to **cost** […] lots of **fear** around getting out and about which may lead to not attending all sorts of appointments or even getting to the pharmacy to collect drugs."*

*"**Reduced access to health services** (e.g. elective surgery, outpatients, day centres, group therapy) therefore **increased need and isolation** in the community for frail older people."*

[concerns about] "*Needs of clients not being heard, let alone met. Deteriorating health of the clients as they are **avoiding services** due to the extra precautions in place as a result of COVID-19."*

Client groups and issues of particular concern during COVID-19

Police powers/ civil liberties

*"**Police** targeting marginalised clients using "compliance with new laws" as reason, e.g. approaching client when she was smoking in front yard of emergency accommodation."*

*[concerns about] "New **police powers** and abuse of same."*

*[concerns about] "Impact on **civil liberties** long term."*

*[concerns about] "Clients being **detained** indefinitely and using this to detain in locked environments and generally trying to restrict clients with very long treatment orders."*

*[concerns about]"**Over-policing** of vulnerable people - homeless, young people etc."*

Employment and financial issues

*[concerns about] "The longer-term impacts expected in relation to […]the **financial burden** on families and individuals."*

[seeing]*"**Drops** in income."*

*"We have seen more **distressed** people who cannot work, have financial issues."*

*[concerns about] "High **unemployment**. Significant, ongoing financial problems for lots of people - particularly once current emergency economic support measures are withdrawn."*

*[Change in need] "Yes some COVID-19 related issues including **housing** and **employment**. Also **procedural** issues around courts and tribunals"*

Systemic issues

*[concern that]"Civil problems will be **put off** and then they will be urgent."*

[concerns about] Long-term planning issues due to courts **adjourning** matters – when they open again, **backlog** due to current heavy policing.

Homeless-ness and housing security

*"More **homeless international students** and **housing** issues regarding placement of clients."*

*[seeing] "some Covid 19 related issues including **housing** […]"*

Health Justice Australia

Health Justice Australia would like to thank all the practitioners who took part in the survey and the network meeting.

Health Justice Australia is the national centre of excellence for health justice partnership, supporting collaborations between services to achieve better health and justice outcomes for vulnerable communities.
To find out more, visit us online at healthjustice.org.au

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