

SECONDARY CONSULTATION IN HEALTH JUSTICE PARTNERSHIP

INSIGHTS FROM PRACTICE

Secondary consultation in health justice partnership is a valuable way for legal, health and other practitioners to share their professional expertise with one another. It is often enabled by the trust and proximity that comes from working in partnership and, in turn, helps to build and strengthen relationships between partnering practitioners.

In our discussion paper, [Secondary consultation: A tool for sharing information and transferring knowledge in health justice partnership](#), we define secondary consultation in health justice partnership (HJP) as: ‘an information-sharing activity where a practitioner shares their professional expertise with a partnering practitioner for the purpose of directly supporting shared service users’. But what does it look like in day-to-day practice? What are some of the complexities that can arise for practitioners when consulting with each other about interdisciplinary questions? And what’s worth giving extra thought to?

We spoke to three experienced HJP practitioners about their use of secondary consultation in their partnerships.

- Steph Price, Principal Lawyer at West Heidelberg Community Legal Service, Victoria
- Deb Fisher, Acting Principal Lawyer at Hume Riverina Community Legal Service, Victoria
- Nikki Harris-Allan, social worker and former Partnership Coordinator at ELSA (Engaging & Living Safely & Autonomously), Victoria

Between them, these practitioners have 14 years of HJP experience: in law, social work and HJP coordination. Here’s some of what they had to say.

Secondary consultation is about both sharing and learning

Q

What comes to mind when practitioners think about secondary consultation? All three practitioners touched on similar themes: feeling supported, learning, and seeing things from a different perspective.

A

Nikki told us: “I think of getting advice to support my professional ability [as a social worker] – finding out what another practitioner can assist me with for the benefit of our client, as well as for my own professional knowledge and development. Secondary consultation offers us, as practitioners, new knowledge to take on to our future work.”

She also commented, “Having a secondary consult with another practitioner helps to explore all possible avenues for your client. This feels particularly relevant in the areas of child protection, family violence and elder abuse, because there’s such risk for the people we’re working to help. This can cause anxiety for practitioners because, professionally, much of the risk sits with us. A secondary consultation can help to understand that risk or find information about reporting requirements. It means you’re not sitting on your own with a problem – you have reassurance from a partner.”

Secondary consultation offers us, as practitioners, new knowledge to take on to our future work.

Nikki Harris-Allan, formerly ELSA

Q

We know that secondary consultation helps to bridge knowledge gaps between disciplines. What have the practitioners learned during a secondary consultation that they feel has really changed their practice?

A

Steph shared this reflection: “It feels great when a practitioner comes with a question that is important to their client and you can say ‘yes, this is the answer!’ – but it doesn’t result in a lot of self-reflection. The consultations that make you think and learn are the ones where a practitioner consults with you about a question because it’s so complex, there isn’t an easy answer. Given the health and social inequities that exist in the world, where there should be an answer, there often just isn’t one. It’s important to keep that in mind. Sometimes people are falling through a substantial gap, and that’s professionally very motivating.”

When asked about the direction of the flow of information, Nikki pointed out that: “In most secondary consultations in our HJP a health professional is seeking legal information, so the information is going one way. But our lawyer and our intake team often say, ‘I learn so much when I speak with health professionals,’ particularly about systems and how things work. The lawyer and financial counsellor in our team both say it’s really valuable to see the health professionals at work. We do a lot of training around subjects like trauma-informed care, so it’s invaluable for our non-health or social practitioners to see this in practice.”

Relationships matter

Q

From our research and from our experience of working with a national network of HJP practitioners, we sometimes hear that secondary consultation can be seen as a favour or a special request for help. But in reality, it is a critical partnership activity. What can help to change that mindset?

A

Steph shared these insights: “Using shared, common language is key. On an informal and a formal level, it’s important to let people know that secondary consultation is something that we are funded to do, we report on it, and it’s central to how we practice. ‘Funding’ and ‘deliverables’ form part of the language of everyone in the community sector.

“If a health or social worker is at my door, regardless of what I’m doing, I make a point of saying, ‘Welcome! How can I help?’ We create the space for people to approach us.

“Also, we report on secondary consultations annually and we distribute the report amongst the health workers; telling them how many secondary consultations there were, and which teams or departments they came from. This helps to paint the picture [of what the HJP does, how it works, and how different members of the partnership contribute].”

[Effective consultations are enabled by] relationships, trust, availability and mutual respect.

Deb Fisher, Hume Riverina Community Legal

There can be interesting and unintended consequences

Q

When we talk about secondary consultation, we often think about the positives, such as the deliberate sharing of information and the collaboration between practitioners from different disciplines. But are there challenges or unintended consequences of secondary consultation in HJP?

A

Steph reflected on this question: “One of the intentions of secondary consultation, and overall of an HJP, is to empower health workers to be really confident and to be able to identify legal need and understand what support is available. But it’s important to understand where that empowerment could lead to clients not finding their way to intensive legal support in a timely way. This is all about finding and fine tuning that balance between empowering health and social workers with legal understanding and at the same time ensuring early [legal] intervention.”

Commenting on the value of inter-disciplinary collaboration, Steph also remarked: “It’s important to be sufficiently modest. Often social workers get results that I would never have foreseen. If a practitioner is asking about something that sounds like a legal issue you could say, ‘This sounds like it would be a good one to refer’. We’re asking health practitioners to recognise the legal issue exists, provide enough support in the circumstances, but also to be able to identify at what point a referral for individual legal assistance is the best next step. Humility, modesty, and confidence are key. Having a relationship that’s good enough helps with this balance.”

There are challenges and complexities

Q

Some HJP work can be complicated by technical and ethical barriers. There can be instances, for example, when a lawyer is prohibited from representing or working with a client due to a conflict of interest. How do practitioners address a difficult request for a secondary consult?

A

Recognising the complexity here, Deb commented: “Terminology and definitions are so important. To a non-legal worker ‘advice’ and ‘information’ might be interchangeable, but to a lawyer they’re not. We need to be clear and unequivocal about our ethical obligations and the limits on what we can provide to a third party.

“In using the definition of secondary consultations as de-identified, this situation of conflict will be rare. It’s more likely to come up when there has been a full referral, but the lawyer can’t assist due to a conflict – and then the partnering health worker contacts the lawyer wanting to know what they can do to help the person. Everyone wants the same outcome – for all clients to be assisted and supported. However, ethically that may not be possible and other avenues may need to be investigated.”

Deb also noted that the most difficult cases can be where there are no other options for the client. “The lawyer is restricted to giving procedural information and referral only, and this should always be workshopped with a senior practitioner or manager to ensure ethical boundaries are not being crossed.” In Victoria, [the LIV ethics line](#) is a valuable resource, as are other HJP practitioners, for example by reaching out through Health Justice Australia’s HJP practitioner network. [Email us to join the network.](#)

Q

The definition proposed in our discussion paper suggests that secondary consultation in HJP is restricted to those consults that directly benefit a patient, client or community. How do practitioners respond if an HJP partner asks for personal advice or legal advice on an organisational governance issue?

A

Reflecting on the importance of strong relationships in HJP, Steph explained: “People asking us about personal legal questions is a sign that we are known and trusted, which is a great indicator of the health of the partnership. We do get requests for personal advice from partnering practitioners, but we don’t count them as a secondary consultations.

“In terms of organisational questions, we draw a distinction between questions about the governance of the organisation (which we would direct to the health organisation’s legal team) and those where the health partner is seeking advice about how the HJP itself operates. We engage frequently in these conversations, but it’s something quite separate from a secondary consultation and we wouldn’t record it as such.”

We do get requests for personal advice from partnering practitioners, but we don’t count them as secondary consultations.

Steph Price, West Heidelberg Community Legal Service

Record and report on the data – it helps tell the story

Q

When it comes to seeking funding or reporting to existing funders, what do funders want to know about HJP work?

A

In Deb's experience: "Funders ask for numbers, but with a greater shift towards outcomes. We provide data, case studies and feedback. We use secondary consultation data as evidence of achieving project milestones both in terms of numbers and what those numbers can tell us. Secondary consultations are measured quantitatively as well as qualitatively and, importantly, they are seen as an indicator of a range of things – including trust and engagement."

Q

There is no one way to keep records. Organisations and individuals often have their own requirements and their own systems. How do practitioners record the data around secondary consultation in their practice?

A

Distinguishing between scenarios where record keeping is a requirement and where it is seen as a 'nice-to-have', Deb observed: "Where recording secondary consultations is mandated, capturing data is built into role requirements. Time is set aside to do it. The data is captured in an Excel spreadsheet (including who, what topic, and the result). In our other HJP, where the data capture is more ad hoc, we do this by, for example, saving emails or notes."

Steph commented: "People need to be resourced to work in a way that is most effective for clients, both in terms of time and space. Secondary consultation has been the most effective way for us to grow our practice. It's been a really important tool to speak to the partnership. We don't have a dedicated MEL [monitoring, evaluation and learning] staff member, so tracking secondary consults is a really central way for us to tell our story."

Secondary consultation has been the most effective way for us to grow our practice. It's been a really important tool to speak to the partnership.

Steph Price, West Heidelberg Community Legal Service

Record and report on the data – it helps tell the story

Q

What motivates practitioners to record the data, particularly if it's not a mandated requirement. What drives the process?

A

Deb explained that, from her perspective the driver is “realising what the data can tell us. Who is reaching out to us and what are they asking about? Was it in response to training or professional development? Were there trends in what was being asked or who was asking? The need to continually capture that data has ebbed and flowed over the years – sometimes all you need is a snapshot to answer a particular question or tell a particular story. From the beginning of one of our partnerships there has been a requirement to record secondary consultations. With the other one it's been a bit more ad hoc.”

Deb further commented: “recording secondary consults is an important part of capturing the work and the impact of partnership. Referral, advice, or casework numbers don't tell the whole picture. In evaluating our HJP we are testing specific questions; most notably, does the presence of a community development worker add benefit and lead to different (better) outcomes? Does the community development worker's role increase trust, knowledge and capacity? An increase in the number of secondary consultations is a great indicator of that.

“Secondary consultations are also an indicator that partnering practitioners are aware of the legal service or the partnership and that they understand the relevant referral pathways. Low numbers might indicate knowledge gaps, which could lead to valuable professional development or CLE [community legal education]. The number of consults and the topics raised might also identify systemic issues or law reform or advocacy opportunities.

“Evaluation and methodical recording have shown us the value of secondary consultation. It has changed the way we work, not just in our formal HJPs, but across our [legal] service – it has encouraged us to value secondary consultation, allow time for it and to see it as an integral part of what we do. This is true for everyone who works in any sort of partnership; building time and space for the important work is essential. As a service we make it a priority to be available to our partners and to provide secondary consults whenever we can.”

About this resource

Thanks to our HJP practitioner network for their ongoing insights and their input. And special thanks to Deb, Steph and Nikki for taking the time to answer our questions with such rich responses.

If you need more information about the background to health justice partnerships, or want to find examples of a partnership in operation, please visit Health Justice Australia at www.healthjustice.org.au or contact us at healthjustice@healthjustice.org.au

About Health Justice Australia

Health Justice Australia is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnerships through:

Knowledge and its translation: developing evidence and translating that evidence into knowledge that is valued by practitioners, researchers, policy-makers and funders.

Building capability: supporting practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships.

Driving systems change: connecting the experience of people coming through health justice partnerships, and their practitioners, with opportunities for lasting systems change through reforms to policy settings, service design and funding.



+61 2 8599 2183
healthjustice@healthjustice.org.au
www.healthjustice.org.au

© Health Justice Australia, December 2022. This publication is copyright. It may be reproduced in part or in whole for educational purposes as long as proper credit is given to Health Justice Australia.

Health Justice Australia is a charity registered with the Australian Charities and Not-for-profits Commission. Health Justice Australia is endorsed as a public benevolent institution and has deductible gift recipient status (generally, donations of \$2 or more are tax deductible, depending on your taxation circumstances). Health Justice Australia ABN 55 613 990 186