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Socio-legal collaborations in Australia - models of service provision and the influence on practice

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ABSTRACT

Interdisciplinary collaborations between legal and social services have emerged as a growing framework for assisting clients with high degrees of disadvantage, vulnerability and complexity. World-wide developments in the social determinants of health and access to justice have demonstrated the need for integrated approaches which break down professional silos and work with intertwined legal and social issues. The promotion of collaboration, however, has not generated a unique program or intervention structure, rather a wide diversity of forms has developed organically, be it with the common goal of assisting those in need in holistic and integrated ways.

This study has mapped the nature of these collaborations across Australia, their forms and staff, and explored the influence collaborating professions are having on each other's practice. While lawyers and social workers would seem to have a natural synergy for these programs, the study examined which professions are actually involved, how they went about collaboration and the professional practice being delivered, collective details of which have until this study remained limited.

The study presented is a mixed methods project using online surveys and semi-structured interviews to explore these programs and the experiences of staff within them. Results suggest that social work practice and social workers take up a significant role in these interdisciplinary collaborations and are central to a model of effective collaboration between legal and social service professions. Social work was found to be not only the most common form of social service practice found in these collaborations but also one of the most influential upon other professions and professional practice including law. From these findings an evidence-based model of socio-legal collaborations was developed, alongside a socio-legal collaboration health check, translating the theoretical model into practical guidance for program reform and sector development. A call for social work leadership in these socio-legal settings is also made, with the results of the study demonstrating the need for social work to understand and promote their critical contribution to collaborations and to the other professional practices and client outcomes which result.

DECLARATION

This is to certify that:

i. this thesis only comprises of my original work towards the Doctor of Philosophy,

ii. due acknowledgement has been made to all other materials used,

iii. the thesis is fewer than 100,000 words in length, exclusive of tables, bibliography and appendices.

Signed:

Jennifer Ann Donovan

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At times a PhD can seem like a very lonely and solo pursuit. The reality is, however, that without the help and support of a very long list of people, there is no way that my name would ever have come to be on the front page of this thesis.

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Chapter 1: Introduction

A mother and her children face eviction from public housing. Her partner has been violent in the past and damaged the house. They attend at a local community health centre due to one of the children's asthma brought on by mould in the house. The mother is looking for help but she is not sure who from.

A young man is facing a prison term for assault and drug use. His is currently sleeping between the houses of friends and spending some nights on the streets. With housing and support there is the possibility prison could be avoided in favour of a community-based sentence.

As a rural-based lawyer in the early 2000s seeing such clients with co-existing social and legal issues was a common occurrence. It left me, as a young professional, feeling that the assistance I could provide was merely chipping away at the iceberg that was the wider social challenges my clients faced. As these same clients return regularly for legal help and their contributing social challenges further exacerbated unresolved difficulties, the feeling became pervasive and eventually demoralising. My retraining in social work presented an opportunity to focus on solutions, working with clients to address these social challenges. Yet the provision of social support without resolving continuing and persistent legal issues also felt constrained, limiting the effectiveness of those social interventions and reducing the client's potential for positive outcomes.

While these are the insights of one jointly trained professional, research indicates a problem that is far more wide spread. In many communities, legal and social issues, such as those described above, are inextricably linked, with up to 50% of Australians, 39% in of people in the United Kingdom and 45% of people in the United States having experienced social and legal hardship (World Justice Project, 2019). While services and professions predominantly work in expert silos, clients experience one inseparable and multi-faceted challenge. Different professionals may see social and legal issues as distinct sides of the same coin, however for the people at the centre there is only one coin, the one issue, a challenge that is not helped by disconnected and siloed services.

In response to client situations like these, there has been considerable worldwide growth in advice programs which bring together legal and social service professionals in the one organisation in order to jointly address intersecting social and legal problems (American Bar Association, 1994; Coumarelos et al., 2012; Genn, 1999). In the Australian state of Victoria programs such as Alfred Hospital/Maurice Blackburn (est. 2014), Loddon Campaspe/Bendigo Community Health (est. 2013), Royal Women's Hospital/Inner North Community Legal Service (est. 2012), InTouch (est. 2012), Justice Connect Homeless Persons Clinic (est. 2014), International Social Services (integrated services est. 2013), and Seniors Rights Victoria (est. 2009) (see Appendix 1 for further programs), have all been established to provide integrated support for specific issue areas such as domestic violence, child custody and homelessness, and to specific client groups such as those in rural and regional areas, young people and the elderly.

These collaborations are seen as innovative solutions for clients facing issues where the legal and the social are intertwined and enmeshed (Gyorki, 2013; Noble, 2012). Responding to the unrealistic burden placed on clients to determine for themselves which form of professional assistance they require and the significant number of people who only seek assistance through friends, family or health and community services, they are promoted as 'one-stop-shop' settings and as having better access and client outcomes as a result (Coumarelos et al., 2012).

However, while a number of descriptive terms are used in relation to the programs, such as 'collaborative', 'integrated' or 'joined-up', there remains little definition of what this form of service delivery actually means. In policy statements such as Australia's National Plan to Reduce Violence against Women and their Children (2010b), integrated and collaborative services are the cornerstone of the strategy and yet there is no consensus or clarification as to what form this integration could or should take. For example, it is stated that the National Plan will "support systems to work together effectively" however there is little guidance beyond this relating to which professions specifically within agencies should be brought together and how they should collaborate (Council of Australian Governments, 2010b, p. 26). Similarly work developed by the peak body of health-justice partnerships in Australia (collaborations between legal and health partners), suggests there is a distinction between collaborating partnerships and integrated services in their membership

organisations but also suggests that these partnerships can include a "continuum of joined-up services" ranging from 'networking' to 'integrating', with no functional clarity or distinction across the continuum (Forell, 2018b).

Within this lack of clarity, however there is also a fundamental assumption as to the 'rightness' of such programs and a further assumption that the nature of the collaboration means programs are inherently different and better than the simple sum of their parts. As Forell asserts, partnership is not the same (nor potentially as effective) as integration, which in turn is not the same as other types such as outreach or service hubs (Forell, 2018b). This combination of confidence in program outcomes but without evidenced understanding of program differences makes effective comparisons between programs or collaboration types challenging, a concern that has been acknowledged by organisations such as Health Justice Australia (Forell, 2018b).

Along with this lack of definition, and in policy context, appreciation of the range of collaborative programs potentially being undertaken, there is a lack of clarity as to who is actually collaborating. While the research around intersecting social and legal problems (Alexy Buck & Curran, 2009; A Buck, Smith, Sidaway, & Scanlan, 2010; Coumarelos et al., 2012), and the social/legal determinants of health (Martinez et al., 2017; Noble, 2012; Nobleman, 2014) specifically point to the role of lawyers in health and social services, their professional collaborators are often referred to as "non-legal" (Noone, 2012). This term is deliberate in its lack of specificity, allowing often legally controlled programs to claim that a range of professions or quasi professional staff are available alongside lawyers, such as "social and community workers" or "health professionals" (Forell, 2018b). However, the lack of specificity negates the distinct roles that different professions within this "non-legal" grouping may play and potentially underestimates the professional knowledge and practice expertise that they bring. While the integration of *social* and legal problems or the recognition of the *social* determinants of health, could lead one to assume that social work is one of the key collaborating professions, clustering professions and workers as 'non-legal' questions this. These roles are defined vaguely and also as secondary to legal, thereby defining them by what they are not rather than by what they are (Walsh, 2012).

For social work this poses key issues around cross-disciplinary leadership, recognition and professional practice. As a profession which is focused on the interaction of the inner and

outer worlds, the psychological and the social, while also engaging significantly in matters of law and social justice (Connolly, Harms, & Maidment, 2018; Sheehan, 2013), social work would seem uniquely placed to participate in these collaborations. There remains, however considerable debate relating to the professional status and distinction of social work practice both within and outside these collaborative efforts (Bell & Daly, 1992). As such establishing the nature of the social work role within these collaborations and clarifying the unique and critical contribution of social work practice, provides an opportunity for both social work leadership and practice extension in an important area of need.

1.1. Research aims and questions

Examination of socio-legal collaborations provides an opportunity to further understand the nature of collaborative efforts and the role of social work within them. In order to reduce speculative claims of innovation, this thesis proposes to develop a research framework for collaborative socio-legal programs in Australia. Its aim is to understand in detail the scope and variation of collaborative programs throughout the country, identifying different forms, settings and professional practices and interactions, and drawing on collaboration and sociological theory in order to understand how and why these forms and professions work as they do.

The purpose of the research is to provide those in the field with in-depth analysis of these forms, so that program decision-making and formation can be based on accurate understandings of how they work in practice and the individual factors which may need to be considered or overcome. For social work, it will provide an understanding of the role social workers play in these collaborations and the opportunities for leadership and extended practice research to optimise and enhance the social aspect of the socio-legal collaborations.

In order to achieve these aims, this study poses four research questions:

1. What is the nature and distribution of socio-legal collaborations currently existing in Australia?
2. Which professions are currently working in Australian socio-legal collaborations?
3. What do professionals say is their experience of working in socio-legal collaborations?

4. What influence does working in Australian socio-legal collaborations have on professional practice?

1.2. Terminology

In order to answer these research questions, this thesis adopts a number of terms which are used by researchers and policies in different ways. There are often both specific and generic uses of terms and the way in which they are used in this thesis is set out below.

Collaboration The term collaboration can refer to three levels and areas of distinction. It can be used in its most general way as the all-encompassing term for a program or interaction at hand (see Sheehan (2010)), alternatively it can be used to describe a collaborative form or structure the program engages, or the collaborative dynamic or relationships within the program (Scott, 2005). The terminology confusion can then become clear if it is considered that 'a collaboration' may decide to go about 'collaboration' in different ways and in doing so demonstrate different degrees of 'collaboration'. In this thesis, these distinct but related concepts will be referred to as: 'socio-legal collaborations'- the general grouping of programs, 'collaborative form' – the form or structure of the program, 'collaborative dynamic' – the relationships or dynamic within the program.

Collaborative form The shared form or structure of a program which contributes to collaboration between staff (see 'Collaboration' above).

Collaborative dynamics The relationships or dynamics within a program which contribute to staff working together and collaboratively (see 'Collaboration' above).

Socio-legal collaborations Socio-legal collaborations are programs or organisations which specifically bring together different professional expertise to address social and legal issues, using collaborative work structures in various settings. In this thesis the term 'socio' or 'social' is used to denote the non-legal side of the collaboration, with the potential for it to include a range of issues such as poverty, housing, health, mental health or disability, and therefore a range of professions. The term is used in order to expand the programs included in this study as widely as possible and to reflect the connection between legal and social issues as identified by the Legal Australia-Wide Survey of Legal Need and the World Justice Project (Coumarelos et al., 2012; World Justice Project, 2019). These are programs which

occur outside of court-based settings and where legal advice or representation together with social services supports are provided within the one program, although possibly by either one set of staff or collaborating organisations.

Integrated services A term for collaborative services often used in the human services and legal sectors with little further definition. These could include agencies or professions who are integrated in their service delivery. See Collaboration and Socio-Legal Collaboration above.

Joined-up services A term for collaborative services often used in the human services and legal sectors, again littler further definition. These could include agencies or professions who are joined together in their service delivery. See Collaboration and Socio-Legal Collaboration above.

Interdisciplinary The coming together of different disciplines into one team or group. In health settings interdisciplinary teams can refer to teams of one role where various disciplines are able to perform that role. Alternatively, it can refer to teams of various disciplines who work together, integrating their respective perspectives and knowledges in the service delivery provided (Stember, 1991). In this thesis, the latter definition is used.

Multi-disciplinary Often used interchangeably with 'interdisciplinary', multi-disciplinary refers to groups or teams made up of different disciplines but where each provides their own perspective (Stember, 1991). Service users rather than the team itself as with an interdisciplinary team, then choose from or integrate these perspectives.

Transdisciplinary The merging of multiple disciplines or disciplinary perspectives to form a new discipline beyond the boundaries of its components (Stember, 1991).

Interprofessional The coming together of different professions into one team or group with shared aims. Often used interchangeably with 'Interdisciplinary' (Morton, Taras, & Reznik, 2010).

Multidisciplinary practices (MDPs) The name given to legal practices looking to combine with other services in integrated business models. Generally these are private concerns combining accounting firms, consulting firms and law firms in order to compete with

broader business consulting practices, however they can also include poverty and community based legal services (Castles, 2008; Hawkins, 2005).

Health Justice Partnerships (HJPs) The Australian term given to a subset of collaborations between health and legal partners (agencies or professionals) to provide legal services in health settings, addressing the intersection of health and legal issues (Noble, 2012).

Medical Legal Partnerships (MLPs) The term given to health justice partnerships in the United States. These programs have provided the foundation for health justice partnerships in Australia, with their form utilised by a number of authors and program leaders in their articulation and design (Gyorki, 2013; Noble, 2012).

Lawyer A professional who has undertaken law qualifications and is approved to practice law (based on the applicable geographical requirements or regulations).

Social service professional A range of professions or disciplines who work and specialise in the social service, health or welfare sectors. These may include social workers, youth workers, community support workers, counsellors, community development workers. In this thesis the term is extended to include health professionals such as doctors, psychologists or nurses.

Social worker A professional who has undertaken social work qualifications and is approved to practice social work (based on the applicable geographical requirements or regulations).

1.3. Thesis structure

This thesis is formed by nine further chapters. ***Chapter 2*** sets out the existing understandings of socio-legal collaborations, working through how the elements of setting, legal, social and collaboration have been articulated and researched to date. It draws on Australian and international literature which explores who is collaborating and the nature of these collaborations, and details how these concepts have changed over time. This chapter highlights the distinct lack of broader theory used in the research to dat. From this observation, ***Chapter 3*** explores a broader theoretical foundation for considering socio-legal collaborations. Working from the limited theoretical base exposed in Chapter 2, it highlights existing knowledges around collaboration, professions and relational sociology as potential avenues for further exploration. ***Chapter 4*** sets out the methodology and research design

for this study. It outlines the epistemological and ontological frameworks drawn upon and details the study design and how it was undertaken. ***Chapter 5*** begins the findings chapters of this study. Attending to research questions one and two, it details the landscape of socio-legal collaborations currently found in Australia including geographic locations and professional distributions. Using theories of collaboration typology set out in Chapter 3, ***Chapter 6*** address research question one, outlining the forms of collaboration found in this study. It uses both quantitative measures of form as well as qualitative descriptions to set out a detailed examination of what collaboration is occurring and why. ***Chapter 7*** utilises the theories of collaborative effectiveness and relationships from Chapter 3 to detail the experience of collaborative dynamics in Australian socio-legal collaborations. Addressing research question three, it includes both measures of collaborative relationships and descriptions of experience in order to understand how and why socio-legal collaborations are experienced differently by different groups. ***Chapter 8*** reports on research question four and the practice change identified in this study. It considers perceptions of how those in collaborative programs change their practice or influenced the practice of others, as well as empirical measures of practice in and out of collaborative settings. ***Chapter 9*** is a discussion of these findings in the context of previous research into socio-legal collaborations and theoretical constructs as set out in Chapters 2 and 3. It outlines key findings in relation to the current landscape and puts forward a model of Australian socio-legal collaborations advancing both theoretical and practical knowledges. It advocates for stronger social work leadership in socio-legal collaboration programs and the sector more broadly and highlights the benefits of nation-wide coordination and support for socio-legal collaboration practice. The final **Conclusion** chapter draws this thesis together and puts forward a plan for further research. It highlights the advancements made by this research and the opportunities for further disciplinary and interdisciplinary work in this area.

Chapter 2:
Existing understandings of socio-legal collaborations

Across many parts of the western world, the last 60 years has seen a "quiet revolution" (Forell, 2018a, p. v) of direct collaborative practice between legal and social services, with the aim of providing coordinated responses to clients with coexisting legal and social needs (Buck et al., 2010; Coumarelos et al., 2012; Lawton & Tobin Tyler, 2013). Across the world, in countries such as the United States, the United Kingdom and Spain, understandings as to the connection between social and legal issues has grown (World Justice Project, 2019) and in Australia alone, it has been estimated that over 8 million people each year face issues which at their core are both social and legal in nature (Coumarelos et al., 2012, p. 57-58). As this has developed, so too have collaborations between specialist legal and social service staff, hoping to bridge the gap between systems and professions for the ultimate benefit of vulnerable clients. This chapter explores the historical development of socio-legal collaborations in Australia, the United Kingdom and the United States, from their inception in the late 1940s and early 1950s (Sloane, 1967) to those of the current landscape. Both this chapter and Chapter 1 have drawn on a literature review using a range of social science and legal databases such as SocINDEX, Social Services Abstracts, LexisNexis and LegalTrac. The terms searched were based on *collaboration* (coordination, co-location, partnership, integrated, multidisciplinary, interdisciplinary), *social services* (social work, non-legal services, welfare professionals, welfare services) and *legal services* (lawyer, attorney, law firm, legal profession, law school, law student). The results were examined in a systematic way, removing duplications, assessing for relevance and methodology, and pearling the reference lists of included papers for further material. Due to the limited number of relevant peer reviewed papers found and their own reliance on a number of program evaluations, grey literature such as evaluation reports were also included. The following chapter uses this material to interrogate the changing discourse surrounding socio-legal collaborations from one of social work and lawyers in poverty framed settings to a focus on law and health, highlighting the growing dominance of legal voices in the sector. The

chapter concludes by setting out the gaps in existing research, with a proposal for how the study at the centre of this thesis can contribute to and extend evidence-based knowledge of socio-legal collaborations.

2.1. Socio-legal collaborations in international contexts

Socio-legal collaborations bring together professional staff who are able to work with clients to address both the legal and social issues that they face. They can be considered as having four key and interacting components (see Figure 1): the legal, the social, the collaboration and the overall setting, a model which was adapted from the work of Forell (2018b, p. 10) in relation to health justice partnerships (collaborations in health settings).

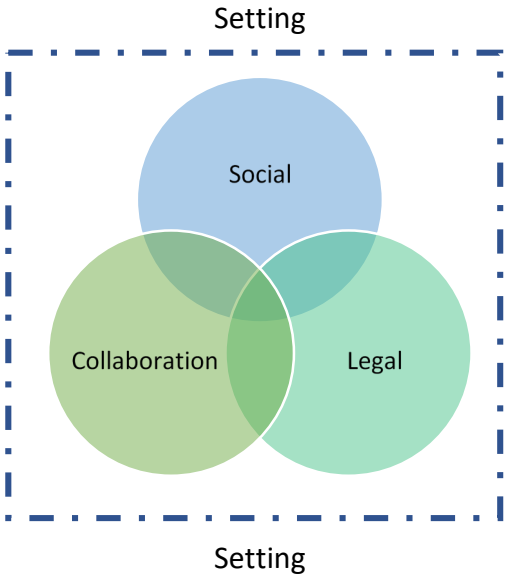

Figure 1: Socio-legal collaborations, adapted from Forell (2018b p. 10)

The *legal* denotes the legal contribution to the collaboration be it through a legal agency or legal staff, the *social* is the social service contribution again through social service agencies or social service staff, the *collaboration* is the structure and manner in which these two elements are brought together, and the *setting* is the space or location in which this is done. For example in the Seniors Rights Victoria program, lawyers are brought together for the legal, with social workers representing the social, both providing mutual referrals and seeing

clients jointly as the form of collaboration, and with the organisation as a whole being found in the wider setting of ageing and older person support.

While this thesis is focused on the development of collaborative programs in Australia, key researchers and practitioners have been strongly influenced by the experience and research emerging from the US and the UK, with a number specifically interrogating these systems in order to inform Australian developments (Castles, 2008; Gyorki, 2013; Noble, 2012). As such it is important to understand the history of these international practice developments and research bases, as important contributors to the Australian experience, alongside those occurring in the Australian sector itself.

Collaborative programs began their development in the 1950s in the United States and in the 1970s in Australia and the United Kingdom, focused on poverty law and the disadvantaged (Craige, Saur, & Arcuri, 1982; Noone, 2001; Phillips, 1979; Sloane, 1967), with some of these original Australian programs still existing today (Noone, 2012). Since this time a small but steady development has occurred in the US (Brustin, 2002; Trubek & Farnham, 2000), with Australia and the UK experiencing a resurgence of programs in the 2000s following access to justice research findings which highlighted social barriers to accessing legal services (Buck et al., 2010; Coumarelos et al., 2012; Genn, 1999; Kemp, Pleasence, & Balmer, 2007). In the 1990s developing understanding of the social determinants of health encouraged a new wave of medical legal partnerships (legal services delivered in and with health services), which were then taken up as health justice partnerships in Australia in the 2010s (Forell, 2018a; Gyorki, 2013; Noble, 2012; Regenstein, Trott, & Williamson, 2017).

Like the development of collaborative practice itself, however, research in this area has been relatively limited in scope. While individual programs have been case studied or evaluated (Ball, Wong, & Curran, 2016; Curran, 2015a, 2015b; Noone & Digney, 2010) and conceptual discussions of the benefits of collaboration for different issues areas are available (Castles, 2008; Cervone & Mauro, 1996; St. Joan, 2001), the body of empirical research remains sparse. As such, research into who is involved and why, or what 'integrated' or 'collaborative' actually means in terms of practical implementation is underdeveloped. In Australia, despite almost 40 years of practice, the volume of research literature amounted to just nineteen articles with only two studies conducting empirical research over multiple sites (Forell, 2018b; Walsh, 2012). Internationally the UK has also

produced limited research in this area, with most articles focusing on court-based interactions and only one multi-site empirical study found (Bell & Daly, 1992; Buck et al., 2010). Having a history of collaborations which dates back to the 1950s, the US is a key contributor to the research base, producing the most research in this area by volume. This however also consists of a very limited number of multi-site empirical studies (such as Sloane (1967) and Craige and colleagues (1982), with the vast majority of literature being case studies and conceptual discussions of the challenges for legal collaborations (Galowitz, 1999; Konrad, 2001; Rosenzweig, 2001). Far more common in Australia were individual program evaluations, often reported on organisational websites but not necessarily subjected to peer review (Ball et al., 2016; Curran, 2015a, 2015b; First Step Legal, 2014).

The following sections provide an overview of the existing Australian and international research into socio-legal collaborations, as it addresses the four elements noted in Figure 1 (setting, legal, social and collaboration). While conceptually programs can be understood in this way, it is clear from research in this area that each element has not necessarily been addressed to the same degree, creating gaps in the research base. The following sections set out what is currently understood in relation to each element, highlighting the gaps which will be tackled by this study.

2.2. Historical development of different settings

The element of 'setting' is multi-dimensional, encompassing geographic location, issue area and organisational focus. Organisational focus or the type of organisation in which the collaboration is set also has the capacity to directly influence both the form of collaborative work and the nature of the professionals involved. For example, socio-legal collaborations within hospital settings will likely involve professions such as nurses and doctors and work within hospital structures such as ward or illness-based team structures. Similarly, the courts, although not a focus for this study, were considered by early literature such as Bell and Daley (1992) and Weil (1982), dictating the inclusion of court staff and court room rules as an influence on the collaboration. A geographical setting may also influence programs, including choices of cultural and physical availability of professions and resources. In much of the existing literature, however, setting is an overlooked and poorly-considered element. As much of the research base considers individual programs, setting contributes to descriptions of the program but is rarely considered an element in its own right.

Geographically, research has been undertaken into programs found in various countries, states and counties of Australia, the US, the UK, Canada and Europe. However, while these details were noted, very limited consideration was given to how these different geographical and cultural contexts may have influenced the collaborations or empirically how representative these collaborations may be of the wider population of programs. The work of Walsh (2012) for example examined five programs all located in Brisbane, Australia but did not examine if policies, professional regulations or the culture of that location had had an influence on any similarities or differences found between programs. Similarly, Fiske and Kenny (2004), and Hymans (2012) also discussed Victorian-based programs but did not consider how they may have been influence by this geographical and cultural location.

Setting however not only influences the choices of program managers and creators but has also been influenced by external factors such as the socio-political context in which decisions around policy, ideology and funding can be linked to program design. In Western systems the first initial wave of socio-legal collaborations occurred at a time when politics and policy were focused on the collective and the strengthening of welfare states, providing conducive environments for the development of socially oriented and progressive organisations. In the United States the creation of the Office of Economic Opportunity saw the expansion of legal aid services around the country (Sloane, 1967, p. 93; Smith, 1970). A core element of these services were collaborations with social work and Legal Aid Bureaus (Smith, 1970), as a recognition of the interrelationship between legal and social issues across the spectrum of legal issues and particularly those generated by poverty. While this integration of legal practice with other service delivery did raise issues for the legal profession in relation to meeting its own ethical obligations (St. Joan, 2001), there was also a growing connection between law and social work and the integration of social work directly into legal spaces through legislated roles for social workers in parole and probation, and in youth and family courts (Sloane, 1967, p. 86; Weil, 1982). In 1980, Craige, Saur and Aruci reported that at least 36 United States legal service programs were employing social workers in their practice and as a result approximately 64 social workers and 19 social work students were employed in socio-legal collaborations (Craige et al., 1982).

In Australia, the 1972 election of a government which introduced significant reforms to income security and health access, also resulted in their quick establishment of state

supported legal services similarly designed to meet the legal and social needs of the economically disadvantaged (Chamberlain & Graff, 1982; Noone, 2001). Within six months of the first community legal service opening in Fitzroy, another four were established in Victoria, all of which still exist today (Noone, 2001). In the early 1980s this grew to include New South Wales with the Public Interest Advocacy Centre and the Welfare Rights Project. Social workers were appointed to the Public Solicitor's Division of the Legal Services Commission in New South Wales and Queensland with Caxton Street Legal Service's roster of 9 volunteer social workers and 3 student social workers in 1980 (Bullock, 1984; Chamberlain & Graff, 1982). In these programs social workers were both paid and voluntary and undertook various tasks including counselling, referrals, helping to explain client behaviour, interviewing training, and social work reporting for parole and probation (Bullock, 1984; Chamberlain & Graff, 1982).

These programs developed during a period of socio-political history steeped in wide spread social advocacy and social reform movements. The 1960s and 1970s saw governments installed across the world who were ideologically focused on state and collective responses to social hardship and who were open to reforming traditional ways of assistance in order to be more responsive to need (Noone, 2001; Sloane, 1967). These were programs based on activism and social reform, in which lawyers and social workers worked in partnership. The relationship between professions may not always have been easy (Sloane, 1967; Smith, 1970), however at the time they were seen as important to client service delivery (Noone, 2001), and working together as client needs demanded rather than separately as may have been the professional tradition.

By the late 1980s and 1990s a significant shift had taken place politically and socially. The retrenchment of the welfare state in favour of neo-liberal and individually oriented market economics, saw a decreased focus on the role of the state in assisting with social and legal problems, decreased funding for legal aid, community legal services and social service providers and a decreased emphasis on social reform and the contribution that social workers made (McDonald & Jones, 2000; Noone, 2001). During these decades socio-legal collaborations of the kind promoted in the 1960s and 1970s had reduced considerably and the 'marriage' of social work and law was being questioned (Swain, 1989). While the collaborative format of some programs survived this wider hiatus, for example West

Heidelberg Legal Service in Victoria and Youth Advocacy Service in Brisbane , which are both still in existence today (Noone, 2012, 2001), many once collaborative community legal service and legal aid programs returned to a solely legal format as both law and social work returned to their separate paths. Descriptions of community legal services once developed as interprofessional partnerships, saw the inclusion of social work and social service professionals discontinued (Noone, 2001). Law programs that focused on poverty based legal issues and clients with complex social needs, started examining how they could practice law differently to meet these demands rather than looking toward collaborative solutions as they had in the past (Glennon, 1992). During this time social work was also increasingly influenced by individualism and managerialism across the social service sectors (Meagher & Parton, 2004). It began to focus more on individual specialist practice and was less open to collaborations based on social reform or activism (Specht & Courtney, 1994). In the social service sector generally, there was also shift away from profession-defined roles, reducing the focus and demand for specific professions such as social work (McDonald & Jones, 2000). The positive history of collaborative practice, and the role of social work within it, became casualties of shifting ideology and priorities. So much so in fact, when calls arose again in the 1990s for the integration of social work into legal spaces to assist with co-existing social issues, some authors mistakenly suggested that such an enterprise had "little to guide it" (Cervone & Mauro, 1996, p. 1976).

The 1990s and 2000s saw a new socio-political movement develop across the western countries which had previously been governed by neoliberal and individualistic approaches. This concept of the Third Way (Giddens, 1998), suggested that community, collaboration and integrated thinking were central to the role of the state and to producing solutions to specific social issues which had persisted and even been exacerbated by neoliberal agendas (Ferguson, 2004). During this time new research into legal need in Australia suggested that up to 44% of people with legal problems were also experiencing one or more adverse social consequence such as income loss or financial strain, stress-related illness, physical ill health, relationship breakdown or having to move home (Coumarelos et al., 2012, p. 83). Such research reinforced sentiments put forward during the initial wave which suggested that "law exists only because a mechanism is needed to achieve certain social ends: they cannot be divorced from the social world in which they operate" (Phillips 1979 p.29). This period

also saw the development of the World Health Organisation's social determinants of health, a statement of research findings which directly linked poor social welfare outcomes such as poverty, low education and high unemployment to poor health outcomes across the lifespan (World Health Organisation, 2008).

Research in the United States and the United Kingdom suggested that these social determinants of health where also reflective of socially based legal problems, suggesting the need for both social and legal solutions and the development of health justice partnerships in health settings (Beardon & Genn, 2018; Marmot & Wilkinson, 2003; Tobin Tyler, 2012). More broadly this period saw a widespread endorsement of 'joined-up' policy directives. Across the UK social policy development was driven by this 'joined-up' mandate (Johnson, Zorn, Tam, Lamontagne, & Johnson, 2003; Robinson & Cottrell, 2005). In Australia a number of Victorian and Commonwealth social policies made reference to working collaboratively including: a National Partnership Agreement on Legal Assistance Services (Council of Australian Governments, 2010a); A Fairer Victoria: Standing together through tough times (Department of Premier and Cabinet, 2009); Foundations for a Stronger, Fairer Australia (Department of Prime Minister and Cabinet, 2011); Victorian Approaches to Joined Up Government (State Services Authority, 2007); and Changing lives: A new approach to family violence in Victoria (Department for Victorian Communities, 2005).

Concomitantly, there was also a shift in legal and social policy towards 'joined-up', 'co-designed' and 'integrated' services. At a minimum this encouraged many legal and social assistance programs to acknowledge legal and social services provided by other organisations and to provide referral and connection pathways (Noone & Digney, 2010). At their height these generated multi-agency, whole of government integrated responses in fields of practice such as domestic violence and the welfare of indigenous communities (Australian Law Reform Commission, 2010; Department of Families, 2009, 2012; Ross, Frere, Healey, & Humphreys, 2011).

During this time, it was actually the court sector (as opposed to the legal advice or social support sectors) which demonstrated new collaborative innovations, with a massive growth in police and court-based programs such as problem-solving courts, diversionary programs and restorative justice (King, Freiberg, Bagatol, & Hyams, 2014). In the United States it is estimated that over 3500 problem-solving based courts are now sitting, ranging from drug

courts to mental health and veteran's courts (King et al., 2014, p. 155). In Australia, drug and mental health courts have been a feature in many jurisdictions since 1999, with the majority of states also running police and court-based drug diversion programs (King et al., 2014). In Victoria problem-solving courts such as the Drug Court and the Koori Court, focus on specific offender groups and bring culturally responsive social services directly into the court setting, providing offenders with pathways for treatment and support of social issues (Popovic, 2014).

Outside the court setting, this period saw a slower development in practice-based programs. A new focus on the health setting and the emergence of health justice partnerships and medical legal partnerships, however emerged in the United States and Australia, where collaborations are based in health care facilities and seek to secure better health outcomes by addressing legal need (Bliss, Caley, & Pettignano, 2011; Lawton & Tobin Tyler, 2013; Noble, 2012). In the US this development arose out of the work of the Boston Medical Centre with expansion now to over 300 partnerships across the country (Lawton & Tobin Tyler, 2013; Regenstein et al., 2017). In Australia researchers and community legal leaders such as Noble and Gyorki built upon this work, and secured industry support from a $2.6 million distribution of seed and development funding by the Victorian Legal Services Board in 2014 (Ball et al., 2016; Gyorki, 2013; Noble, 2012). In Australia the integration of social service and legal services also occurred in other settings, with both community legal services and private law firms introducing social services into their service delivery, and social service oriented organisations including legal services in their suite of community offerings. The Women's Homelessness Prevention Project as part of the community legal service Justice Connect, for example introduced social service staff to their program in 2014 (Adams, Warner, Driver, & Perkal, 2016). Alongside this, private law firm Slater and Gordon introduced a social work department as a response to the needs of civil litigation clients in 2009 (Panagakis, 2019) and First Steps, a drug and alcohol rehabilitation service, introduced legal services to their program in 2008 (Wolff, 2014).

The settings of a number of Australian programs which have developed over the last ten years, have also been influenced by political and community discussions of 'wicked problem' areas, where problems are notoriously complex and difficult to solve (Australian Public Service Commission, 2007; Rittel & Webber, 1973). In the domestic violence field for

example, recent developments in integration and collaboration have come from the policy and community response to the outcomes of the Royal Commission into Family Violence (State of Victoria, 2014-16b). After the death of her son, family violence advocate Rosie Batty drew attention to the lack of integration and collaboration between services and the potential for families such as hers to fall between the gaps as a result (State of Victoria, 2014-16a, p. 23). A key recommendation of the Royal Commission supported the integration of services and systems that would proactively connect wrap-around services for the victims of family violence rather than asking them to find and connect the services and systems they may need (State of Victoria, 2014-16b, p. 24). As a result, this has translated into a whole of government, multi-agency strategy, connecting and aligning court, justice, support and child protection aspects of the system. The National Plan to Reduce Violence against Women and the Children 2010-2022 (Council of Australian Governments, 2010b) sets out the plans for integrated service delivery identified by each state. While there remains debate as to the successful implementation of these integrated policies (Breckenridge et al, 2016), under the National Plan there remains a commitment from the Commonwealth government to provide funding for the establishment and ongoing provision of programs such as specialist integrated domestic violence units, health justice partnerships through hospitals and community health services and Family Advocacy and Support Services which provide social and legal service support to victims of family violence when they attend the Family Court.

Similarly, in the area of institutional child sexual abuse the recent Royal Commission into Institutional Responses to Child Sexual Abuse has seen the creation and funding of collaborative social and legal service programs. Known as 'knowmore' these programs work from Sydney, Melbourne and Brisbane, providing services across the country and with over $40 million of Commonwealth government funding. They have a mandate to provide integrated legal and trauma support to victims of institutional child sexual abuse during the Royal Commission inquiry and subsequently through the restorative process (Knowmore, 2014, 2019).

While these understandings of setting are evident in descriptions of programs, including how they were funded and initiated, very little attention has been given to the influence of setting on how collaborations work and the parties involved. Without empirical data

collection across the range of socio-legal collaborations, it is not possible to accurately determine where current collaborations are set, their coverage of different issue areas and therefore what historical, political or cultural factors may have influenced these settings and the collaborations within them. For example, while there would seem to be a current focus on health-based programs in Australia and the US, without extending an empirical examination beyond health justice partnerships it is uncertain how dominant this setting is or how representative these programs may be more broadly.

2.3. Defining the 'legal' and 'social' of socio-legal collaborations

The different issue, organisational and geographical settings outlined above have the potential to influence all three of the remaining elements of socio-legal collaborations (see Figure 1). This is particularly clear with the 'legal' and 'social' elements which refer to both the professions and the practice perspectives that are brought together in these collaborative programs. At a practical level, settings such as health may lend themselves to health professions alongside lawyers, while issues areas such as elder abuse or domestic violence may warrant the involvement of specialist practice perspectives. The current body of research in this area, however, has given the most focus to the legal profession and the practice perspectives of lawyers, with many authors focused on the impact that working with others may have on legal practice and ethical obligations (Bryant, 1993; Castles, 2008; St. Joan, 2001). In contrast there was far more focus on the 'social' side of the collaboration in early literature (Craige & Saur, 1981; Craige et al., 1982; Smith, 1970) a possible consequence of their social and political importance at the time. In current literature, however far less consideration has been given to either defining the professions involved in the 'social' side of the collaboration or considering how their practice may influence or be influenced by collaborative service delivery with lawyers (Clutterbuck, 2007; Noone, 2012). The following sections outline what has been explored around the legal and social sides of collaborations. As this has been somewhat limited, it also further expands this to understandings drawn from associated areas of research including how these professions have theorised about themselves and their practice perspectives.

2.3.1. Legal

Lawyers and legal agencies are the key components of the legal element in socio-legal collaborations. Strong professional regulation and restrictions on professional entry and legal practice mean that in all geographic locations, lawyers are both easily identified and a necessary profession for collaborations in which legal advice is being sought (Bell & Daly, 1992). Practice tasks such as providing legal advice, minor work and representation can only be provided by qualified and registered legal practitioners (Castles, 2008;Legal Profession Uniform Application Act 2014 (Vic and NSW), Legal Profession Act 2007 (Qld)) and as such their role is central. The Health Justice Australia mapping of programs in Australia for example describes the tasks of the legal element as providing legal triage, information, advice and representation (Forell, 2018a). While Forell concedes that service delivery may vary across programs, the central role of lawyers in those forms of delivery is explicit and unquestioned (Forell, 2018a). Similarly, in the Walsh (2012) examination of programs in Queensland and the Craige and colleagues (1982) examination of programs in the United States, the role of lawyers is central and stated as given with little or no description or analysis provided. No demographic data was collected in any of these studies to further refine any understanding of the lawyer group involved.

One legal role positioned outside the purview of qualified lawyers which are evident in some programs, is that of pre-qualified law students. In the US a number of student staffed clinics have been identified in current research, however their employment remains under the supervision of qualified lawyers through law school collaborations with social work schools at the tertiary level (Brooks & Lopez, 2015). In Australia Hyams also identified the Monash Oakleigh Legal Service as employing law students in the context of a community legal service which provided a combination of direct legal roles and supervision of students (Hyams, 2012).

While lawyers, law students and the tasks they undertake, are outlined in some studies, the practice perspectives that they bring to these tasks often remain unarticulated in existing research (with the exception of Cervone and Mauro (1996) and Forgey and colleagues (2001)). Despite this, concurrently with the more recent developments in court and advice focused collaborations, the practice perspectives of lawyers have been challenged and new

ways of working, aligned with collaborative practice have been put forward in legal discourse.

Traditionally the legal practice which sits behind tasks is defined as focused on advocacy, prioritisation of client decision-making, agile navigation of legal contexts and environments, and a balanced obligation to both client and the court reflecting service to the public good (Lansdell, 2016; Parker & Evans, 2007). Legal professionalism is also thought by many to be synonymous with legal ethics (Palermo & Evans, 2008), and as such it is suggested that the core values and ethics which sit behind this practice include altruism, and the right of clients to legal professional privilege, confidentiality and conflict of interest (Cervone & Mauro, 1996; Dunn, 2000).

In the mid-1970s, however, as the first wave of socio-legal collaborations began to decline, the legal academy in the United States and Australia began to note a growing alienation of lawyers from these values and particularly those focused on altruism (Moorhead, Denvir, Cahill-O'Callaghan, Kouchaki, & Galoob, 2016; Palermo & Evans, 2008). It was found that law students demonstrated "little apparent interest in law reform, social contribution or personal integrity" and that by the 1990s and continuing into the 2000s the legal education process "desensitised lawyers' ethical consciousness", focusing on zealous advocacy and "technique independent of moral accountability" (Palermo & Evans, 2008, p. 256). A documented consequence of these changes in ethics and values has been the decline in lawyer wellbeing and mental health (Lansdell, 2016), and conclusions being drawn that "the practice of law is only good when it is pursued for the public good" (Parker, 2014, p. 1105).

The response to this decline was not just from law schools (although their role in socialisation was often singled out when moral behaviour by lawyers was called into question (Bratt, 1977; Palermo & Evans, 2008)), but also from elements within the legal profession and academy which proposed new and often collaborative forms of practice. Walsh for example used the concepts of the ethic of care and the ethic of justice (Gilligan, 1982) and feminist legal theory (Scales, 1992), to advocate for a form of social work aligned collaborative legal practice (Walsh, 2012). Likewise, Aiken & Wizner proposed a closer social work and law alignment with their paper "Law as Social Work" (Aiken & Wizner, 2003). The non-adversarial justice or comprehensive law movements brought together a range of developments in legal thinking and practice, often referred to as 'vectors', which seek to

address suggested failures of the legal system and legal practice to protect its participants (including lawyers) from potentially harmful consequences associated with that participation (Daicoff, 2004). Two of these vectors, therapeutic jurisprudence and holistic lawyering, however looked not just to changes in legal ethics and practice but also to practical collaborations between legal and non-legal disciplines in order to supplement or enhance legal practice.

Therapeutic jurisprudence was initially developed by David Wexler and Bruce Winick in the early 1990s as a way of approaching legal practice based on its capacity to influence the wellbeing of actors within the system (Wexler, 2008). A central tenant of this vector is the priority given to interdisciplinary practice (Winick, 1997; Wright, 2005), drawing on social and behavioural sciences to understand the nature of wellbeing and harm. Originating in mental health law, therapeutic jurisprudence principles were to practice law in such a way as to minimise the harm and promote the wellbeing of all participants, including drawing directly on social work principles and practice (Brooks, 2005). Primarily focused on the legal academy, it then progressed to a way of approaching individual practice (Stolle, Wexler, & Winick, 2000).

While at a theoretical level it makes no distinction between its application to courts as compared to practice, therapeutic jurisprudence has been most explicitly embraced by the judiciary through alternative judicial processes in problem solving courts, such as drug, domestic violence and Koori courts (King et al., 2014). In these settings, social services are brought together around highly vulnerable and disadvantaged participants with judicial systems managing these and their court participation to reduce their susceptibility to further system induced harm. Despite this focus, however, the research in this area is also lacking more specific detail on which therapeutic professions or disciplines would take part in this collaborative practice. While problem-solving courts for example employ social workers, psychologists and other disciplinary groups (Ross, 2015), research and evaluations examining these programs very rarely address the specifics of the non-legal program components (Roberts & Indermaur, 2007). Wexler and Winick (Wexler & Winick, 1991) are very clear that therapeutic jurisprudence should be as equally applicable to a practice setting as to a court setting, however there is very little reference in existing collaborative programs (such as those listed in Appendix 1) to working under the therapeutic

jurisprudence model or examination of practice collaborations for their applicability to therapeutic jurisprudence principles. The collaboration between the Goulburn Valley Community Legal Centre and Primary Care Connect is one of the few programs which explicitly identifies itself as based on therapeutic jurisprudence (ARC-Justice, 2018).

Holistic lawyering is an alternative vector in non-adversarial law. It includes consideration of all legal issues affecting a client (rather than solely what the client presents), consideration of the combined effects of legal and social issues and engaging in collaborative multidisciplinary service provision in order to address them (King et al., 2014). While many of the Australian socio-legal practice collaborations, detailed above, would seem to fit this theoretical model, the term holistic lawyering is very rarely referred to in these programs. In the 2012-13 annual report of Victoria Legal Aid reference is made to pursuing "holistic lawyering", however no definition of the concept was offered, and the term did not appear again in later annual reports (Victoria Legal Aid, 2013). In the US, holistic practices have been described in literature, however these are specifically from the perspective of the legal aspect of the collaboration, and as with discussions of therapeutic jurisprudence there is little or no reference to the non-legal aspects, the non-legal disciplines involved or the challenges of collaboration with non-legal entities (Steinberg, 2013).

While therapeutic jurisprudence and holistic lawyering represent initial forays into collaborative work, it should be noted that lawyers and legal practice, however, do not have a traditional exposure to collaboration beyond consideration of the more general concept or working alongside other professions (Forgey et al., 2001). Multidisciplinary practices (MDPs), particularly those with profit sharing arrangements, have been explicitly banned by regulators of legal practice in a number of western countries until quite recently (Hawkins, 2005). In the United States, while collaborations of poverty lawyers and social workers were often overlooked, it was only quite recently that these bans were lifted and only done so with strict controls (Hawkins, 2005). In Australia multidisciplinary practices were banned entirely until 1949 when some state jurisdictions began allowing them to occur (Castles, 2008). Even now some states still have restrictions on their use particularly in the context of profit-sharing arrangements (Castles, 2008).

The limited exploration of the legal profession and what legal practice brings to socio-legal collaborations, provides a direct opening for this research. While there is much general

discourse as to the ethics and values of legal practitioners and law students, how developments such as therapeutic jurisprudence or holistic lawyering present in collaborations and how working in collaborative spaces may change legal practitioners over time is a clear opportunity for further exploration.

2.3.2. Social

Unlike the legal element of socio-legal collaborations where regulated practice determines clear professional boundaries, the social element is far less defined. What professions or roles make up the "non-legal" aspect of such collaborations is far more influenced by socio-political context, variations in setting and leadership, and issues of professional definition and understanding.

In the early literature, collaborations were clearly seen as between two professions, lawyers and social workers. Although the dynamics between the professions often meant there were tensions, social workers were the key social service profession, explicitly sought for their professional expertise (Bell & Daly, 1992; Phillips, 1979; Sloane, 1967). The empirical work of social work academics Craige and colleagues (1982) provided extensive demographics in relation to the social workers participating in US based programs in 1980. This study was sent to all legal service programs in the United States, to ascertain if they employed social workers and if so to provide details of them and the role they performed in the program. In this study it showed that 64 social workers and 19 social work students were working in these programs, averaging 4 years professional experience for those with bachelor degrees and 8 years professional experience for those with graduate degrees (Craige et al., 1982).

Alternatively, across the more current literature in relation to socio-legal collaborations, very little consideration is given to defining the nature of the different professions involved. Particularly in discursive or descriptive pieces, the group of professionals collaborating with lawyers is referred to in generic terms rather than by specific professions, such as "non-lawyers" (Noone, 2012, 2009), social service professionals (Curran, 2005) and welfare professionals (Clutterbuck, 2007). The examination of health justice partnerships by Forrell identified health organisations but not the specific professions collaborating within them (2018b). Also in that study, while legal tasks were identified, no such specificity was given to

the social service or health-based tasks being conducted alongside or in collaboration (Forell, 2018b). The empirical work of Walsh (2012), however does identify social workers specifically, with eleven social workers from five programs participating in the research, and no other social service professions being identified. Hyams (2012) also describes social work students as the key participant in the social side of that collaboration. The current research, however, certainly contains more limited demographic data such as the distribution of different professions or more specific details as to their levels of professional experience or practice perspectives (Hyams, 2012; Walsh, 2012). While the current body of research leaves the social side of the collaboration ill-defined, the focus of the initial wave of literature suggests that social work as a profession may retain a key role and as such is worthy of further consideration.

The generic referencing to the social element and professions such as social work, is particularly true of discourse in the comprehensive or non-adversarial justice movement. Therapeutic jurisprudence and holistic lawyering as bodies of legal research are distinctly focused on the legal components of the collaboration, rather than the nature of the collaboration itself or the other collaborating parties. The non-legal component in each of these areas is often spoken of in very general terms as 'behavioural science' or 'social services' with very few references directly to social work or other specific disciplines or professions (Roberts & Indermaur, 2007). Even in evaluations, issues of what service is being delivered, the role of social work or other disciplines within that delivery and the influence of disciplinary dynamics on the program delivery, are very rarely, if at all explored (Ross, 2015).

Not only does this legally dominated discourse seem to generalise professions out of the 'social', it could also be argued that in the case of health justice partnerships, law itself is trying to step into the social role. Promoted as a response to the social determinants of health, if the health setting and health professionals such as doctors align with the health component of the 'social determinants of health', then introducing law in to these settings would seem to suggest law sees itself as the social, with questions raised as to where professions such as social work may fit (Benfer, 2014; Bliss et al., 2011; Morton et al., 2010; Zuckerman, Sandel, Smith, & Lawton, 2004). In therapeutic jurisprudence and holistic lawyering it may also be argued that it is a 'socialised lawyering' that is in collaboration,

where the profession sees law as social work (Aiken & Wizner, 2003; Steinberg, 2013). This can result in professions such as social work being isolated on the health side or excluded entirely from collaboration in these settings.

This is not to say that social work and the social sciences have not voice at all, however in literature from the legal academy they remain the disciplines drawn upon by law (Aiken & Wizner, 2003; Fiske & Kenny, 2004), utilised in legal spaces in ways that extends law beyond its own confines. Despite playing a key and potentially an equal role in the client's collaborative experience, these are not the voices traditionally heard in the dialogue of socio-legal collaborations. Authors such as Walsh may be jointly trained lawyers and social workers, however their studies originate from law schools and are distributed through legal journals (Walsh, 2012; Walsh & Douglas, 2012). Social work authors are often second authors to legal contributors (Hyams, Brown, & Foster, 2013) or not contributors at all in discussions that are essentially about them (Galowitz, 1999). Even in descriptions of the history of community legal services, current organisations which were founded upon collaborations between lawyers and social workers, social workers are referred to generically as "non-lawyers", defined by their deficiency of profession rather than their professional contributions (Noone, 2001).

A small number of social work authors, however, have actively engaged with socio-legal collaborations in areas such as domestic violence (Bassuk & Lessem, 2001; Forgey & Colarossi, 2003), as well as in therapeutic jurisprudence, advocating for its relevance to social work practice and for specific roles to be taken up by social work practitioners in its collaborative framework (Brooks, 2005; Madden & Wayne, 2002, 2003; Petrucci & Hartley, 2004). Others have considered the need to increase the role of social work in health justice partnerships, arguing against the current generalisation of the 'social', asserting that this is a proper professional space for social work and social work leadership (Colvin, Nelson, & Cronin, 2012). Social work has also engaged with law and legal systems more generally. There has been longstanding consideration by the profession of how law and social work interact in areas such as corrections and forensic social work (Chui, 2014; Sheehan, 2015), child protection (Forgey et al., 2001; Sheehan, 2010; Weinstein, 1997), domestic violence (Forgey et al., 2001; Madden, 2003) and into the development of social work law (Braye & Preston-Shoot, 1997, 2006; Preston-Shoot, Roberts, & Vernon, 1998). This has been driven

by increasingly legalistic policy settings in which social work practice is performed (Sheehan, 2010). In these broader considerations of collaboration and professions working alongside each other, the discourse has been focused on the acknowledgement that while social work and legal approaches are different, it is critical that social workers not set aside their practice for legal outcomes. It is argued that they should be encouraged to take up less passive and more reciprocal roles in these interactions (Forgey et al., 2001; Madden, 2003; Sheehan, 2010). More broadly across the health and human services sector the intersection of complex legal and social service systems has also seen similar calls for a balanced focus on rights and the relational. The development of interdisciplinary roles such as service navigators for example have been supported by practice frameworks based on relational autonomy and the inherent relational context of individual rights and decision-making (Donovan, Hampson, & Connolly, 2020 - in press).

As a profession and professional practice, social work is guided by a diverse range of theories which can be understood within a paradigm of transformation and reformation/maintenance, and collective versus individual orientations (McGregor, 2019). At its centre however are theories of social justice, people and their environments, and the evidence-based effectiveness of resources, interventions, and people as their own agents of change (Connolly et al., 2018; McGregor, 2019). Unlike professions such as law which focus on providing clients with expert problem solving, social work aims to walk alongside clients, sitting with difficult emotions as they are processed to facilitate client decision making (Szczygiel, 2018; Taylor, 2006). It is a profession which promotes the best interests of clients by incorporating the needs and interests of their wider families, their social networks and the wider community (Stanger, 1996). Underpinning this are also four interpretive lenses which reflect the profession's values and ethics. A relational lens where relationships with clients, of clients and with others are central to practice, a social justice lens enforcing a commitment to social action and to interpretation of issues as beyond the individual, a reflective lens which acknowledges the influence of personal culture and values on practice endeavour and a lens of change facilitating positive change as driven and controlled by the client (Connolly et al., 2018). As such, while the ethics and values underpinning social work practice remain consistent, the range of theories and approaches that can be drawn upon

by individual practitioners mean the practice of social work as a concept is variable and changing.

In both the first and current wave literature, however, no consideration is given to potential differences in social work practice approaches. It would seem assumed across all of this literature that social work is a homogenous discipline with no variation between practitioners (Cervone & Mauro, 1996; Craige et al., 1982; Walsh, 2012). In contrast to this, not only are there a variety of approaches developed by social work (such as trauma informed care, empowerment or strengths perspectives (Connolly & Harms, 2015; Payne, 2005)) but there have also been approaches developed specifically in relation to its interaction with law and the legal system. In Braye and Preston-Shoot's (1997) advancement of 'social work law', they conceptualise the disciplinary connection as a legal versus a social work ethos, acknowledging that certain social work roles require a stronger legal ethos while some legal roles require a stronger social work ethos (Kennedy, Richards, & Leiman, 2013; Preston-Shoot et al., 1998). Likewise, rights-based social work and human rights social work, seeks to enhance the discipline's use of a legal rights orientation to enhance outcomes in both micro and macro social work practice (Connolly & Ward, 2008; Roche, 2001).

A key difference between social work and law, however, is their traditional exposure to collaborative work. For law, direct engagement with other professions is a new opportunity and one not necessarily socialised into through the law school experience (Bryant, 1993; Hawkins, 2005; Korazim-Kőrösy, Mizrahi, Bayne-Smith, & Garcia, 2014; Taylor, 2006). For other professions such as social work, collaborative settings or in multidisciplinary team structures have been an accepted element of their practice for an extended period (Bell & Daly, 1992; Korazim-Kőrösy et al., 2014; Taylor, 2006), although concerns are often raised as to the power dynamics within those structures (Ashcroft, McMillan, Ambrose-Miller, McKee, & Brown, 2018). Social work in hospitals and community settings have always included collaborative aspects, reflecting not just practice settings but also the relational nature of social work and the importance placed on relationship by the profession, its values and ethics (Bayne-Smith, Mizrahi, & Garcia, 2008; Cole, 2012; Couturier, Gagnon, Carrier, & Etheridge, 2008).

The generalised references to the social element and the lack of demographic data in socio-legal literature represents a clear avenue for research in this study. Understanding the actual representation of social service professions including social work within these collaborations and the roles played in terms of leadership, will assist the social work profession to understand and capitalise on the position they currently hold and develop further practice knowledge of this form of integrated practice. Understanding who is actually collaborating in terms of their practice approaches will also allow creators and managers of collaborations to make informed choices in relation to staffing and leadership. Continued generalisation of the social element of socio-legal collaborations leaves these programs, as distinct forms of service delivery, vulnerable to undefined variation of content and as a result misunderstood variation of outcome.

2.4. Collaboration: as theorised and practiced

The final element of socio-legal collaborations is the collaboration itself. While this may seem to be a description of how the previously described legal and social 'work together', the term collaboration is one loaded with various meanings and as such presents challenges when trying to accurately describe the programs under consideration. The term collaboration can incorporate both form (shared tasks or structures for working together) and dynamics (relationships for working together) (Bell & Daly, 1992), and in order to accurately compare how 'collaborative' different programs are it is important to differentiate which element of collaboration is actually being described. In the socio-legal collaboration literature, it is not always explicit if individual studies are focusing on one or the other or a combination of both. The following sections consider how these elements are addressed, the theoretical models drawn upon, and then highlights the opportunity for further research to consider a more whole rounded view of collaboration in the socio-legal sector.

2.4.1. Collaborative form

Specificity in relation to collaborative form is often missing from policy and advocacy documentation supporting collaborative approaches and from the research more broadly. While policy documents such as A Fairer Victoria: Standing together through tough times (Department of Premier and Cabinet, 2009) and Foundations for a Stronger, Fairer Australia

(Department of Prime Minister and Cabinet, 2011) promote joined-up, integrated and collaborative programs, there is no specific definitions or guidance as to what this may mean or what is most appropriate in terms of structure. Similarly, in early literature such as Craige and Saur (1981) and Chamberlain and Graff (1982) the focus was on the roles and tasks of lawyers and social workers rather than the form of their integrated services. Others, however, did include brief descriptions of programs with distinct separation between the professional services with social work often located on separate floors or in different buildings and providing referrals into the legal practice (Phillips, 1979; Smith, 1970). In the more current Walsh study of five Brisbane programs it was specifically chosen not to describe the collaborations taking place for fear that this may lead to the possible identification of specific programs within the study and therefore compromise participant anonymity (2012). In Hyams's study, the description of the collaboration form is brief stating that the law and social work students interviewed clients together but generally worked "in parallel" with no further clarity as to what this collaborative form may actually mean (2013). In some evaluations of individual programs, however, collaboration form was described in more detail with Noone and Digney (2010) drawing on the theoretical work of Scott (2005) and others to describe 'integrated services' based on co-located professionals and clear referral guidelines and structures. Other evaluations however remained focused on program outcomes, with little or no description of the collaborative form upon which these outcomes were based (Curran, 2015a, 2015b). As a result of these varied and at times limited descriptions, there is likely to be a wide variety of forms found in both early and more current literature, as well as inconsistencies in their description or definitions.

It is in theoretical discussions, however, that further detail has been given to collaborative form, as opposed to empirical studies. It is also in this area where there has been some limited use of the early research in later literature and theoretical models. Castles' (2008) descriptive paper draws on the earlier work of St. Joan (2001), Norwood and Paterson (2002) and Anderson and colleagues (2007) to propose a model of four collaborative forms. Castles suggests programs can be thought of as either 1) *employee/consultant/leadership* – where one profession, such as social work, is employed by a leading profession, such as law to assist them in the delivery of service but where the employee profession remains bound to the employer's practice and code of ethics, 2) *independent/coordinated and collaborative*

– where professions work in separate teams to maintain confidentiality but engage in multi-disciplinary case reviews, 3) *full partnerships* – where professions participate in fully integrated multi-disciplinary teams and 4) *consent based structures* – where the form is so fully integrated that the client is asked to consent to all professionals being present, understanding and consenting to the implications of cross disciplinary information sharing (Castles, 2008, p. 131-134). Bryant (1993) also proposed a model for collaborative forms, suggesting they could be seen as 1) *parallel* – where the two professions work alongside each other and referrals take place between them but the interaction is separate enough so as not to change or compromise the ethical obligations of either profession, 2) *input* – where one profession leads the program but asks the other to provide input and information to assist that lead profession to make informed decisions, and 3) *collaborative* – where neither profession is the lead decision maker but input and information is drawn from both so that joint decisions can be made. It is this final definition of 'collaborative' that Hyams (2012) cites in that paper's description of collaborative work, however in this paper there is no reference or consideration of the alternative models proposed by Bryant. The key consideration for both models is the focus on the forms these practices could take in order for legal ethics to be maintained. Ethics and the conflict of ethics is a key concern expressed in a number of papers and is set out as influencing collaboration form decisions (Walsh, 2012). Legal oriented articles in particular look to collaborative types as ways in which legal ethics can be maintained, supported and provided priority, while still incorporating social work practice (Castles, 2008).

While the work of Castles, St. Joan, Norwood and Paterson and Bryant all demonstrate consideration of different collaborative forms, they also highlight a key assumption, that a 'best' form can be identified through its ability to meet the needs of legal ethics. Bryant for example uses 'input' and 'parallel' as definitions of what socio-legal collaboration is not rather than alternative forms of what it could be (1993). Likewise, Castles puts forward 'coordination/collaboration' as the only option which truly overcomes issues around ethics and therefore is the only actual form of collaboration open to socio-legal collaboration programs (2008). This use of collaborative form as a way to denote practices which are thought by researchers not to be true collaborations, is also the path taken by Health Justice Australia when discussing health justice partnerships. This work identifies five distinct

collaborative forms being: 1) Partnerships – a lawyer as part of a health team with shared goals, 2) Integrated services – a lawyer employed by a health service, 3) Outreach services- lawyers attending health settings but not part of the health team, 4) Service hubs – multiple services working out of one community location and 5) Student clinics – law students supervised to provide legal help in health settings (Forell, 2018a). However, it also notes that these may not all be true health justice partnerships, with some potentially being alternative non-collaborative models of service (Forell, 2018a).

When loosely aligned, Figure 2 sets out the various models of socio-legal collaboration. These models however are largely draw on the experience within socio-legal collaborations and expertise in legal ethics to construct their parameters. Throughout the early and current literature in this area, no proposed models included or were formed from wider theories of collaboration.

	No shared work, no shared decision making	***Shared work, legal decision-making***	***Shared input, no shared decision-making***	***Less shared work, shared decision-making or case review***	***Independent entities with internal referrals (spin off businesses)***	***Shared work and shared decision-making***	***Shared work and shared decision-making based on client consent***
St. Joan (2001)		Consultant model	Employee model	Independent model			Consent model
Norwood and Paterson (2002)			Leadership model	Coordinated and Collaborative	Ancillary Business model	Full Partnership	
Castles (2008)			Employee/ Leadership	Independent/ Coordinated and Collaborative		Full Partnership	Consent model
Bryant (1993)	Parallel work		Input model				
HJA (2018a)	Service hubs	Student clinics	Partnerships	Integrated services	Outreach services		

Figure 2: Models of socio-legal collaborations

2.4.2. Collaborative dynamics

In the early socio-legal collaboration literature, collaborative dynamics were at the centre of descriptions of collaborative programs. Looking specifically at the professional interactions

and relationships between lawyers and social workers, issues of professional respect, valuing the role and expertise of others, hostility and power, were examined both in terms of how socio-legal collaborations were working and how they could be improved (Phillips, 1979; Sloane, 1967; Smith, 1970). Craige and colleagues reported that job satisfaction for social workers in socio-legal collaborations was driven by relational dynamics including cooperative relationships and professional respect, as opposed to program form or structures (1982). Bell and Daley described positive experiences for lawyers and social workers as driven by the willingness of collaboration participants to "expend time and care on the professional relationship" with a focus on mutual respect, honesty and trust (1992, p. 260). In the early 1980s it was even envisioned that this close dynamic would lead to the development of a new socio-legal practice. Phyllida Parsloe, a social work and legal academic, foresaw a collaborative dynamic between social work and law, which was transdisciplinary and transcended professional boundaries to draw on the strengths of each discipline to supplement their respective weaknesses. This would be a discipline which could tackle complex and seemingly intractable social issues, through the development of "a new breed of rational thinking, sensitive individuals, who can recognise and value feelings, including their own, but still assess issues clearly and who can understand human needs without abandoning a concern for rights" (Parsloe, 1981, p. 196). A radical departure from the more common siloed disciplinary approaches, she foresaw an enmeshed dynamic between social work and law benefitting both the professions and their clients, with the dynamics of boundaries and boundary intersection between the two disciplines relegated to the pages of history (Parsloe, 1981). By the mid-1980s, however, the potential for a tight collaborative relationship between social work and law seemed to be waning (Bullock, 1984), with proponents of the form suggesting that "optimum benefit to clients will be achieved by the professions maintaining a separate identity while still cooperating where appropriate" (Bullock, 1984, p. 333).

In the current body of research, this separation of professional identities is still evident, with most authors raising it as an element to be relationally worked with (rather than overcome) in order to pursue effective collaboration (Forell, 2018a; Forgey et al., 2001; Hyams et al., 2013; Sheehan, 2010). The change in focus of current literature as opposed to earlier works, however, is in the generic consideration of relational dynamics, rather than those dynamics

based on specific professions. Health Justice Australia for example describes dynamic elements such as shared goals and strong communication as being central to health justice partnerships but does not suggest these negate the professional identities or perspective at play (Forell, 2018a). Similarly, Hyams uses the work of Bryant (1993) to highlight that communication, self-awareness and relationships free from power imbalances are key, however does not consider the impact of professional allegiances on attaining these goals (2013).

This was also true of Walsh (2012), where most programs described facing challenges in maintaining shared goals and close professional relationships when negotiating conflicting ethical stances and processes between professions. Differing professional approaches to the definition of client, the conflict between client autonomy and best interest considerations, and the privileging of legal over social remedies, were reported as making the maintenance of collaborative relationships more difficult (Walsh, 2012). In this study one program, however, did return to the merging of disciplines and the disciplinary change suggested by Parsloe (1981). This program reported that collaborative relationships were enhanced by fundamental change in legal practice where it closely approximated social work and "encompassed a commitment to client empowerment, and acting in partnership with clients" (Walsh, 2012, p. 763). Walsh concludes that using Gilligan's concept of an ethic of care (1982) or Scales' concept of a feminist approach to legal practice (1992), brings the practice of lawyers closer to social work, and is the soundest way to enhance collaborative dynamics and maintain positive socio-legal collaborations (Walsh, 2012).

The description of relationships between the social and legal collaborators in both the early and later literature also point to how issues of dynamic are distinguishable from collaborative form. For example, across the five research sites in the Walsh (2012) study, both lawyers and social workers reported feeling their role was not valued or respected and that this was a negative influence on their professional relationships. Lawyers in two sites were also reported as devaluing social workers in their descriptions of them, suggesting they would prefer to work with paralegals and that there was nothing a social worker provided that could not be done by a lawyer (Walsh, 2012, p. 759). These dynamics, however were not influenced by collaborative structures or form. These dynamics were still found programs where the lawyers openly welcomed the social work collaboration and

advocated for its benefits and were also found not to be ameliorated in programs which introduced flat pay structures between lawyers and social workers or where referral processes were close and clear (Walsh, 2012, p. 760). Similar results were reported by Craige and colleagues (1981) in relation to collaborations taking place in 1976-7. Here social workers likewise related job satisfaction to professional autonomy, cooperative relationships and professional respect rather than elements of collaborative form such as discipline utilisation, equality of salary or program administration (Craige et al., 1982, p. 312). Bell and Daley (1992) also highlighted the influence relational dynamics had over issues of structure or form, reporting that the conflicting role boundaries were resolved where "inter-personal and relationship skills came into play, rather than being based on any formal or clear methods of practice" (1992, p. 259).

The collaborative dynamics outlined in the literature include those set out in Figure 3.

	Hyams (2012)	**Bryant (1993)**	**Bell and Daley (1992)**	**Craige and Saur (1982)**	**Walsh (2012)**	**HJA (2018)**	**Sloane (1967)**
Communication	*	*					
Mutual professional respect			*	*	*		*
Valuing the role of others				*	*		*
Shared goals						*	
Trust and honesty			*				
Strong communication						*	
Self-awareness	*	*					
No power imbalances	*	*					

Figure 3: Collaborative dynamics in collaboration literature

As with collaborative form, however, none of these authors drew upon wider discourse or theories of collaboration dynamics. All of these concepts were identified through inward consideration of programs or were theorised as possible implications of socio-legal collaborations.

2.4.3. *In support or in fear of socio-legal collaborations*

Despite variations in description and definition, and the questions over form and dynamics, the overwhelming majority of literature examining socio-legal collaborations advocates for this form of service delivery. Descriptive articles such as Castles (2008) suggested it was the key way to provide benefit to the poor and disadvantaged by putting legal problems within the context of that social disadvantage. Swain (1989) suggested that as social work and law are already participants in the provision of child protection services, collaborative services would extend this connection and provide additional benefits and positive outcomes. In the empirical work of Walsh (2012), research participants advocated for socio-legal collaborations for three reasons. They did not see legal and social issues as separate but considered them different perspectives of the same problem, they saw collaborations as an opportunity for one profession's strengths to compliment the weaknesses in the other, and they also felt it was an opportunity for furthering their own professional development (Walsh, 2012). Likewise, in Hyams (2012) the collaborative experience for law and social worker students was seen as preparing them well for a team-based workforce and extending their knowledge of the other disciplinary field.

While not as common, some literature did express concern with collaborative work particularly in relation to its capacity to change and influence the individual elements involved. In discussion papers, some members of the legal profession and academy described a fear that working in this way would change legal practice and remove from it the fundamental tenant of what it is to be a lawyer and therefore the critical service that lawyers provide (Anderson et al., 2007; Weinstein, 1999). Likewise, Castles (2008) outlines the fears of many in the legal profession, that engaging with social work practice too much will make legal practice paternalistic and the antithesis of its fundamental purpose. She suggested that loosing focus on the rights of individual and their instructions, in exchange for focusing on the implications for others or the best interests of the client as determined by the practitioner, may result in a failure of law and legal practice (Castles, 2008, p. 121). Other legal authors, however, suggested that the change that may occur in collaboration was in fact likely to be positive (Forgey et al., 2001), bringing about a "richer brand of legal representation…rather than posing a risk to a lawyer's or a social worker's ethical commitments" (Anderson et al., 2007). Walsh (2012) for example, found that working in this

way expanded the skill set of lawyers, and suggested that this represented a positive change from the traditional lawyer personality described by authors such as Daicoff (2006), toward a more ethic of care and social work oriented way of working. These fears were far more limited on the social side of collaborations and in social work literature. In Walsh (2012) some social workers reported feeling more restrained and restricted, with their practice being influenced by the legal setting and approach. They reported resentment about the lawyers and legal context as a result of this influence on their own practice and saw the context as impacting them professionally in ways they did not seek out or endorse. This was also the case in Phillips, where some social workers reported that acknowledging the need for lawyers was a "failure of ideology" to be resisted rather than endorsed (Phillips, 1979, p. 39).

2.5. Research gaps – impacts on practice and future research

As outlined above there is a growing body of Australian and international literature considering socio-legal collaborations. Within this, however, there lacks a detailed understanding of what is actually occurring within them and the context in which they can be found. This raises three key concerns. Firstly, it throws into question the assumption of beneficial client outcomes and wellbeing. Without truly understanding the solution posed and how and why it works as it does, it is not possible to accurately attribute outcomes to the elements of that solution. More importantly it is not possible to compare outcomes between programs if it is not clear what each of those programs actually do or how they are similar or different. Secondly, it negates the capacity of programs to fully understand why they have the outcomes they do. A program which is implemented as an unarticulated 'collaboration' and which does not provide the intended outcomes, may reflect a range of factors such as poor choice of collaborative form or the influence of dynamic or setting factors not taken into account. Thirdly, lack of clarity gives rise to many fears about collaborative work, particularly from the legal profession. While social work has a long history of collaborative teams and working directly with other professions, law has traditionally been more of an individual profession. The lack of clarity about what it actually means to collaborate, how these forms work and influence of the other professions

involved, gives rise to fears in the legal profession that the form is compromising and that legal practice and ethics are in danger in such settings.

Conversely, understanding socio-legal collaborations in terms of diversity of form, setting and professional interactions, also provides a number of opportunities. With this research it is possible to address both faith and fear in the concept by extending knowledge of collaborations beyond individual programs or program experience to a wider set of Australian programs. Understanding form, setting and professional interaction across Australian programs, allows the development of true foundational research in this area. Themes and trends in practice can be identified and experiences can be assessed against the wider population as well as in their own context. It also provides the opportunity to draw on broader theories of collaborations, social and relational interactions, and professional exchange and development, to further build this foundation. Not only can programs be considered in the context of other programs across the country but also in the context of broader understandings beyond socio-legal collaborations themselves. For specific professions such as social work it also provides an opportunity to understand and build upon the leadership and influence it may have in these practice settings. Rather than remaining indistinct and secondary to the legal component, a detailed examination of collaborations allows the 'non-legal' contributions of professions such as social work to be acknowledged, investigated and promoted.

2.6. SUMMARY

Socio-legal collaborations are currently promoted as the innovative solution for social service/legal service delivery, providing one-stop-shop locations to ensure that clients no longer slip through the gaps of otherwise disjointed service systems. The discourse around these collaborations, however, suggests that rather than a new development, current programs are simply the next iteration in a much longer history going back over sixty years. Socio-legal programs across history can all be understood as the coming together of four central elements, the social and legal practices, the collaboration which brings them together and the settings in which these programs are provided. While programs from the 1960s and 1970s clearly defined the coming together of lawyers and social workers, the social in later programs was far less distinct with no clear central profession. Early programs were also oriented around disadvantaged client populations and those living in poverty,

providing a range of services in various settings. In comparison, the discussion of later programs became more specialised with a strong growth in hospital or community health-based programs and collaborations between legal and health professionals.

In the early discourse around socio-legal collaborations, the collaboration element was discussed primarily in terms of professional dynamics and the problematic relational interactions between social workers and lawyers. Differences in practice and practice ethics were highlighted at this time as underpinning these relational issues. In later literature, practice ethics were also the focus of describing and articulating collaboration forms appropriate for socio-legal collaborations. However, with the discourse at this time far less specific about the social professions involved, the focus was on legal ethics and how these could be protected in collaborative forms with other unspecified professions. Compared to early literature, the legal profession, lawyers and the legal academy dominate current discourse in relation to socio-legal collaborations. There is little consideration of the practice or ethics of other professions in current programs, or of the influence different professions may have on collaboration, setting or legal practice itself.

These current and historical understandings of socio-legal collaborations highlight a number of opportunities for further research. Examination of the current landscape of socio-legal collaborations will clarify how programs respond to each of the four elements. Understanding the professions involved will give voice to the interacting practices beyond law and the collaborative practice undertaken. While understanding the variety of settings will locate the more extensive discourse around health-based programs within a wider context. Further research, such as this study, will also provide an opportunity to inject broader theoretical concepts into the socio-legal collaboration discourse. Examinations to date have generally lacked strong theoretical foundations. Micro theories of collaborative form have been developed, however these are inward looking, drawn from consideration of socio-legal collaborations alone rather than broader understandings of collaboration or professions. The following chapter sets out theories of collaboration, professions and social interaction from which socio-legal collaborations can be further understood, and through which discourse in the area can be advanced.

Chapter 3:
Foundational theories

In seeking to explain or understand a social phenomenon, such as socio-legal collaborations, utilisation of existing theory and theory development can be a central way to move beyond internal descriptions of what is occurring and towards explanations. Theory itself, however, can take different forms with Merton (1968) providing a distinction between grand theories which seek to provide an explanation of how all of society works, middle-range theories which explain elements of social workings and micro theories which explain specific social phenomena in specific settings. Merton argues that while grand theoretical narratives can provide broad, abstract conceptual frames, it is in fact middle-range theories which are more easily operationalised and empirically tested (Reeves, Espin, Lewin, & Zwarenstein, 2010). As such they can be applied effectively to more specific phenomena and can lead to the development of micro theories in particular practice fields (Reeves et al., 2010). In the context of existing socio-legal collaboration research, however, this use of theory is rare. While Walsh (2012) used the mid-range theories of ethic of care/ethic of justice theory (Gilligan, 1982) and feminist legal theory (Scales, 1992) to develop a micro theory of legal practice in collaboration, micro theories have more commonly been inward looking and without these middle range or grand theoretical foundations, such as the models of collaborative form in Castles (2008), Bryant (1993), St. Joan (2001) and Norwood and Paterson (2002). Without more comprehensive utilisations of theory, however, the existing body of research into socio-legal collaborations runs the risk of remaining at the level of 'abstracted empiricism' (Wright Mills, 1959), data gathered for its own sake rather than to further meaning or value.

Within Merton's hierarchy of theory, Kazun (2016) also suggests that it is possible and more desirable to utilise both grand and middle-range theories, drawing on grand conceptualisations with the use of mid-range empiricism. Utilising the example of Kazun (2016), this chapter sets out grand narrative and middle-range theories which can be used to explain each element of socio-legal collaborations, the collaboration, social and legal professions and their relational interaction in program settings. It promotes the case for an

integrative pluralism approach which allows the use of multiple middle-range theories to explain the complexity of a phenomena, while folding these into a grand narrative provided by the work of relational sociologist Pierre Bourdieu. In doing so it presents a theoretical foundation from which to consider the elements and connections within socio-legal collaborations set out in the previous chapter and from which to develop and extend micro theories and applied practice in socio-legal collaborations.

3.1. Integrative pluralism

When utilising theory in the exploration of areas driven by human beings however, recognition must be given at this middle-range level to their nature as complex and multi-dimensional entities, and the interaction of dimensions such as biology, values, behaviours and relationships. In his discussion of theory development in the area of sexual offending, Ward (2014) suggests that the human systems which constitute and sustain functioning such as the genetic, molecular, neurological, psychological, socio/cultural and historical systems must each at least be considered in any explanation of human functioning. While acknowledging that the question and phenomena at hand will determine the relevance of each system, Ward (2014) endorses an integrative pluralism approach, the integration of theoretical analysis across multiple levels and etiological frameworks (Kendler, 2005, p. 432).

In this chapter integrative pluralism has been used to draw together the multiple middle-range theories at play in socio-legal collaborations. In doing so it aims not to synthesise these toward an overarching theory but to acknowledge the complexity of these entities by rejecting one dimensional explanations in favour of a multi-dimensional understanding.

Of the six human systems identified by Ward (2014), the psychological, socio-cultural and historical systems are those most relevant to an examination of socio-legal collaborations. Socio-legal collaborations do not just involve human beings but are collections of people and are shaped by the human interactions within them. The systems focused on and impacted by interactions, relationships and the broader collective, therefore, are far more relevant to the development of pluralistic theory in this area than systems based on the physical and biological.

Using Merton's hierarchy of theory and an integrative pluralism approach, Figure 4 sets out the micro theories already developed in socio-legal collaboration literature, along with the variety of middle-range theories, such as collaboration effectiveness and typology, organisational identity and commitment, and professional socialisation, which can be explore within the grand narratives of Bourdieu. From the perspective of integrative pluralism, the theories across this conceptual framework also draw on each of the three of the relevant human dimensions identified by Ward (2014), pulling together the historical (past experiences of organisations and individuals), socio-cultural (the culture of organisations and professions, policy environments) and psychological (individual belonging to professions, feelings of trust and respect) dimensions of interacting organisations, professions and individuals.

Micro theory (from existing socio-legal collaboration literature		***Collaboration forms*** Castles (2008) St. Joan (2001) Bryant (1993) Norwood and Paterson (2002)	***Changing forms of legal practice*** Walsh (2012)	
Middle-range theory (Various)	***Collaboration typologies*** Konrad (1996) Himmelman (2002) Frey et al (2006) Reeves et al (2018) Stember (1991)	***Collaboration effectiveness (team and professional)*** Scott (2005) Mulvale (2016) Orchard (2012) Auschra (2018) Bronstein (2003)	***Professionalisation and socialisation*** Friedson (1970; 1988) Abbott (1988) Miller (2013) Shuval (1980) ***Organisational identity and commitment*** Mael & Ashforth (1992) Allen & Myer (1990)	***Ethics of care and Ethic of Justice*** Gillian (1982) ***Feminist legal theory*** Scales (1992)
Grand theory (Bourdieu (1977))	***Habitus*** Definition	***Capital*** Definition	***Field*** Definition	***Hysteresis*** Definition

Figure 4: Micro, middle range and grand theories in socio-legal collaborations

When brought together these theories provide a multi-dimensional conceptual foundation for this work adding to each of the areas set out In Chapter 2: collaboration, social, legal and setting. These theories have shaped the research design and empirical data collection outlined in Chapter 4. They have also provided a basis for the further micro theories of socio-legal collaborations and recommendations for practice set out in Chapter 9.

3.2. Collaboration in theory

Across the existing research exploring socio-legal collaborations, there is very limited use of specific theories of collaboration. Morton (2010) for example provides wider definitions of 'collaboration' or 'interdisciplinary work' from the interdisciplinary education work of Bronstein (2003), however actual models of socio-legal collaboration such as those of Castles (2008), would seem to lack a wider theoretical foundation. Scott (2005) would suggest this may be due to the interchangeable use of the term *collaboration* across broad and narrow definitions, and the assumption that the broad definition alone is adequate. At a broad level, little theory is needed to explain collaboration as concept and it can be defined simply as 'the action of working together with someone to produce something' (Oxford, 2011). At a narrow level, however, Scott (2005) suggests it needs to be understood as a continuum of actions undertaken with varying degrees of effectiveness by individuals and groups, moving in levels of connection from the associated to the enmeshed. Here theories of how and why these elements interact become essential (Scott, 2005). This reasoning also sits well with Bourdieu's assertions and suspicions of 'natural, bounded objects' (Everett, 2002, p. 58). Assumptions that imply a concept or object is set in its nature, such as collaboration being 'working together' or an idea that needs no further exploration or explanation, denies the underlying social and historical creation of the object. It denies the importance of placing that object in context and field. Research which relies on the broad definition alone therefore, without exploring and applying theories of collaboration which explain the narrow, runs the risk of comparing and generalising issues in collaborative programs which have been socially generated in different ways and which exist as responses to different contexts.

While limited in the socio-legal collaboration space, collaborations as a way of working have been explored in far more depth in the health and human services areas, presenting a rich area of theory for this thesis to draw upon. Allied health professions such as social work, nursing and occupational therapy have long histories of collaborative work practices with entire journals dedicated to interprofessional practice such as *Health and Interprofessional Practice* and *Journal of Interprofessional Care*, and various texts guiding students and practitioners in their collaborative work practices (Casto & Julia, 1994; Kane, 1975).

Initial explorations of collaboration theory used in the health and human services fields, suggest they focus on two interconnected aspects: stages of collaboration (typology and classification) and barriers and effectiveness (see Figure 5).

Frey (2006) Himmelman (2002) used in Quinn (2016) Konrad (1996) used in Scott (2005) Stember (1991)	Bayne-Smith (2008) Peterson (1991) Gajda (2004) Scott (2005) Kodner (2002) used in Auschra (2018)	**Inter-agency**
Reeves et al (2018) Stember (1991)	Orchard (2012) Bronstein (2003) used in in Morton (2010) Mulvale (2016)	**Team based**
Typology/Classification	**Effectiveness & barriers**	

Figure 5: Middle level theories across inter-agency and team-based collaboration

These middle-level theories also come from two structural perspectives: interagency and team-based collaborations. Distinctions between these program or organisational structures, however do not negate their applicability to collaborations which may fit into either category (Johnson, Wistow, Schulz, & Hardy, 2003), and as such consideration of both is necessary for a more complete understanding of collaborative work.

3.2.1. Typology and classification

The health and human services literature theorising collaborations, generally agrees that as with descriptions in socio-legal collaboration literature, classifying terms such as 'collaboration', 'integrated', 'coordination', and 'cooperation' are used haphazardly and inconsistently to describe similar and distinct concepts (Quinn et al., 2016; Scott, 2005). Each of the theoretical pieces focused on typology in the above Figure 5, attempts to address these variations, presenting clear classifications of collaborative forms. While the variety of research would suggest there are at least five theories of collaboration typology across two organisational structures, a process of aligning these differing models, also demonstrates a clear synchronicity between concepts. It highlights that while the language or structure may differ, conceptually all of these theories are well aligned and have the

potential to be used as a more coherent model. Using the process undertaken by Frey and colleagues (2006) when aligning the work of Peterson (1991), Gajda (2004) and others, Figure 6 sets out the five key typology theories identified.

All five theories position 'actions of working together' along a continuum of four general stages: *Networking; Cooperation and Coordination; Collaboration; and Integration*[1]. In doing so, each address the integration of process and identity and the degree to which the participants mutually need each other in order to fulfil the aims of the collaborative program. Collaborative relationships are also addressed by some with trust (Himmelman, 2002), equality (Frey et al., 2006; Konrad, 1996) and accountability (Reeves et al., 2018) identified as features of collaborative relationships which when increased correspond to increasing movement along the classification continuum. Process integration however is central to all theories as key determinants of a program's place on the continuum.

Communication and referral processes are key to strong collaborations for Konrad (1996) and Frey and colleagues (2006). Konrad (1996), Frey and colleagues (2006) and Reeves and colleagues (2018) also suggest that programs which act as single systems for determining decision-making, risks and responsibilities, fall at the *Collaboration/Integration* end of the continuum, where as those founded on independence and limited interaction fall at the other. Integration of identity is another key element shared across each of these theories of typology and classification. Konrad (1996) refers to programs being collectives, Frey and colleagues (2006) to them being one system, Stember (1991) to a unity of perspectives and Reeves and colleagues (2018) and Himmelman (2002) to shared identity.

[1] From this point when these terms are used as the title of one of the four stages of in the classification continuum they will be cited in italics with capitals eg, *Networking* or *Collaboration*. When used without italics this will denote use of their general or broad definitions eg, socio-legal collaborations or programs undertaking collaborative work.

	NETWORKING	COOPERATION & COORDINATION	COLLABORATION	INTEGRATION
Common concepts	• informal • independent	• limited interdependence • some shared accountability • formal relationships	• trust and some interdependence • shared information, resources, accountability and decision making	• interdependence • shared identity and decision making, one system
Konrad (1996) in Scott (2005) **Interagency** Key concepts: -formal/informal relationships -leadership -equality -integration	**Information sharing and communications** • very informal • sharing information and some referrals	**Cooperation & coordination** • informal working • eg, mutual receipt of referrals, verbal agreements for staff	**Collaboration** • formal relationships • autonomous but shared activities • partners are equal **Consolidation** • single central leadership • line authority in different divisions • eg, government department with different agencies	**Integration** • operates as a collective • activities blend • eg, one-stop-shop with unified intake and one entity responsible for management and operational decisions
Himmelman (2002) in Quinn (2016) **Interagency** Key concepts: -trust -formal/informal relationships -interdependence	**Networking** • limited trust • informal • no shared spaces/territory	**Coordination** • common purpose • moderate trust • limited access • formal relationships	**Cooperation** • high levels of trust • written agreements • shared resources • formal relationships	**Collaboration** • interdependence • shared risks and responsibilities • enhanced shared capacity • formal relationships
Frey (2005) **Interagency** Key concepts: -communications -decision making -defined roles -integration	**Networking** • awareness of each other • little communications • independent decisions	**Cooperation** • providing information • somewhat defined roles • formal communications	**Coordination** • shared information • defined roles • frequent communications • some shared decision making **Coalition** • shared ideas and resources • prioritised communications • votes in decision making	**Collaboration** • one system • consensus decision making
Reeves et al (2018) **Team-based** Key concepts: -shared identity -interdependence -defined roles -accountability -integration	**Networking** • no shared identity • limited communications and interdependence • eg, virtual networks	**Coordination** • some shared identity • limited integration and interdependence • clarity of roles • some shared accountability	**Collaboration** • limited shared identity and integration • shared accountability • some interdependence • clarity of roles	**Teamwork** • shared identity • clarity of roles • interdependence • integration and shared responsibilities
Stember (1991) **Interagency/team-based** Key concepts: -integration	**Cross-disciplinary** • each discipline views the other from their perspective • no interaction	**Multi-disciplinary** • each discipline provides their perspective on an issue • client integrates ideas presented	**Interdisciplinary** • integration of contributions	**Transdisciplinary** • unity of perspectives beyond disciplinary boundaries

Figure 6: Collaboration typology

In contrast the forms of collaboration put forward in the socio-legal collaboration literature would seem to be a far more limited subset of the typology set out above. While Bryant (1993) discussed relational dimensions to the models proposed, all other proposed models were solely based on ideas of collaborative process (Castles, 2008; St. Joan, 2001). As discussed in Chapter 2, there was also a dismissal of the full partnerships or completely shared work and shared decision-making forms found in the *Integration* level, due to the limitations of legal ethics (Castles, 2008; Norwood & Paterson, 2002). In these micro theories of socio-legal collaboration allowing lawyers to retain control of their own work while still drawing on the expertise of other or delegating some decision-making was a central minimum to what they described as collaboration (Bryant, 1993).

3.2.2. Effectiveness and barriers

The second but connected group of theoretical literature deals with effectiveness and barriers to effective collaboration. In this literature some authors make reference to classification and typology by locating their discussion of effectiveness in particular forms along the continuum. For example, Scott (2005) theorises as to the causes of conflict and the barriers in programs specifically classified by Konrad (1996) as *Collaboration* or *Integration*. Others rely on the board definition of collaboration and ignore the definitional complexity found in typology and classification theories. Orchard and colleagues (2012) for example use classification terms such as cooperation and coordination to describe elements of their theoretical model, however then does not acknowledge that these may be different forms on the continuum, containing their discussion to what is understood but not acknowledged as *Collaboration* or *Integration* on the classification continuum.

Although connected, a clear difference between these effectiveness theories and theories of typology and classification, is that the typologies make no judgement as to the benefits or the desirability of working in one collaborative stage over the other. Rather it is for the program to determine which stage of collaboration it is aiming for and from this to identify if it is successfully achieving the level of collaboration it desires according to a process of classification. Theories of barriers and effectiveness, on the other hand provide an element of judgement in relation to the *Collaboration* and *Integration* stages. It is assumed that the

classification of *Collaboration or Integration* is the aim of all joint working programs, and it is on this basis that the theories outline factors which will determine if it is being achieved effectively and reasoning as to why work at this end of the continuum may be difficult or complex.

In the health and human services literature, five key theories of collaboration effectiveness and barriers to effective collaboration were found to be used and developed. These consisted of two based on interagency spaces and three out of team-based collaboration work. Again, using a process of alignment, it can be shown that while these theories use different terminology, conceptually there are key similarities including a particular focus on inter-professional relationships between collaborating professions. Figure 7 sets out the five key effectiveness theories examined.

While each of the five theories use differing terminology and divide their identified factors into different groupings, alignment in Figure 7 shows that like typology theories they can be divided into process or organisational factors and personal or relational factors. Four of the five theories suggest that the way in which an organisation is primed to enter a collaboration with another organisation (through funding, regulatory or historical levers) or likewise the nature of these organisations or an organisation in which an interprofessional team is being established, will ultimately affect the collaboration itself. These include external factors such as the availability of resourcing and funding (Auschra, 2018; Scott, 2005), governance structures which can accommodate collaboration (Auschra, 2018; Mulvale et al., 2016), administration and regulation which is open to collaboration (Auschra, 2018; Scott, 2005) and past history of success (Bronstein, 2003; Scott, 2005). Collaborative process such as shared processes and activities between professions (Auschra, 2018; Mulvale et al., 2016; Orchard et al., 2012; Scott, 2005) and shared professional concepts, perspectives and approaches (Auschra, 2018; Scott, 2005) were also identified as important.

The key focus for all five theories, however, is on personal and professional relational factors, with all five listing factors in this category and it being a central focus for Mulvale and colleagues (2016) and Orchard and colleagues (2012).

	ORGANISATIONAL/TEAM PROCESSES		PROFESSIONAL/PERSONAL RELATIONSHIPS	
Common concepts	• external: history, structure, administration & regulation • internal: leadership, culture, structure • shared processes, concepts, commitment and goals		• trust • flexibility • respect • effectiveness • leadership & power	
Scott (2005) **Interagency**	**Inter-organisational** • structure, history • resources, funding	**Intra-organisational** • leadership	**Inter-professional** • power • different conceptual perspectives, communication & decision-making styles • respectful professions **Inter-personal** • positive and negative personal relationships	**Intra-personal** • individual emotional responses • defence mechanisms, projection/displacement • feelings of personal effectiveness
Mulvale (2016) **Team-based**	**Macro (policy)** • governance **Mezzo (organisation)** • information systems • organisational culture of respect	**Micro (structure)** • champion, leadership team size (smaller is better) **Micro (formal processes)** • Shared goals • Group problem solving, team meetings, decision making	**Micro (social processes)** • Levels of conflict • Open communication • Supportive colleagues	**Micro (attitudes)** • Feeling part of a team Support for innovation **Individual** • Belief in concept • flexibility
Orchard (2012) **Team-based**	**Coordination** • integrated formal team processes • shared structures and systems • effective communications	**Partnerships** • power sharing • equality of roles	**Cooperation** • role clarity, socialisation and trust • social processes, understanding boundaries • respect for others, flexibility, power sharing clear goals, leadership	**Partnerships** • trusting relationships • role clarity and valuing others
Auschra (2018) **Interagency**	**Inter-organisational** • governance, leadership • funding • administration and regulation **Organisation domain** • conflicts of interest cultural distance between organisations	**Service delivery** • common structure/IT **Clinical practices** • common confidentiality information exchange	**Service delivery** • lack of trust • mutual understanding • different professionalisation • lack of communication	
Bronstein (2003) **Team-based**	**History of collaboration** • positive or negative past experiences	**Structural Characteristics** • allocation of resources • common goals • structural and administrative support	**Professional role** • allegiance to role and interdisciplinary team **Personal characteristics** • trust and respect beyond professional role • respect for and comfort with others' behaviours	**Personal or professional history of collaboration** • positive or negative past experiences

Figure 7: Collaborative effectiveness

Factors which are seen as key determinants of collaboration effectiveness include having trusting professional relationships (Auschra, 2018; Orchard et al., 2012), providing positive and respectful leadership (Orchard et al., 2012; Scott, 2005), shared power and professional equality (Orchard et al., 2012; Scott, 2005), shared commitment to the collaboration form (Bronstein, 2003) and shared goals (Auschra, 2018; Bronstein, 2003; Orchard et al., 2012). At a more personal level it was also suggested that individuals involved in collaborations must be able to engage in trusting relationships (Bronstein, 2003; Scott, 2005), be personally flexible in their approaches to work and others (Mulvale et al., 2016), be respectful of others beyond their professional roles (Bronstein, 2003; Scott, 2005) and be able to master a sense of personal effectiveness within the collaboration (Scott, 2005).

While not specifically articulated in terms of collaboration theory, these aspects of team and professional dynamics are issues considered by much of the socio-legal collaboration literature described earlier in Chapter 2 such as the Craige and colleagues (1982) description of respect between professions, Walsh's (2012) description of professional groups and individuals feeling devalued and Hyams' (2012) consideration of power imbalances. Other elements raised as specific to socio-legal collaborations, such as confidentiality, can also be seen in terms of these theories of team and professional dynamics. This ethical requirement upon lawyers goes to the heart of ideas of shared power, shared processes and shared approaches as considered by authors such as by Robinson and Cottrell (2005) who directly identify issues of power and status between professions, differing approaches to confidentiality and compatibility of perspectives and leaderships in health and human service settings.

3.2.3. Integrating plurality across collaboration theories

Theories of collaboration typology and theories of barriers and effectiveness contain two key streams of consideration: collaborative processes and collaborative relationships. As outlined in the previous sections, however, the focus taken by each theoretical group is slightly different, with theories of typology focusing on process over relationships and theories of effectiveness taking a more balance view. Theories of typology also provide a sliding scale of collaboration, while theories of barriers and effectiveness are centred only on collaborations at the top of the typology scale. Bringing these theoretical groups and themes together, it is possible to then conceptualise an integrated model of collaboration

that brings together the plurality outlined. Collaborative processes drawn from typology and effectiveness/barriers literature can be seen as a continuum from independent actors to enmeshed and singular systems. Alongside this, at the highly collaborative end, factors which contribute to collaborative relationships can be judged on a sliding scale. Collaborative relationships, although considered by both theoretical groups, can also be seen as less prominent with more focus being given to process across the two theoretical groups. Figure 8 below, sets out a framework for collaborative theory based on the theory integration set out above.

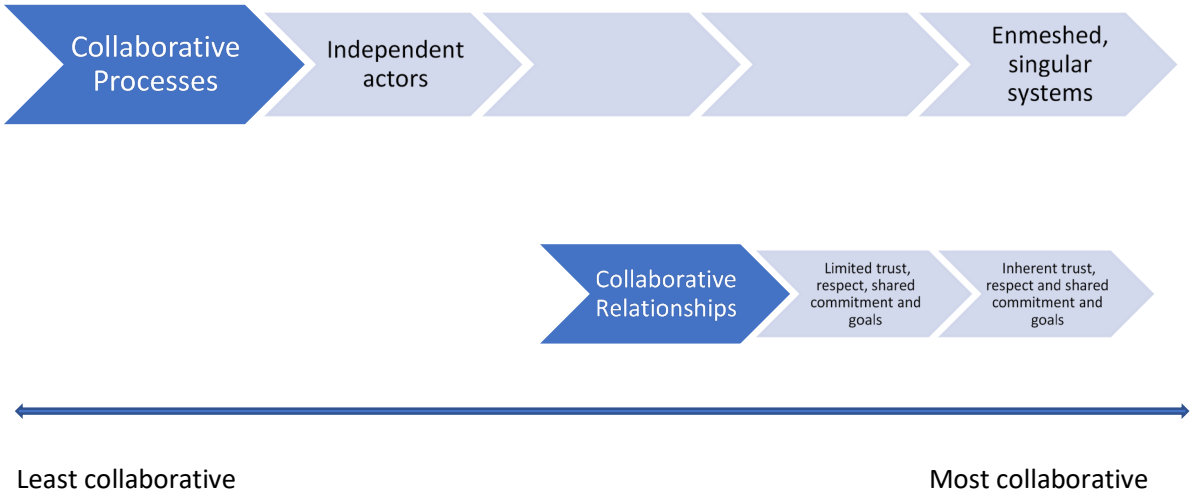

Figure 8: Framework of collaboration theory

Understanding these theory groups and their alignment with each other, provides a firm basis from which classification and effective comparison of socio-legal collaborations can be undertaken, and through which existing micro theories can be understood. They also provide a basis from which to understand the phenomena of socio-legal collaborations in terms of how it may in its entirety sit within or outside these broader typology and relational frameworks. These theories of classification will be considered further in Chapter 4 in relation to the use of particular measures in the research design, and in Chapter 9 in order to give theoretical context to the research findings.

3.3. Social and Legal: the theory of professions

The theories of collaboration outlined in the preceding section, conceptualise the structure and organisation of collaborative spaces along with the role of individuals within them. However as directly seen in the works of Scott (2005), Auschra (2018) and Bronstein (2003), it is not just individual agents who are of consideration but also the professions they belong to and the professional perspectives that guide them. While current socio-legal collaboration literature may dilute the importance of specific professions, broader collaboration theories make it clear that concepts of identity, role, relationships and leadership point not just to the individual but also to the influence of professions and professional connections.

The literature and theories surrounding professions and professionalism is extensive, considering the broad concept of profession (how professions are defined and distinguished from other groupings such as occupations), professionalisation (how they are formed and how they function within wider social settings) and professional socialisation (how individuals are brought into professions and generate and maintain professional identity) (Evetts, 2013; Kazun, 2016). Of key interest when considering collaborations are the concepts of specific professional definition, boundaries and culture, and professional socialisation. Using these theories to understand the interaction of professional identities in socio-legal collaborations, and how professional identity is influenced by collaborative work, provides a strong theoretical foundation for this study.

In early literature identified in Chapter 2, lawyers and social workers were named as the professions found in socio-legal collaborations, with authors such as Bell and Daley (1992) noting the difference in professional status between the two groups, Bullock (1984) highlighting the professionalisation issues for social work caused by a wide and varied knowledge base and Phillips (1979) outlining the perceptions of self and others that each profession has been socialised into. In later works, however, this consideration of professions was no longer included, with what constitutes the legal profession or social work/social services profession taken as given and undefined concepts. Only one article (Cervone & Mauro, 1996) considered a theoretical definition of profession (as proposed by Greenwood (1957)) and used this to consider what the socialised attitudes or values may be for the ‘legal profession’ or ‘social work profession’ in socio-legal collaborations. The

following sections set out a broader understanding of theories of professionalisation and theories of professional socialisation. It provides a foundation for understanding the different professional groups at play in socio-legal collaborations and the impact these professional groups may have on how broader theories of collaboration can be applied to the socio-legal setting. Theories in these sections are further discussed in Chapter 4 in relation to their place in the study design and in Chapter 9 in discussions of theory informed models of socio-legal collaborations.

3.3.1. Theories of professions and professionalisation

The theory of professions has progressed from the seminal work of Parson (1939, 1968), conceptualising profession as having three criteria (formal education, development of applied skills and social responsibility and significance), to modern concepts which suggest professions should be seen as groups with formal boundaries, specialised functions, specific sets of formal competencies, monopolies of markets and professional regulation of values and beliefs (Abbott, 1988; Evetts, 2013; Eliot Freidson, 1988; Kazun, 2016; Saks, 2010).

The legal profession has been examined extensively through these concepts and is considered (along with the medical profession) as being one of the two foundational professions with a long history, state supported power and strong boundaries (Kazun, 2016). It is suggested that the altruistic element of legal ethics (the requirement to undertake pro bono work and to put the client's interests ahead of one's own) comes from the requirement of professions to have a social responsibility (Lansdell, 2016). It also meets the definitions of profession which look to state regulation and sanction of activities with legal professions internationally being subject to regulation and their boundaries strictly controlled (for example: Legal Services Act 2007 (UK), Legal Profession Uniform Application Act 2014 (Vic and NSW), Legal Profession Act 2007 (Qld), state-based licensing in the United States (Cohen, 2009)). While it may be argued that in any profession geographical context and the struggle between professions in that context may influence their process of defining and redefining (Abbott, 1988), it would seem that the regulation, status and foundational primacy of law remains consistent internationally (Bell & Daly, 1992; Sloane, 1967). In Sloane's early work on socio-legal collaborations, social workers certainly described lawyers and the legal profession using these theoretical concepts, suggesting they have "great

power and authority, and are jealous of surrendering any vestige of these" (Sloane, 1967, p. 91).

While the legal profession may meet these defining criteria (Kazun, 2016), social work and other professions found in socio-legal collaborations have found it more challenging to stake a claim as professions. As opposed to law, social work represents a shorter and less established professional history, with legislative regulation and licensing inconsistently applied across the world (Weiss-Gal & Welbourne, 2008). Questions have been raised within social work as to the legitimacy of it as a profession for over a century, particularly in response to changing social and political environments (Flexner, 2001). Across western countries, the welfare state period of the 1950s to 1970s presented a time where society as a collective was most important and professions such as social work were supported and in demand as central to the state-based professional services (Hancock, 2008; McDonald & Jones, 2000). The rise of neoliberalism and the individualistic nature of this political and policy environment since the 1980s, however, challenged this professional certainty, with suggestions its status was more as a 'bureau-profession' than a profession proper (Lymbery, 2001; Meagher & Parton, 2004). Since this time there has run a continued profession project debate ranging from "an ambivalent attitude toward professionalisation….and being reluctant to embrace professional power" (McDonald & Jones, 2000, p. 4) to pursuing professional characteristics and accreditation (McDonald & Jones, 2000). The rising prominence of post-modern thinking also challenged the professional boundaries around social work at this time (Hugman, 2001), supporting a move away from universal theories of practice and expertise central to professionalisation (Donovan, Rose, & Connolly, 2017; Dybicz, 2015). These issues of professional definition and recognition would also seem to be reflected across the socio-legal collaboration literature. While the early work of Sloane (1967) and Craige and colleagues (1982) defined the social work profession clearly including reference to different levels of tertiary qualifications and specific competencies, the later works of Noone (2012), Clutterbuck (2007) and Curran (2015b) give no professional definition at all, while Walsh (2012) and Hymans (2012) name but give little definition to the social work profession.

These theoretical concepts around professions are also relevant for the other professions, such as counsellors, psychologists or nurses potentially working in socio-legal collaborations (King & Ross, 2004). How well a profession is defined, its status and the solidity of the

regulation around its boundaries, values and roles, may have a significant impact on the collaboration undertaken with professions such as law or social work (Kazun, 2016; King & Ross, 2004). In the context of understanding socio-legal collaborations, these theories of professionalisation highlight the need to assess the actual professions participating so it can be understood what role perceptions of professionalisation play. Their relative professionalisation highlights issues of comparative status, leadership and expertise, which in turn may have a significant effect on how those professions interact and collaborate.

3.3.2. Theories of professional socialisation

Professionalisation however is no guarantee that individuals within those professions will act or feel aligned with the values and practices espoused by the group. Professional socialisation is an important consideration in the context of socio-legal collaborations as it addresses the ways in which individuals are brought into professions and the strength of professional values or perceptions held by individuals in those groups. Miller suggests that, as a process, professional socialisation can be understood as a "career-long evolving relationship to three dimensions: professional values, professional attitude and professional identity" (2013, p. 370). Through stages of pre-education (prior socialisation from personal and family experiences, and anticipatory socialisation through the desire to be part of a profession), education and practice, individuals are exposed to and absorb explicit and implicit messages as to the culture, norms and values of the profession they are joining (Miller, 2013; Peterson, Farmer, & Zippay, 2014; Shuval, 1980). These may change over time as professions respond to external and internal influences, however through this process, emerging professionals are socialised into common values and behaviours, and in doing so the profession informs their concept of self and professional identity (Cornelissen & van Wyk, 2007).

Much has been written on the process of legal socialisation and the role of adversarial style legal education in the development of a traditional legal culture focused on competition, aggression, rationality, objectivity and the unemotional (Bratt, 1977; Daicoff, 2011; Heath, Galloway, Skead, Steel, & Israel, 2017; Sloane, 1967). A "lawyer personality", it is asserted is ingrained into legal actors to a point where it is unquestioned despite its potentially negative impacts on clients and the practitioners themselves and which is reinforced by participation in legal systems rewarding these traits (Daicoff, 1997; Moorhead et al., 2016).

It is argued that the way in which law is taught socialises legal students to the authority and expertise of the legal profession with the focus being on an individual authoritative professor and the Socratic method of delivery (Taylor, 2006). Critiques of this narrative of legal socialisation, however suggest that the 'lawyer personality' does not necessarily align with the values of students developed through anticipatory socialisation. Moorhead and colleagues (2016) suggest a disconnect can arise for law students who anticipate an alignment to values taught in the explicit curricula, such as altruism and client autonomy, but for whom the implicit curricula drawn from experiences such expert driven teaching methods, is at odds. This can result in poor mental health and wellbeing outcomes for lawyers (Parker, 2014) and is the foundation for therapeutic jurisprudence and the comprehensive law movement as discussed in Chapter 2, which seek to reform legal education and practice and in doing so create professional values and practice beyond the "lawyer personality" (Aiken & Wizner, 2003; Daicoff, 1997; Douglas, 2013).

In social work implicit curriculum such as the creation of classrooms which are safe for diverse student groups and disclosures, has been highlighted as a core way in which students are socialised into social work practice and values (Bogo & Wayne, 2013). It has been suggested that the implicit curricula found in discussion-oriented classrooms and professors who rely upon the expertise of students within the room for example may result in professional socialisation towards collaborative group processes and away from defined expertise (Taylor, 2006). However, it is also suggested that exposure to field placements outside the classroom and client interaction are also socialising factors, with the ability to both increase and decrease commitment to social work values such as social justice and client centrality (Bogo & Wayne, 2013; Miller, 2013). The process of professional socialisation through education and field placements has been seen as an essential component of the professional project in social work, with it argued that strong socialisation into a stable set of values, skills and knowledge adds legitimacy to the profession (Bogo & Wayne, 2013; Moorhead et al., 2016).

Beyond educational settings, studies of prior and anticipatory socialisation in social workers suggest that early life experiences and pre-existing leanings towards the values associated with social work are central to higher degrees of professional socialisation (Miller, 2013).

Such theories suggest that in socio-legal collaborations, it is not just the professions involved that may be of interest but also the professional socialisation of individuals which may indicate where and why collaborative interactions or collaborative relationships develop. In order to gauge socialisation and the strength of professional identity, theoretical concepts such as affective commitment (Meyer, Allen, & Smith, 1993) can be used to measure the level of commitment shown to both profession and organisation. Affective commitment is a psychological state in which individuals stay with an organisation or profession because they want to, rather than staying due to need or obligation (Meyer et al., 1993). Group prestige or status has also been identified as a key antecedent to commitment and organisational identification, where the higher the prestige related to a group, the higher the commitment shown (Mael & Ashforth, 1992). To this effect Bell & Daley's study of socio-legal collaborations noted that participants described a high degree of status and prestige attached to the legal profession as compared to social work (Bell & Daly, 1992). This potentially raises questions as to the relative commitment and socialisation to both professional groups and programs/organisations. Understanding how professional identity is influenced by organisations and professions will give insights into different professional interactions in different program settings and the level of change in professional identity or practice.

3.3.3. A mutual theory of practice: ethics of care and justice

In utilising the professional socialisation and commitment theories set out above, various professional values or 'personalities' have been asserted by law and social work, with many drawing on the work of Carol Gilligan (Gilligan, 1982, 2014). Gilligan's work expands broader understandings of human development by focusing on the influence of gender in ethical decision-making and questioning human responses to ethical conceptualisations which had, to that point, always involved male subjects (Gilligan, 1982). It sought to expand on Kohlberg's moral development theory (Kohlberg, 1981), finding a difference in ethical approaches when comparing those favoured by females, as compared to those favoured by males.

Gilligan's conceptualising of ethical decision-making is of particular interest to this study of socio-legal collaborations, as it has been taken up by both law and social work. In doing so proposes a potential continuum of ethical practice and values where these two key

professions may sit at either end of the continuum with justice and traditionally legal values at one end and care and traditionally social work values at the other. Walsh (2012) considers her work in relation to the continuum, while a range of legal authors (Bryant, 1993; Daicoff, 2004; Ellmann, 1993; Glennon, 1992; Menkel-Meadow, 1985) and social work authors (Frunza & Sandu, 2017; Meagher & Parton, 2004; Rhodes, 1985; Wachholz & Mullaly, 1997) have also considered it in relation to their respective professions.

The female approach identified was based on caring and relationships and referred to as the *ethic of care*, as opposed to the male approach which was centred on individuals and rights and referred to as the *ethic of justice* (Gilligan, 1982). Gilligan's ethic of care/ethic of justice dichotomy came to the fore for law and social work during the resurgence of the women's movement in the 1980s and 1990s. This period saw a considerable growth in the number of women entering the legal profession and renewed interest in gendered disciplinary issues in social work (Palermo & Evans, 2005; Rhodes, 1985). Feminist critics in social work and law have certainly questioned the work's link to gender (Gould, 1988; Walsh, 2012), however feminist scholars have also suggested that these concepts can be used from a feminist rather than feminine perspective, with the concept allowing consideration of alternative approaches developed from a place of strength and positivity rather than as deficient or not the male norm (Cahn, 1992; Gould, 1988; Menkel-Meadow, 1986). These theories have also been taken further than their gendered origins finding a place in wider ethical debates in both social work and law.

In the legal academy there was significant direct interaction with Gilligan's work, questioning the impact of an increasingly feminised law profession and a profession under strain (Parker, 2014). Authors such as Daicoff (2004) and Menkle Meadow suggested that the ethic of care favoured by women could be seen as an alternative to the ethic of justice often favoured by men and which would seem to negatively dominate traditional legal practice. In legal literature the concepts of ethic of care and ethic of justice are broken down into five opposing considerations (Cahn, 1992; Daicoff, 2004; Menkel-Meadow, 1986), with the first two pairs considering degrees of relational interaction and the remaining three pairs processes or approaches undertaken (see Figure 9).

Ethic of Justice	Ethic of Care
Presenting issue	Contextual issues
Upholding rights	Upholding relationships
Working with rules	Working with circumstances
Equality	Equity
Adversarialism	Conciliation

Figure 9: Legal conceptualising of the Ethic of Care and Ethic of Justice elements

It is suggested that the ethic of justice was oriented with a more traditional approach to legal ethics and legal practice in general (Daicoff, 2004). It reinforced the idea of lawyers being focused on the issue as presented by the client and directed by the instructions of that individual client. It aimed to uphold the rights of that individual and work with the rules which dictated their rights and obligations. It sought equality under the law, ensuring each client was treated equally regardless of circumstance and supported adversarialism as the fighting approach required in order to secure the other elements. Opposing this the ethic of care could be seen as an alternative way of practicing law, based on context and relationships ((Menkel-Meadow, 1985, 1986). Here the relational context of the client was as central as their rights and presenting issues. The lawyer would work with an understanding of their circumstances and how any legal solution would fit with these circumstances and social relationships. The focus on client context would value equity over equality and the way in which this could be achieved would be to favour conciliation over adversarialism (Daicoff, 2004, 2006).

The ethic of care is a key practice approach endorsed by the comprehensive law movement and the therapeutic jurisprudence (Daicoff, 2006). This alternative way of practicing law is seen as not only as by-product of the increasing number of women entering into the profession, but also as an antidote to the increasing number of legal practitioners expressing dissatisfaction with legal practice based on a misalignment of personal and professional values (Brooks, 2005; Parker, 2004). Generating an ethic of care in legal practice and collaborating with professions whose practice is founded on an ethic of care is foundational to these movements (Brooks, 2005; Bryant, 1993).

In social work, the extension of Gilligan through the work of Nodding (Freedberg, 1993; Noddings, 1995) has been used to examine the profession through both a gender and a neo-liberal lens (Freedberg, 1993; Meagher & Parton, 2004). It is used to argue that in the

context of political moves towards managerialism and new public management, social work has become more legalised and more oriented toward individuals and an ethic of justice (Ferguson, 2001; Meagher & Parton, 2004; Specht & Courtney, 1994). Likewise, it has been used to consider feminist and feminine perspectives on social work practice and as the underpinnings of a normative model of care (Freedberg, 1993; Orme, 2002; Wachholz & Mullaly, 1997). The ethic of care often takes the focus in social work literature with considerations of how and why the profession may be drifting towards or away from this ethical orientation (Dybicz, 2012; Meagher & Parton, 2004). Meagher and Parton (2004) for example conceptualise the ethic of care as having four elements but do not necessarily elaborate an alternative for each in an ethic of justice (see Figure 10).

Ethic of Care	Ethic of Justice
Relational interdependence of human beings	Individuals as the focus
Responsibility of human beings to each other	Rights of individuals
Moral disposition recognising context	Objective disengagement and expertise
Caring relationships as a process	
Equal moral worth of all human beings	

Figure 10: Social work conceptualising of the Ethic of Care and Ethic of Justice elements (Meagher and Parton 2004)

As is the case in the legal academy, the ethic of care and ethic of justice are often seen as two opposing ends of an ethical scale, the promotion of one requiring movement of a profession along the scale (Freedberg, 1993; Meagher & Parton, 2004). However, in some, social work also poses the possibility of these two perspectives being jointly held, rejecting their polarity and suggesting comprehensive practice and particularly social work in legalised settings, can and should include elements of both (Orme, 2002; Sheehan, 2010).

As a basis from which to theorise values, ethical decision-making and practice in both social work and law, the concept of ethic of care/ethic of justice provides a strong foundation for the consideration of comparative practice in socio-legal collaborations. As a framework which is common to both of the key collaborating professions, use of ethic of care/ethic of justice presents an opportunity to examine socialisation into professional values and the impact of collaborative settings on practice change. The elements of ethic of care/ethic of justice are further considered in the research design set out in Chapter 4 and in the discussions of practice and practice change in Chapter 9.

3.4. A grand theory of setting, interaction and relational sociology

The middle-level theories set out previously consider ways in which the individual elements of socio-legal collaborations can be understood through broader conceptualisation. The value of grand narratives such as that of Pierre Bourdieu, however, is how these theories can be folded together and how the settings around these elements and the interaction of elements can be understood. A relational sociologist (Mustafa Emirbayer & Williams, 2005) Bourdieu conceptualises social interaction and the spaces in which interactions take place, as focused on the relationships between individuals, groups, institutions and classes, driven by the need of each agent for recognition of self and place. While originally focused on the individual, this framework has also been taken up by theorists of organisational analysis and research (Everett, 2002). Examining the interplay between and influences on organisational actors (Everett, 2002), Bourdieu provides a way of considering the relational and process oriented nature of power in socio-legal collaborations and their organisational settings.

In terms of the professional participants in socio-legal collaborations, the work has been taken up by the legal academy (Dezalay & Madsen, 2012; Jewel, 2008; Kazun, 2016) and Bourdieu himself has written explicitly about law and the judicial field in *The Force of Law* (Bourdieu, 1986). Bourdieu's explanation of the judicial field includes an assertion of the "power of legal doctrine and language to turn social reality into legal reality where lawyers as keepers of power construct a key position in the management and evolution of that legal reality and its role within the state" (Dezalay & Madsen, 2012, p. 437-438). It is through this position of power, that the legal profession and legal education can reinforce social stratification and class hierarchy both within its own ranks and between it and other actors who collaborate or interact in legal spaces (Jewel, 2008).

Bourdieu has also increasingly come to the attention of the social work academy. It has been promoted as a sociological theory which can add to the discipline's understanding of various areas such as the workings of the welfare and homelessness fields (Peillon, 1998), conceptualising poverty and culturally sensitive social work (Fram, 2004; Houston, 2002) and more generally as a framework for social action and social context (Garrett, 2007a, 2007b). Others, however (Garrett, 2007a; Weigmann, 2017) also raised the possibility of Bourdieu being used to stimulate an internal examination of the discipline and the social

spaces in which it interacts. The emergence of socio-legal collaborations, therefore and the potential role for the social work discipline within this emerging practice, aligns with Bourdieu as a way to examine not just the nature of these collaborative spaces but also the nature of the role allocated to the social work discipline.

3.4.1. Bourdieu's relational theory of practice: folding middle-level into grand narrative

The work of Bourdieu provides three key interconnected concepts, *habitus*, *field,* and *capital* (Bourdieu, 1977), which together provide a broad and contextual understanding of social interactions, structures and relationships, elements central to socio-legal collaborations.

As a way of conceptualising the nature *who* is participating in collaborations, Bourdieu describes habitus: the internalisation of extended experiences, conditions and constraints, "durable, transposable dispositions" (Bourdieu, 1990, p. 5353), which are layered upon an individual within a collaboration, a professional group or the institution in which the collaboration is located. Importantly this is a chronological layering, where those experienced early or for an extended period of time have a greater strength than those which are short term or more recent. The embodied dispositions of the individual and the group are shared dynamically, with the individual adding to the group and the group adding to the individual. At a group or professional level, it is the commonality of dispositions amongst members, which adds to a sense of belonging and shared knowing (Maton, 2012). Individuals often choose occupations or training based on their own sense of compatibility with the discipline (Miller, 2010; Peillon, 1998), and as such disciplines such as law and social work have the capacity to reinforce and replicate the habitus that exists within the individuals drawn to them. While habitus and identity are similar and dynamically related concepts, they are not interchangeable. Habitus is essentially the implicit, to identity's explicit, expression of self. Habitus is the unseen sense of being, the history of experiences influencing social action (Bourdieu, 1990, p. 55). However, while identity theory suggests there can be an explicit formation process culminating in identity or socialisation achievement (Valutis, Rubin, & Bell, 2012), habitus is a dynamic, ongoing layering which may favour extended experiences but which is constantly in flux and never finalised, "a history which is endlessly transformed" (Bourdieu, 1990, p. 116). In relation to the middle-level

theories set out above, habitus can be seen as similar to theories of professional socialisation such as Miller's (2010) concept of 'pre-socialisation' (the history, values and experiences brought by individuals to the professional socialisation process) or the implicit curriculum (an unseen teaching of values) (Bogo & Wayne, 2013; Peterson et al., 2014). These theories acknowledge the implicit and underlying elements of professional socialisation and argue that differences in professional contexts, such as work places, field placements and educational settings are a constant influence on professional identity formation and adaption (Miller, 2010). This is of consideration in socio-legal collaborations not just for the different professional habitus that is developed in collaborating professions such as social work and law but also the influence that working in collaboration may have as a layered experience in habitus development.

Bourdieu defines the second concept, *field,* as "structured, social space", spheres of existence in which individuals or a group such as the social work and legal disciplines interact (Bourdieu, 1998, p. 40-41). A field may be small, such as within an organisation or workplace, or may be very broad such as the welfare or legal field or the broadest, the social field. While defining the boundaries of a field and the consequential decisions of inclusion and exclusion are complex, what will set one field apart from another is its specific set of rules and requirements (Emirbayer & Johnson, 2008). These are what provide actors within the field a 'feel for the game' (Bourdieu, 1994, p. 63), the implicit knowledge of what is required of them, the hierarchies within the field and what is valued in each actor. In the context of socio-legal collaborations, understanding the fields in which they exist or their creation of a separate socio-legal collaboration field, draws attention to the potentially different experiences of the professions within them. For social work more generally, the fields of interaction are quite broad (Donovan et al., 2017). In the UK it has been predominately state based, focused on local authorities and more recently state-initiated systems of 'private or independent' provider organisations (Garrett, 2014, p. 515). In the US and Australia, the field in which social work interacts is even broader with the inclusion of strong private practice and philanthropic welfare sectors, as well as the state (Donovan et al., 2017; McDonald, Harris, J. and Wintersteen, R., 2003). For law the legal field is well defined and articulated, comprising of the judicial system and legal doctrine (Bourdieu, 1986). Fields as set out by Bourdieu speak to the settings of socio-legal collaborations and both collaboration theories and theories of professionalisation outlined above. These

collaborations may be seen as subfields, “enclosed in a social universe with its own law of functioning” (Everett, 2002, p. 60). Typologies of collaboration, therefore could be seen as different collaborative sub-fields (Weigmann, 2017) where different capital and value rules exist within their boundaries. Theories of professionalisation, however, also speak to professions as separate sub-fields. While Bourdieu himself was dismissive of professions as homogenous groups with collective field rules (Bourdieu & Waquant, 1992; Kazun, 2016), others using Bourdieu in the organisational space would suggest that the boundaries and exclusivity created by professions place them clearly within this concept of field (Kazun, 2016).

In the context of socio-legal collaborations this concept of field is most important in how it is informed and interacts with the third component of Bourdieu’s framework, *capital*, which relates to the concept of value within a field. Bourdieu describes capital across four avenues; economic, cultural, social and symbolic (Bourdieu, 2001) with others adding political capital (Peillon, 1998) and gender capital (Huppatz, 2009), which can both stand-alone or be exchanged for one another. Capital provides a way of understanding how and to what extent actors with varying attributes are valued within the field. In socio-legal collaborations, how a field perceives and values the ethic of care over the ethic of justice for example and how the different professions align with these ethical approaches for example, will influence the cultural capital of different groups and ultimately “govern their functioning in a durable way, determining chances of success for practices” (Bourdieu, 2001, p. 97).

Taking these central elements Bourdieu also conceives how the elements potentially come together through the concepts of *doxa* and *hysteresis* (Bourdieu, 1977). Doxa suggests that where habitus and the rules of field capital are closely aligned, they are considered to be a natural fit with no questioning or challenging of the field rules, an assumption that the rules are the “natural order” of things (Everett, 2002, p. 6; Weigmann, 2017). It is this assumption that Sheehan warns social work to resist in legalistic settings, that legal outcomes or practice are naturally dominant (Sheehan, 2010).Conversely, hysteresis is a sense of disconnection created when major change occurs in a field, altering its rules of capital and the alignment of rules and habitus. Bourdieu describes the hysteresis effect as when “practices incur negative sanctions when the environment with which they are centrally confronted is too distant from that in which they are objectively fitted” (Bourdieu &

Passeron, 1977, p. 78). In times of social stability change in habitus is slow and gradual, maintaining the match between habitus and field. But at times of dramatic change, such as the new integration of law and social service professions with no previous experience of collaboration or dropping one profession into the organisational context of another, positions become unstable and indeterminate, inertia of habitus and inability to match the changing field, can result in a crisis of disconnection, the loss of place and missed opportunities (Bourdieu, 1977). Essential to these concepts in Bourdieu is also power and the struggle for domination in fields between the dominant and the dominated, those who control the field rules and those who are responding to them or accepting them in an act of symbolic violence (Bourdieu & Waquant, 1992; Everett, 2002). In socio-legal collaborations these concepts speak directly to practice within collaborations and practice change, suggesting the struggle for field domination or expressions of doxa or hysteresis may be at the heart of collaborative interactions and conflict.

While Bourdieu's work is often criticised for its complexity (Jenkins, 2014), it is this complex understanding of social spaces and interactions, which makes it relevant to understanding socio-legal collaborations and the influence they have on the individuals and professions that work within them. Bourdieu's work highlights the possibility of diversity amongst socio-legal collaborations in terms of capital rules and fields and the potential for equally diverse conflicting and competing interactions in these new or changing social spaces. Collaborations may be newly created fields where individuals with different habitus dispositions and different understandings of capital value compete to set the new field rules. They may be created within wider fields such as the legal or welfare field with individuals from outside (and with potentially different habitus dispositions and capital values) drawn into unfamiliar spaces. They may involve through hysteresis, the evolution of existing fields through challenges to capital rules or the evolution of practice in the search for capital and field compatibility. These elements of Bourdieu's relational theory of practice will be brought together with middle-level theories and drawn on to further discuss socio-legal collaborations in Chapter 9.

3.5. SUMMARY

In response to the lack of theory utilised in existing literature of socio-legal collaborations, this chapter proposes a suite of middle-level and grand narrative theories to support how

socio-legal collaborations can be explored and understood. Using an integrative pluralist approach to bring these theories together, they provide a foundation for each of the four elements of socio-legal collaborations, recognising complexity and program diversity.

Theories of collaboration suggest they can be understood in two ways, typology and classification which focus on collaborative processes, and effectiveness and barriers which are focused on processes and collaborative relationships. Brought together, these theories suggest that the collaboration element of socio-legal collaborations could be understood in terms of a combined model where collaborative processes are the key factor, supported by collaborative relationships. Theories of professionalisation and professional socialisation provide ways in which both the social and the legal of socio-legal collaborations can be understood. Professional socialisation suggests that how individuals are socialised into professions and how committed they are to the commonly held values and practices is a key factor in understanding the interaction of the social and legal in socio-legal collaborations. Understanding the values and practices of each profession involved is therefore also important to understanding how the individuals socialised into these professions then interact. The ethic of care/ethic of justice dichotomy provides a way in which professions potentially involved in socio-legal collaborations can be understood and compared. These perspectives have been taken up in both law and social work. While the current socio-legal collaboration literature is not necessarily clear on the social professions involved, the early literature suggests that social work and the values and practices of it as a profession are likely to be of relevance when considering socio-legal collaborations. The relational sociology of Bourdieu provides a grand narrative through which these middle-level theories can be drawn together and the interactions of professions in different collaborative designs can be understood.

The following chapter outlines the philosophical and methodological underpinnings of this study. Taking the existing understandings of socio-legal collaborations and the potential for theoretical explanation set out so far, it proposes a pragmatic approach and a design driven by the practicalities of answering the proposed research questions with a focus on understanding future conduct and the consequence of socio-legal collaborations in practice.

Chapter 4:
Methodology and methods

Adherence to methodological and paradigmatic stances by researchers, has the capacity to fundamentally influence the nature and outcomes of studies undertaken. Positivism, for example, leads researchers to focus on the observable, the quantifiable, the application and proving or disproving of theory in a search for knowable truth (Creswell, 2014). Alternatively, constructivism leads researchers towards diverse views of a phenomena, explanations and descriptions of how a phenomena or experience is created, and the generation of theories in response to multiple truths (Creswell, 2014). Understanding these stances and being transparent in their application and influence, not only assists the researcher in the design and direction of their study but ultimately assists the users of research findings, allowing them to be read in the paradigmatic and methodological context in which they were created. For socio-legal collaborations, an area which despite its potential has delivered limited existing data or theoretical foundations, philosophical stances such as positivism and constructivism have the potential to drive research in particular ways, while not necessarily answering the real and practical questions which sit at the heart of this research. With this in mind, this chapter sets out a pragmatic philosophical foundation, focusing the research on the 'truth' of what is experienced and its practical consequences. It sets out a philosophical and methodological platform for the study design, but as in the spirit of pragmatism, focuses primarily on the design itself and the practical and common-sense application of different methods in order to answer the research questions at hand.

4.1. Philosophy

This study is based upon the philosophy of pragmatism as espoused by early theorists such as Dewey, James, Meade & Peirce, and the more contemporary Howe, Rorty, Patton (Cherryholmes, 1992; Maxcy, 2003). While many of these theorists have divergent views on particular issues, they do agree on the broad concepts behind pragmatism (Cherryholmes, 1992) and it is upon these broad concepts that this research study has taken its foundational stance. Pragmatism is essentially a philosophical approach to research based on the rejection of the forced philosophical dualism between positivism and constructivism

and a focus on applied solutions to research decision-making (Creswell, 2014; Teddlie & Tashakkori, 2003), using practically what works rather than philosophically what is required. It is driven by the primacy of the research question and the "conceivable practical consequences" (Peirce, 1984, p. 494), utilising "practical, common sense thinking" (Maxcy, 2003, p. 55). As such the pragmatism philosophy allows complete focus on the practical questions at hand in relation to socio-legal collaborations. It can incorporate the theoretical concepts outlined in Chapter 3, while not being dictated to by hypothesis testing. Likewise, it can address the lack in empirical data while not losing sight of how multiple views and perspectives add depth and acknowledge the complexity and experience of human systems.

The pragmatist's approach to ontology, epistemology and axiology is that of brevity and practical multiplicity. The question of ontology and epistemology, the nature of reality, truth and knowledge, is answered by a practical reliance on both singular and multiple realities, belief that "humans live in a common world that is nevertheless non-objective" (Maxcy, 2003, p. 59). In order to understand this truth, theorists, such as Dewey, present a "transactional theory of knowing" (Maxcy, 2003, p. 59), a connection between meaning and action where decisions are based on practicality and what works.

Pragmatism moves the positivism/constructivism debate around axiology and values from unbiased versus biased stances (objective and quantitative versus subjective and qualitative), to the inclusion and acceptance of multiple perspectives, acknowledging that the values of the researcher influence both research selection and interpretation (Cherryholmes, 1992; Tashakkori & Teddlie, 2003b). The choice of pragmatism in this thesis, of itself, is reflective of the researcher's own philosophical leanings, as well as at a practical level, the historical links between pragmatism and social work, such as Dewey's work with Jane Adams and the Chicago, Hull House (Maxcy, 2003). Pragmatism in this setting fits both the researcher and the researched, appealing to each at both a philosophical and a practical level.

However, while further discussion of the philosophical basis of pragmatism could be undertaken here, the nature of the pragmatic stance itself dictates that focus should be given to the research questions and the practical application of methods in order to best answer them. As such rather than letting philosophical stances and the paradigmatic debates create a divergence from the task at hand (Cherryholmes, 1992; Rorty, 1983), in the

style of pragmatism, far greater consideration must be given to the methodological choices made in this study. While questions of ontology and epistemology are interesting to some pragmatists, the key considerations will always surround the process of research and the practical and consequential outcomes of that decision-making and design.

The research in this study is focused on the nature and experience of the current socio-legal collaborations as described in Chapter 2 and 3, in order to enhance an understanding of their future conduct and consequence in practice. A pragmatic approach was taken to understanding the history and existing analysis of socio-legal collaborations. Core to this was an inclusive and accepting attitude toward the variety of theories and positions presented, assessment of literature based on its practicality and consequence, and the choice of theories to be pursued based on what the researcher "thinks is known and looking to the consequences he or she desires" (Cherryholmes, 1992, p. 14). From this, the methodology and design of the study detailed below, incorporates the collection of both objective and subjective perspectives. It engages a mixed methods approach to quantitative and qualitative data in order to meet and understand the consequences of the research study and its practical requirements.

4.2. Methodology

The collection and combining of both qualitative and quantitative data, as undertaken in this study, has developed into a methodological approach through the work of various writers including Tashakkori and Teddlie (2003a; 2009), Plano Clark and Creswell (2011), Johnson and Onwuegbuzie (2004) and Morse and Niehaus (2009).

Various mixed methods approaches have evolved out of writings in this area and debates have ensued as to what, when, how and why mixing should occur in the research process (Creswell & Plano Clark, 2011). Bringing together the diversity of views, Creswell and Plano Clark (2011, p. 5) suggest that a mixed methods approach requires six core characteristics: collection and analysis of both qualitative and quantitative data; mixing, integrating or linking the two forms of data by combining, building or embedding them within each other; giving priority to one or both forms of data; doing this in single or multiple phases; framing these in philosophical world views and theoretical lens; and combining the procedures into research designs that direct the study conduct.

In this study, the area to be researched is both of heightened interest in the practice setting and relatively unexplored. While practitioners working in or contemplating socio-legal collaborations and policy makers advocating for their introduction are eager to understand how they work and their practical possibilities, research as to the experience of working in socio-legal collaborations is underdeveloped and it remains unclear even where or in what form these collaborations exist. In such a case, quantitative data are necessary in order to understand the forms, locations and breadth of collaborations across the country. Quantitative data allows similarities and differences to be measured, it allows locations and practice areas to be compared, and presents a generalisable picture of the socio-legal landscape to help practitioners in the field answer their driving question of 'who is doing what'. The picture generated by quantitative data alone, however, may provide a measure of 'who' and 'what' but it is unable to flesh out in more depth the experience of working in this way without the use and combining of qualitative data. In this study, qualitative interviews gave the opportunity for rich descriptions of experience to sit along-side the quantitative who and what. In an under explored area, the combining of qualitative and quantitative data allows the capture of arrangements, concepts and experiences not anticipated by existing literature or the researcher themselves. While the quantitative form encourages measurable accuracy, it is only accurate as to the questions designed and asked by the quantitative instrument. By combining qualitative data, however, the study is able to explore beyond the parameters set in the quantitative stream and highlight subtle differences or alternative forms not anticipated at the study's inception. Like an artistic exercise, the quantitative data provides an outline of the image, hard lines accurately placed on a canvas. However, it is only with the combining of qualitative data that the outline can be coloured in, fleshed out and the once outlined image can come to life.

A criticism of mixed methods is that studies conducted in this way are essentially unable to reconcile the alternative philosophical premises of qualitative and quantitative data, and as such the effort to combine them is a misnomer and an impossible task (J. Smith, 1983). Proponents of mixed methods, however, suggest that it is only through mixed methods that the limitations of both qualitative and quantitative methods can be overcome (Creswell & Plano Clark, 2011). In this study, the pragmatic and practical need for both forms of data are the driving forces behind the methodological and study design choices. While reconciling qualitative and quantitative data may be a challenge, it is one approached with

transparency and one which informs both the study design and the application of mixed methods approaches outlined below.

4.3. Design and analysis

Research design and analysis in this study has been chosen as an application of pragmatism and mixed methods to the specific research aims and questions posed.

4.3.1. Research aims and questions

As set out in Chapter 1, the purpose of the research is to provide an in-depth analysis of collaboration forms, so that program decision-making and formation can be based on accurate understandings of how they work in practice and the individual factors which may need to be considered or overcome. It will provide an understanding of the role social workers play in these collaborations and the opportunities for leadership and extended practice research to optimise and enhance the social aspect of the socio-legal collaborations.

In order to achieve these aims, this study poses four research questions:

1. What is the nature and distribution of socio-legal collaborations currently existing in Australia?
2. Which professions are currently working in Australian socio-legal collaborations?
3. What do professionals say is their experience of working in socio-legal collaborations?
4. What influence does working in Australian socio-legal collaborations have on professional practice?

4.3.2. Study design

Utilising the core characteristics of mixed methods, there are six study designs which can be engaged in order to meet these characteristics, taking into consideration the research problem, the reasons for mixing and the required simplicity and implementability of the research (Creswell & Plano Clark, 2011). The six designs include the *convergent parallel design* (implementation of qualitative and quantitative strands concurrently), *explanatory sequential design* (quantitative followed by qualitative), *exploratory sequential design* (qualitative followed by quantitative), *embedded design* (qualitative and quantitative data

collected within a qualitative or quantitative design), *transformative design* (choices informed by the transformative framework) and *multiphase design* (qualitative, quantitative and mixed phases within one study) (Creswell & Plano Clark, 2011). The choice of design, however, must be led by the practical reality of the research question and what will work best in order to understand the research subject and answer the research questions.

This study has been designed using the convergent parallel design model (Creswell & Plano Clark, 2011, p. 77-81) (see Figure 11) in order to answer the four research questions identified above.

The choice of this design was driven by pragmatic decisions in relation to the nature of the socio-legal sector and the most effective methods by which data could be practically gathered to answer the research questions of this study. Research questions one and two have clear applicability to quantitative measures and program counts. Questions three and four however lend themselves to qualitative exploration.

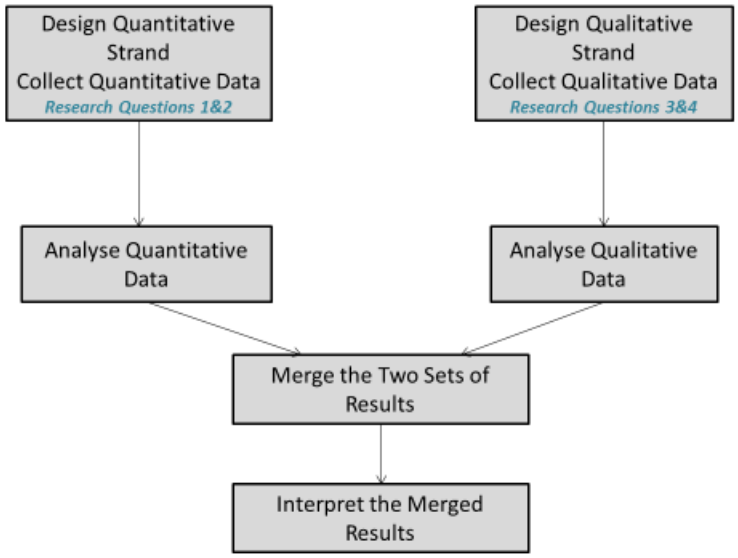

Figure 11: Convergent parallel design (adapted from Creswell & Plano Clark, 2009, p77-81)

Both qualitative and quantitative data are of equal value in this study, with each providing corroboration and validation to the other and a deeper understanding of the phenomena as

a whole. The under-researched nature of socio-legal collaborations means that there is simply not enough known about them or quantitative measures developed, to guarantee that an explanatory model where quantitative data are gathered first and qualitative data are used to explain those results, will reflect with accuracy the phenomena. Similarly, taking an exploratory approach requires qualitative data collection with which to inform or develop quantitative measures. Without knowing where programs are located or their national spread (which can only be collected quantitatively) it is not possible to ensure the qualitative sample is representative enough to produce quantitative measures that are applicable across varieties in the population.

In accordance with this design model, the quantitative and qualitative data was collected concurrently during the same phase of the research and then analysed separately. The concurrency in this design is not necessarily in terms of the timing of data collection but in the intent for them to be completed independently rather than one acting as an influential base (Creswell & Plano Clark, 2011). The two data sets were then brought together, demonstrating how these concepts could be understood using the generalisable findings of the quantitative strand and the in-depth perspectives of the qualitative strand. As such it was not necessary to ensure equality or weighting of sample sizes as each strand brought with it a different purpose and independently provided an adequate count (Creswell, 2014, p. 222). Unlike emergent mixed methods designs, in which the combination of qualitative and quantitative methods is taken up in order to counter concerns about the study as they arise in the undertaking (Creswell & Plano Clark, 2011), the methods outlined here were fixed and part of the study design from the outset.

4.3.3. Implementing the study design

The quantitative strand data for this study was gathered from two online surveys. One was sent to program coordinators and managers of identified programs to understand the nature of those programs, the other was sent to staff within those programs and focused on their perspectives of programs and their experiences of working in them. The purpose of this strand was to collect data as to the characteristics and attributes of the entire socio-legal collaborations population in the program census and to generalise characteristics, attributes and behaviours from a sample to the wider population in the staff survey (Babbie, 2007; Creswell, 2014). Online surveys were chosen as the most cost effective, convenient

and effective way of gathering data from programs and staff across the country (Creswell, 2014; Sue & Ritter, 2012). As a workplace-based study, online surveys distributed by email and on the study's website, allowed staff and managers to participate in the study during work hours and using work computers. The online nature of the surveys also allowed staff or managers the flexibility to complete them at home, should this be more convenient or appropriate for individuals.

The qualitative data for this study was gather from 18 semi-structured interviews undertaken with staff survey respondents. The purpose of this strand was to add depth and detail to the characteristics, attributes and behaviours reported in the quantitative data and to illicit descriptions and details of programs and staff which were outside the parameters of the quantitative surveys.

While the researcher had worked in both the legal and social service fields, they had no prior insider knowledge of any of the programs or staff who participated in the study. Recruitment, sampling and analysis, as outlined for each strand below, was not limited or influenced by the researchers knowledge of either sector, with the researcher being unaware of most participating programs and all interview participants prior to the study.

The study design was approved and endorsed by the University of Melbourne HREC prior to recruitment or data collection in application 1646536 (see Appendix 7).

4.3.3.1. Program census survey

The program census was a 25-question instrument administered online. It focused on the extent and nature of socio-legal programs in Australia and was designed to be completed by a program manager or co-ordinator with knowledge of the program's structure and funding. Using the statistical definitions of a 'census' (McLennan, 1999, p. 3) where everything or every unit within a population is counted, it is the aim of this instrument to count every socio-legal collaboration currently working in Australia. While organisations such as Health Justice Australia distinguish health-based programs (Forell, 2018a), this study used a broad and inclusive definition of social services including but not being limited to community health organisations, hospitals and mental health focused programs, and including the health and social service professions found within them.

Content

The census survey included 25 items as set out in Appendix 2. Questions were grouped into four main sections. The first section included 12 items examining the program, including location, key areas, practice theories used and funding. The second section was focused on program staff, using three items to consider professions employed, number of staff and gender balance. The third section was four items focused on the collaboration including collaborative form, collaborative relationships and improvements. The final section was respondent demographics with four items of profession, job title, previous roles and gender. The census included two established measures, 'Levels of Collaboration' (Frey et al., 2006) and 'Assessment of Interprofessional Team Collaboration Scale (AITCS)' (Orchard et al., 2012). 'Levels of Collaboration' is made up of five descriptions of collaboration from which the most appropriate description is chosen (Frey et al., 2006). It has been used in other studies in the context of collaborations in oncology and chronic health care including Sy et al (2011) and Trach (2012). The 'Assessment of Interprofessional Team Collaboration Scale (AITCS)' (Orchard et al., 2012) includes 10 items and uses a five-point Likert-like scale from "never" to "always" examining areas such as trust, respect and power. The scale was found to have good internal consistency, with a Cronbach alpha coefficient reported of .94 (Orchard et al., 2012, p. 62). It has been used in other studies in the context of health and welfare such as Prentice et al (2016) and Treadwell (2015). These instruments were identified in the collaboration theories set out in Chapter 3, and unlike other theories examined, provided specific items which could be utilised efficiently within the program census survey.

Recruitment

The current population of socio-legal programs in Australia is unknown, as no other census or audit of socio-legal programs could be found during the review of literature. The aim of the census therefore was to generate, as accurately as possible, a snapshot of the socio-legal programs currently on offer in 2016/17, across the country.

In order to do this the following inclusion and exclusion criteria were applied to program census responses, as guided by the varied descriptions of socio-legal collaborations found in Chapter 2.

Program inclusion criteria

To be included in the study programs needed to demonstrate:

- The employment of lawyers or social service professionals (see terminology definition in Chapter 1) within the one organisation, OR
- A close and fundamental working relationship between legal and social service professionals in different organisations, where they work together for shared clients.

The program inclusion criterial listed above were included in the on-line promotional material and face-to-face recruitment conducted by the researcher. Program survey responses which did not list either lawyers or social service professionals as involved in the program were excluded using these criteria.

Program exclusion criteria

Programs were excluded from the study if they demonstrated:

- Practice conducted in a court setting and at the direction of the court rather than an independent advice or support setting.

No distinction was made between programs that were predominantly legal or predominantly social service in orientation and both forms of program were included in the census.

The census was opened for completion between April 2016 and February 2017. It purposefully included any programs available during that time including those existing earlier in the period but which were not operating by the end and those that were established during the period. In order to assess the accuracy of the census data, an estimation of the population (the 'estimated population list') was generated from the researcher's knowledge of existing programs and lists of programs available from peak groups such as Health Justice Australia, Legal Aid Commissions in each state, the Community Legal Centre federations for each state, and the National Association of Community Legal Centres. Legal organisations were targeted in this way due to mandatory registration requirement for all lawyers and legal practices, and the visibility this creates for the legal side of socio-legal collaborations. In comparison, no such compulsory regulation exists in relation to who can provide social services with various professions taking up these roles. While the individual social service professions included in the study's broad definition of social services do have forms of regulation and registration (such as psychologists, nurses

and social workers), the levels of regulation are not as stringent as in law and do not provided enough information from which to locate the programs in which they are practicing. The estimated population list, from these bodies and the researcher's knowledge, totalled 72 programs. All programs on the estimated population list were contacted by the researcher (via email and phone) and invited to participate in the research via the census. The managers or co-ordinators of these programs were forwarded an email outlining details of the research and containing a direct link to the on-line program census survey as well as a link to the research website which also includes direct links to the census survey and associated participant information.

In addition to this, the study was also advertised with legal and social service peak bodies more generally including in-person attendance by the researcher at the Community Legal Centres Queensland's Research Roundtable, in-person attendance by the researcher at the Victorian Federation of Community Legal Centres Social Work Network Meeting, in person attendance at two key Northern Territory legal programs who undertake collaborative work, promotion via a flyer distributed to all attendees of the National Association of Community Legal Centres Annual Conference, inclusion in the 'Current Research' section of the Australian Association of Social Workers (AASW) monthly communication and website, and inclusion of an article in the Australian Association of Social Workers (AASW) quarterly publication *Social Work Focus* (Donovan, 2016).

In order to further increase the accuracy of the population identified by the census, snowballing recruitment was also employed as an element of both the census and the staff survey. Participants were asked to list any other socio-legal programs they were aware of, the results of which were added to the estimated population list. Following the entire recruitment process the estimated population list contained 74 potential programs, which were all invited to participate in the study.

The estimated population list has been used in this study design as a way of assessing the accuracy of the population identified by the census, and as such it does not form part of the study's collected data. This design decision was taken as a way of prioritising accuracy, as the key concern for the study, while also balancing the ethical and practical considerations of confidentiality. In the census, participants were asked to include the name of their program so that it could be checked against the estimated population list. Central to this is

the capacity to ensure as much as possible that programs are not duplicated in the census population generated by the study, by checking there is only one census response per program. Participants however were also assured that the name of the program would be removed from the data collected once the duplication check had been completed, ensuring confidentiality of their responses

Population secured

The program census returned a total of 106 responses. These responses have been reviewed and the program and response exclusion criteria applied to ensure all responses were applicable for this study. When the program inclusion/exclusions criteria were applied, two responses were removed due to being located in court settings. These were identified using the name of the program included in each response, which indicated they were court-based (eg, listed as "ABC Court Service").

Further response inclusion/exclusion criteria were also developed in order to assure data volume across the data set. These criteria were based on research questions one and two, for which the census was designed (what is the nature and distribution of socio-legal collaborations in Australia and which professions are currently working in them). The aim of these questions is to enable mapping of program demographics and as such the essential element for inclusion was majority completion of the program demographic section. Survey responses that did not meet the criteria below were removed from the data:

Response criteria

- Must complete at least 15 of the 27 questions, AND
- Must complete at least 4 of Question 3-9: About the Program

Application of both criteria resulted in 35 census responses being removed from the data. All of these responses answered less than 4 questions across the whole census. They also did not include the program name, and as such the research was unable to follow up responses directly with programs.

A further two responses were removed as they were duplications of programs where a previous response on behalf of that program existed in the data (see Table 1).

	Program Criteria	Response Criteria	Duplication	Total
Program census responses removed	2	35	2	39

Table 1:Exclusions in Program census

Duplications were identified by the use of the same program name being listed in responses and consistency of response to questions such as staff numbers and year of commencement. For both of these duplications one response was complete, while the other failed to meet response criteria 1 and was also excluded on that basis. The remaining 67 census survey responses were cross-checked against the 74 programs on the estimated population list, confirming that 7 potential programs on the estimated population list had not completed the census survey. These programs were contacted on two further occasions to request participation, however their responses were not able to be secured.

With such a small estimated population, the sample size required in order to have an accurate representation of the population as a whole is quite high (Teddlie & Tashakkori, 2009, p. 183). While an infinite population can be represented to a confidence level of 95% within a margin of error of +/- 1% by a sample of 1000, a population of only 100 requires a sample of 99 in order to achieve the same accuracy (Teddlie & Tashakkori, 2009, p. 183). The sample of the estimated program population achieved by the census response in this study is 67 out of a possible 74 or 90.5%. This sample is therefore an accurate representation (to a confidence level of 95%) of the population within an error margin of +/- 3.71% (see Table 2).

	Estimated population	Census assessed population	Census population as a % of estimated population	+/- Margin of Error
Programs	74	67	90.5%	3.71%

Table 2: Program census population sample

Sample demographics

In the program census demographic questions were located at the end of the survey. Of the 67 respondents, 9 stopped answering the survey after the substantive questions and

therefore provided no demographic data. The demographic data collected is set out in Table 3.

	Frequency	Valid Percent
Professions (n=58)		
Lawyer	23	34.3
Social worker	24	25.8
Psychologist	1	1.5
Counsellor	1	1.5
Support worker	2	3.0
CEO	1	1.5
Community development	1	1.5
Community services manager	3	4.5
Director	1	1.5
Educator	1	1.5
Professional groupings (n=58)		
Social services	27	57.4
Legal	23	40.3
Administration	8	12.3
Gender (n=58)		
Female	50	86.2
Male	8	13.8
Females in professional groupings (n=50)		
Social services	24	48.0
Legal	20	40.0
Administration	6	12.0
Males in professional groupings (n=8)		
Social services	4	50.0
Legal	3	37.5
Administration	1	12.5

Table 3: Program census respondent demographics

The respondents were mostly lawyers (n=23) and social workers (n=24), but also included other professions such as support workers, a counsellor, a psychologist and management and leadership roles. These professions were also collated into social service, legal and administration groupings, in accordance with the professional distribution utilised in Question 16 of the program census (see Appendix 2). Respondents who chose 'Other' were allocated to administration based on the generality of these mainly leadership roles. On this basis 57.4% of respondents (n=28) were from the social services, while 40.3% were legal (n=23) and 12.3% were administration (n=7).

The vast majority of program census respondents were female (n=50) compared to males (n=8), and this split was present in all three professional groups, legal professionals, administration and social service professionals.

Reliability and validity

This study represents the first undertaking of the program census survey and as such it is not possible to report directly on test-retest correlations or reliability. The program census survey however was piloted with three staff at Victorian socio-legal collaborations (two social workers and one lawyer). Through this process the wording of questions were refined to ensure content validity and consistency across concepts such as 'host organisations-wider organisations', 'professions-disciplines'.

The Cronbach alpha coefficient was calculated for the data from collected in the 'Assessment of Interprofessional Team Collaboration Scale (AITCS)' (Orchard et al., 2012). This has been reported in Chapter 7, with coefficients between .5 and .79 considered acceptable and those over .8 considered highly reliable (Gravetter & Forzano, 2003, p. 455; Jackson, 2003, p. 87-91). Undertaking further reliability testing for the program census as a whole and for existing measures such as the 'Level of Collaboration' (Frey et al., 2006) scale would be a recommendation for future research.

4.3.3.2. Staff survey

The staff survey was a 41-question instrument, administered online. It focused on the staff make-up, professional practice and practice change, forms of collaboration and the experience of staff working in socio-legal collaborations. As set out in the program census section above, the broad definition of social service organisations used to include health, also extends to the staff in the social service element of socio-legal collaborations. The inclusive definition used includes health and allied health professions such as psychologists, nurses and social workers.

Content

The staff survey includes 41 items as set out in Appendix 3. The survey consisted of seven key sections. The first section comprised of four items about the respondent's program including key issue area and location. The second section focused on the respondent's profession and included five items including their experience, other training and professional commitment. The third section was two items examining practice theories and change in practice. The fourth section included four items focused on the respondent's experience such as commitment to the program and organisation. The fifth section was seven items examining working with different professions including practice ethics and

professions of influence. The sixth section was five items focused on collaboration including form, relationships and improvements. The final sections were nine items of demographics including age, gender, experience and salary. As set out in the program census section above, the staff survey also used the 'Levels of Collaboration' scale (Frey et al., 2006) and the 'Assessment of Interprofessional Team Collaboration Scale (AITCS)' (Orchard et al., 2012). In addition to these established measures the staff survey also used the 'Affective Commitment Scale' (Meyer et al., 1993) and 'Organisational identification: Prestige Scale' (Mael & Ashforth, 1992), as outlined in Chapter 3. The 'Affective Commitment Scale' (Meyer et al., 1993) includes 8 items and uses a seven-point Likert-like scale from "strongly disagree" to "strongly agree" examining independent willingness to remain with an organisation. The scale was modified for use in this study by replacing the term 'organisation' across each of the items with 'program' and 'current profession or discipline' and 'host organisation' in questions 9, 13 and 16 of the survey (see Appendix 3). The original scale was found to have good internal consistency, with a Cronbach alpha coefficient reported of .87 (Allen & Meyer, 1990, p. 6). It has been used in other studies in the context of workplace satisfaction and turnover such as Rhoades et al (2001) and Falkenburg and Schyns (2007). The 'Organisational identification: Prestige Scale' (Mael & Ashforth, 1992) includes 8 items and uses a five-point Likert-like scale from "strongly disagree" to "strongly agree" examining how organisations are perceived. The scale was modified for use in this study to focus on the prestige of professions. The term 'organisation' was replaced with 'current profession or discipline' in question 10 of the survey (see Appendix 3). The original scale was found to have good internal consistency, with a Cronbach alpha coefficient reported of .77 (Mael & Ashforth, 1992, p. 112). It has been used in other studies in the context of workplace satisfaction and public service, such as Sluss et al (2008) and Gkorezis et al (2012).

Recruitment

The staff survey utilised the same estimated population list and the recruitment methods outlined above for the program census. Each of the programs contacted from the estimated population list to complete the census were also supplied with the staff survey and asked to circulate the survey to all staff. The staff survey was also advertised alongside the census with peak bodies such as Health Justice Australia, Legal Aid Commissions in each state, the Community Legal Centre federations for each state, the National Association of Community

Legal Centres and as part of the general study advertisement outlined above. While those programs completing the census were used as a foundation for the staff population, participants completing the staff survey were not required to be employed by those programs, with the staff survey open to anyone working in a socio-legal collaboration. The staff survey was open between April 2016 and February 2017 with the online access forwarded directly to programs as they completed the program census.

Population and sample secured

Using this design, the staff survey returned 186 responses. The responses to the staff survey were reviewed and as per the program census survey, the same inclusion/exclusion criteria for the program census were applied to ensure all responses were applicable for this study. The inclusion criterial were likewise included in the on-line promotions and face-to-face recruitment by the researcher. As the staff survey did not require participants to include the name of their program, the court-based criteria was checked against the program staff listed with those listing court staff excluded. No responses were excluded on this basis.

As with the census, response criteria were also set for the staff survey. These criteria were based on the key research questions for which the staff survey was designed: what is the extent of socio-legal collaborations, the professions which are participating, the types of collaboration and the impact on practice. As such majority completion of the program demographic and participant demographic sections were set as requirements for response inclusion. staff survey responses that did not meet the response criteria below were removed from the data.

Response criteria

- Must complete at least 3 of the 4 questions in the program demographic section.
- Must complete at least 2 of the 3 questions in the respondent profession section.

Application of the response criteria excluded 21 responses that failed both criteria by answering either one or no questions across the entire survey (see Table 4).

	Program Criteria	Response Criteria	Total
Staff survey responses removed	0	21	21

Table 4: Staff survey exclusions

All other responses complied with each of the response criteria (see Table 4).

As a sample of the broader population of staff in socio-legal collaborations, the size of that sample could only be estimated from the program census, as no other audit of populations exist. In the program census 61 of the 67 census responses included staffing figures. Using the census responses to Question 16 – How many staff does your program employ, the total population of staff across these 67 programs was calculated as 1776.

	Population set out in Census	Median staffing per program	Additional estimates of staff calculated from median of census results (13 programs x median)	Total
Lawyers	1371	22.7	295.1	1666.1
Social Service staff	310	5.1	66.3	376.3
Administrative staff	95	1.5	19.5	114.5
TOTAL	1776	29.3	380.9	2156.9

Table 5: Staff population estimates

To calculate an estimate of the full staff population the median staffing level of these programs was calculated and applied to the remaining programs on the estimated population list that did not complete the census (7 programs from the estimated population list) and included census responses which were included but which were incomplete with regard to staff levels (6 programs). On this basis an additional 380.1 staff were added to the staff population, bringing the total to 2156.9 (see Table 5).

The sample collected from the staff survey of 144 responses, after completing program and response inclusion/exclusion criteria, resulted therefore in a sample of 6.7% of the staff population as calculated in Table 5 and an accurate representation (to a confidence level of 95%) of the population within a +/- margin of error of 8.14%. The data from the census and the staff survey also allowed the population and samples to be described in terms of staff who were lawyers and staff who were social service professionals. On this basis the lawyer sample in the staff survey is 3.9% of the total population and is an accurate representation of the population within a +/- margin of error of 11.92%. The social service sample in the staff survey is 19.1% of the total population and is an accurate representation of the population within a +/- margin of error of 11.44% (see Table 6).

	Estimated population	Staff sample	Staff sample as a % of census population	+/- Margin of Error
Lawyers	1666.1	65	3.9%	11.92%
Social Service staff	376.3	72	19.1%	11.44%
TOTAL	2156.9	144	6.7%	8.14%

Table 6: Staff sample

This would suggest that lawyers are underrepresented in the sample as compared to the estimated population, creating the potential for findings skewed in favour of social service staff. It should be noted however that the staff numbers from the program census are estimates and the true professional distribution within population remains unknown. As such while this discrepancy may indicate skew within the sample, it may equally be a representative sample of an inaccurately estimated population. As this study is the first recording of this population, the sample was not adjusted for skew during statistical analysis as set out below, due to the uncertainty around the accuracy of population data. In future research, however further verification of staff distribution within the population would be recommended and accurate adjustment for sample skew applied as a result.

Sample demographics

In the staff survey demographics were asked at both the start and the end of the survey. At the start of the survey, profession had 142 responses with only 2 missing. In comparison gender and age at the end of the survey were missing 31 and 20 respondents respectively. The demographic data collected is set out below in Tables 7 and 8.

Professions

In the staff survey, respondents reported a range of professions but a predominance of lawyers (n=54) and social workers (n=48), with only 2 respondents not answering this question (see Table 7). These professions were collated into social service, legal and administration groupings, in accordance with the professional distribution utilised in Question 16 of the program census (see Appendix 2). Clearly legal roles were allocated to legal (eg, law clerk, paralegal), clearly administration or management roles were allocated

to administration (eg, team leader, manager, admin) and social service roles were allocated to social service (eg, family consultant, financial counsellor).

	Frequency	Valid Percent
Professions (n=142)		
Lawyer	54	38.0
Legal assistant	4	2.8
Social worker	48	33.8
Nurse	2	1.4
Counsellor	1	.7
Support worker	6	4.2
Aboriginal and Torres Strait Islander engagement team leader	1	.7
Administrator	1	.7
Advocate	1	.7
CEO	1	.7
Chaplain	1	.7
Community legal education coordinator	1	.7
Consumer consultant	1	.7
Domestic violence advocate	1	.7
Educator	1	.7
Family consultant	1	.7
Financial counsellor	1	.7
Helpline advocate	1	.7
Independent Mental Health Advocacy worker	1	.7
Information and compliance officer	1	.7
Law clerk	4	2.8
Legal advocate	1	.7
Manager	1	.7
Non-legal advocate	1	.7
Paralegal	1	.7
Student in law and social work	1	.7
Project worker	1	.7
Sociologist	1	.7
Team leader	2	1.4
Professional groupings (n=142)		
Social services	72	50.7
Legal	65	45.8
Administration	5	3.5
Gender (n=113)		
Female	102	90.3
Male	11	9.7
Females in professional groupings (n=101)		
Social services	58	57.4
Legal	38	37.6
Administration	5	4.9
Males in professional groupings (n=11)		
Social services	4	36.3
Legal	7	63.7
Administration	0	.0

Table 7: Staff survey respondent demographics

All roles were allocated on this basis. On this basis 50.7% of respondents (n=72) were from the social services, while 45.8% were legal (n=65) and 3.5% were administration (n=5).

Gender

Over 90% of staff survey respondents (n=102) were female, with 10% male respondents (n=11). There were no male social workers in the sample, with 54.5% of the male respondents (n=7) being in legal roles and the remaining males being in other social service roles (n=4). The female respondents were fairly evenly split between legal roles at 37.6% (n=38) or social service roles at 57.4% (n=58), with the remaining being in administration (n=5) (see Table 7)

Age

Over half of staff survey respondents were under 44 years (60.9%) and the remaining were over 44 years (39.1%), with 29 missing respondents (see Table 8). As would be expected in a professional setting which requires extensive educational training for both the legal and social service side, the significantly smallest age group in the respondents was those between 18 and 24 years at 2.6% (n=3). Lawyers reported as somewhat younger than social workers with 51.1% as being between 25 and 35 years old (n=22), compared to social workers where 37.2% reported being between 35 and 44 years (n=16).

Program orientation

In the following chapters, findings from the staff survey are considered from the perspective of various groupings in the data, including program orientation. To assist this, the following section sets out the program orientation reported by staff. In the staff survey, 122 respondents answered this question with 9.0% (n=11) indicating they were in independent combined programs and 91.0% (n=111) indicating they were in hosted programs. Of those 111 in hosted programs, 29.6% (n=29) of respondents in social service oriented programs, 11.2% (n=11) in combined or jointly oriented programs and 83.7% (n=82) in legally oriented programs (see Table 8).

Reliability and validity

As with the program census, this was also the first application of the staff survey and as such no reporting can be given on test-retest correlations or reliability. The staff survey was also piloted with two social workers and one lawyer from a Victorian socio-legal collaboration, with questions being modified during that process to ensure content validity across terms such as ‘profession-discipline’, ‘host-independent program’ and ‘current-previous program’.

	Frequency	Valid Percent
Age (n=115)		
18 to 24	3	2.6
25 to 34	38	33.0
35 to 44	29	25.2
45 to 54	24	20.9
55 to 64	21	18.3
Age of lawyers (n=43)		
18 to 24	1	2.3
25 to 34	22	51.2
35 to 44	7	16.3
45 to 54	9	20.9
55 to 64	4	9.3
Age of social workers (n=43)		
18 to 24	1	2.3
25 to 34	11	25.6
35 to 44	16	37.2
45 to 54	7	16.2
55 to 64	8	18.7
Host organisation type (n=98)		
Private law firm	8	8.2
Public legal organisation (eg, Legal Aid)	45	45.9
Hospital	3	3.1
Community welfare service	9	9.2
Domestic violence service	7	7.1
Ageing service	1	1.0
CLC within university	1	1.0
Church based not-for-profit	1	1.0
Community health service	2	2.0
Community legal service	14	14.3
Community organisation	1	1.0
Government department	1	1.0
Non-government organisation	1	1.0
Not-for-profit organisation	1	1.0
Office of Public Prosecutions	1	1.0
Community legal and domestic violence partnership	1	1.0
Program orientation (n=122)		
Social service oriented	29	23.8
Legally oriented	82	67.2
Independent	11	9.0

Table 8: Staff survey respondent demographics

As set out earlier, the 'Affective Commitment Scale' (Meyer et al., 1993) and 'Organisational identification: Prestige Scale' (Mael & Ashforth, 1992) were modified for use in this survey, and as such internal reliability and consistency was measured for the sample in this study and reported in Chapters 5 and 7, with coefficients between .5 and .79 considered acceptable and those over .8 considered highly reliable (Gravetter & Forzano, 2003, p. 455; Jackson, 2003, p. 87-91). A number of items were also combined to form ethic of care and

ethic of justice scales using the Cronbach alpha statistic to establish their internal consistency. These measures and their reliability are reported in Chapter 5.

4.3.3.3. Participant interviews

Content

The qualitative data for this study was obtained from semi-structured interviews, utilising a protocol based on 17 potential open-ended questions across four themes: description of program and role; changes in practice; experience of working in collaboration; lessons from collaboration (see Appendix 4). In order not to compromise the concurrent mixed methods approach, the questions put forward in the interviews were designed at the inception of the study and not informed by the data collected in the two surveys. This is a potential limitation of the study as design of interview questions based on the quantitative data may have led to more nuanced qualitative data being collected. Semi-structured interviews were conducted with 19 participants between November 2016 and February 2017. Six interviews were conducted by phone, while 13 interviews were conducted in person. All interviews with participants located in Melbourne, where the researcher was located, were conducted in-person. The researcher also travelled interstate to conduct a further 3 interviews in-person. All other interviews with participants located in rural Victoria or interstate were conducted by phone. The same protocol and question list were used in both in-person and by phone interviews. The questions and themes were provided to participants at least 2 days prior to the interview for their consideration.

Recruitment

As with the program census and staff survey, participation in the interview phases was advertised via the contact made with programs from the estimated population list, contact made with peak bodies and was also advertised on the website for the study and in the AASW promotions. The key recruitment path however was through the staff survey which included a question asking participants to include an email address if they were willing to participate in the interview stage. The aim of this was not to exclude staff who completed the census but to maximise the number of participants with direct experience working in socio-legal collaborations rather than managing them perhaps from a distance or from a host organisation, as may have been the case with participant who responded to the

program census but not the staff survey. All interview participants volunteered through the staff survey.

Interviews sample

The staff survey secured the email addresses of 37 participants who stated they were interested in a follow-up interview, with 19 of these agreeing to participate. The researcher stripped the email addresses provided out of the staff survey data so that confidentiality could be maintained between staff survey and interview responses. As such it was not possible to apply the program exclusion/inclusion criteria outlined above until after the interviews were completed. On this basis one interview was excluded as the interviewee came from a court-based setting. All remaining sample of interviewees were a subset of the staff survey sample, having completed that quantitative instrument.

Inductive thematic saturation (Saunders et al., 2018) was also assessed during the qualitative analysis process to ensure an adequate number of interviews had been undertaken. While there is debate surrounding the generation of 'adequate' sample sizes for thematic analysis, saturation is commonly considered as the key method through which this can be done (Braun & Clarke, 2016; Fugard & Potts, 2015; Morse, 2015). Saturation in relation to collaboration forms and descriptions was observed by interview 14, while saturation of collaborative experiences was observed by interview 16, with no further themes developing past this point.

Interviewee demographics

The 18 retained interviews reflect the diversity of professions found in these programs, 7 were conducted with social workers, 4 were conducted with other social service professionals and 7 were conducted with lawyers (see Table 9). The interviewees comprised of three males and fifteen females, and they also reflect the diversity of programs, including domestic violence, youth based, seniors based and generalised programs, as well as the diversity across states being located in Victoria, Western Australia, New South Wales, Queensland and South Australia.

Interview	Discipline	Gender	State	Program Orientation	Issue area
A01	Psychologist	F	NSW	Legal	Child abuse
A02	Lawyer	F	WA	Social Services	General
A03	Social worker	F	Vic	Social Services	Family breakdown
A05	Social worker	M	NSW	Legal	General
A06	Lawyer	M	QLD	Combined	Youth
A07	Lawyer	F	Vic	Legal	Mental Health
A08	Advocate	F	Vic	Legal	Mental Health
A09	Student	F	QLD	Legal	Elder abuse
A011	Academic	M	Vic	Legal	Mental Health
A012	Lawyer	F	Vic	Social services	Elder abuse
A013	Social worker	F	QLD	Legal	General
A014	Social worker	F	Vic	Legal	Mental Health
A015	Social worker	F	SA	Legal	Witness assistance
A016	Lawyer	F	QLD	Combined	General
A016a	Lawyer	F	QLD	Combined	General
A017	Social worker	F	Vic	Legal	Family violence
A018	Social worker	F	Vic	Combined	Elder abuse
A020	Psychologist	F	Vic	Legal	Witness assistance

Table 9: Interview participants demographics

Validity and reliability

The authenticity and credibility of the qualitative data was assessed using a variety of validation strategies (Creswell, 2014). Interviews were carried out over a four-month period with a diverse range of interviewees (see Table 9). This allowed a range of perspectives to be gathered from staff working in a variety of programs. It also accommodated changes in the sector which may have occurred over the four months and in doing so the data set is not tied to experiences in a specific month or year. In the analysis of the qualitative data the researcher also ensured that "negative or discrepant information" (Creswell, 2014, p. 202) was included in the descriptions provided in the study's findings. Contradictory perceptions or views were acknowledged and highlighted, rather than overlooked.

The procedures undertaken during the analysis period were also documented and periodically reviewed by the researcher to ensure reliability and stability (Yin, 2009). Transcripts were transcribed and checked by the researcher and thematic codes were defined and monitored to ensure reliability across transcripts and across the analysis period.

4.3.3.4. Ethical considerations

Ethics, particularly confidentiality and consent, were key considerations in the design of this study. In the program census survey, the practical need to know which programs were responding to the study was balanced with the need to provide confidentiality and therefore the freedom to answer for participants. In order to do this, participants were asked to provide the name of their program but only on the understanding that this information, once used to cross check against the estimated population list and other program census survey responses, would be removed from the data and not attached to the participants' other answers. This question was also a voluntary rather than compulsory question in the online format, allowing an even greater degree of confidentiality to the participants should they wish not to answer the question at all. Each of these measures were designed to provide as high a degree of confidentiality as possible and to ensure participants felt they were able to answer the rest of the program census survey questions freely within a de-identified structure.

Respondents to both the program census and the staff survey were asked to provide their email addresses should they wish to be provided information at the completion of the study. To protect confidentiality, these email addresses were stripped from the two surveys and held separately and securely in password protected files.

All questions across the two surveys were voluntary and as such respondents were not forced to provide any information in order to participate. Personal information was also kept to a minimum and only included if it directly contributed to answering the research questions (such as age and gender). Each survey also began with a participant information statement and consent form, with respondents required to consent to participation before the surveys began.

In the qualitative strand of this study, names, email addresses and phone numbers were provided in order to enable the researcher to contact the interviewees, conduct the interviews and if interviewees wished to be provided with the results of the study. However, these personal details were held separately and securely in password protected files. They were not attached to any of the data and were not recorded in the interview transcripts or reported on in the study findings. Each participant was given a pseudonym identifier (eg, ##A01) which was used in the findings and reporting of this study.

Interviewees were not asked to name their program and were assured that even if they did, the name of the program would not be reported in this study. They were encouraged to only provide information and details that they were comfortable with. At the start of each interview, participants were asked to confirm their consent to participate in the interview, to have it recorded and that they had read and completed the participant consent form. In the case of phone interviews, consent forms were posted or emailed back to the researcher, in the case of face to face they were provided on the day. This occurred prior to the recording of each interview so that should consent not be given, there would be no recording of the participant at all.

The study was approved and endorsed by the University of Melbourne Human Research Ethics Committee in April 2016 (See Appendix 7).

4.3.4. Analysis and Interpretation

Using the *convergent parallel model* (Creswell, 2014), analysis and interpretation of the data collected occurs at three points: analysis of the qualitative data, analysis of the quantitative data and interpretation of the merged data (see Figure 11). In this model rigorous quantitative and qualitative analysis procedures are used to assess the respective data sets, however there are a range of ways in which these can then be mixed and analysed, including through intensive case analysis, typology development and data transformation (Bazeley, 2009). In this study a pragmatic choice was made to bring the qualitative and quantitative data analysis together through both "synthesis of data from several sources for joint interpretation" or side-by-side comparison (Creswell & Plano Clark, 2011, p. 214) and use of analysis in one form of data to inform the analysis of the other or typology development (Bazeley, 2009). Other methods of mixing were found to be less appropriate. Intensive case studies would be less able to address research questions based on understanding the broader landscape and would lead to compromised confidentiality and the linking of data sets through the program name. The transformation of qualitative into quantitative data so that the quantitative and qualitative data sets can be compared in the same form (Onwuegbuzie & Teddlie, 2003) also raised significant challenges and was not applied in this study. In order for data transformation to be a valuable analytic process, the quantitative measure or theoretical model to which the transformed data will be compared, needs to be highly reliable. As discussed earlier in this chapter, being the first census and

study of this kind, many of the measures lack the degree of reliability required for this form of analysis. The mixing approaches of this study are presented in both the findings chapters (Chapters 5 to 8) and in the discussion found in Chapter 9.

4.3.4.1. Analysis of quantitative data

Analysis of the quantitative data used descriptive analysis, with means, standard deviations and score ranges reported throughout the study findings. The internal consistency and reliability of scales were tested using the Cronbach alpha statistic and inferential analysis, comparing groups and the relationships between variables was also engaged using statistical tests such as t-test, analysis of variance, and the Pearson product moment correlation. The tests used for each group or relationship, along with statistical significance testing establishing confidence intervals and effect sizes, are set out in the following findings chapters. The statistical analysis of this study was undertaken in SPSS, in which the data set of each survey was cleaned and reviewed according to the survey's inclusion and exclusion criteria.

4.3.4.2. Analysis of qualitative data

The qualitative data in this study was analysed using thematic analysis (Braun & Clarke, 2006). This approach to qualitative analysis was chosen due to its flexibility and responsiveness to under-researched areas where there is clear potential for unexpected themes and results (Braun & Clarke, 2006; Javadi & Zarea, 2016). It is also an approach which is not necessarily integrally linked to a particular methodology and as such sits well within a mixed methods study and pragmatic philosophical approach (Clarke & Braun, 2013). Themes were identified by the researcher through iterative and inductive coding of transcripts (Braun & Clarke, 2006) using NVIVO. Their creation was driven by the data rather than predetermined concepts or categories. The inductive nature of the thematic analysis ensures that themes are not bound to the quantitative findings or the theories which sit behind the primary research questions (Braun & Clarke, 2006). As potential themes were identified, an iterative process of revisiting existing themes, coding and raw data was also engaged to ensure their consistent development across the entire quantitative data set. Coding was also undertaken in relation to both semantic and latent patterns (Braun & Clarke, 2006). Themes were informed by both what was said directly by interview participants (the semantic), as well as the "underlying assumptions and conceptualisations"

(Braun & Clarke, 2006, p. 84) which were identified by the researcher. Coding produced 192 separate nodes which through the process described above were narrowed down to nine key themes: the choice of collaboration, collaborative forms, professional boundaries, integrated tasks, negotiating differences, issues of implementation, professional and personal dynamics, connection, and practice and personal change.

4.3.4.3. Interpretation of merged analysis

The central merged analysis employed in this study was side-by-side comparison of data (Creswell & Plano Clark, 2011) across a set of analysis domains. These domains arose from a pragmatic approach to how the research questions could best be answered by the three data sets and are reflected in the structure of the findings chapters which follow. The ***first domain/chapter*** is focused on the landscape of Australian socio-legal collaborations. In order to accurately describe this landscape, it is focused on the factual findings from the program census survey and the generalisable findings of the staff survey. Alongside this it presents qualitative themes focused on the reasoning behind staffing and collaboration choices, adding depth and a sense of the decision-making behind this landscape. The ***second domain/chapter*** is focused on the forms of collaboration found in the data. It starts with the quantitative measure of collaboration, comparing the program census and the staff survey, and then provides more in-depth descriptions from the qualitative interviews and reasoning behind choices in form. In this domain, typology development (Bazeley, 2009) was also employed. The quantitative measure of collaborative form was used to separately analyse the qualitative data and to report on the alignment of the interview descriptions of collaborative form with the quantitative measures. The ***third domain/chapter*** explores the experience of working in a socio-legal collaboration. Its focus is on the experience-based themes generated in the qualitative analysis. Alongside this it also presents the quantitative measures of collaborative relationships as reported in both the program census survey and the staff survey. The ***fourth domain/chapter*** is focused on practice change and influence. It presents that quantitative measures of perceived change, influence on others and practice change, alongside the qualitative themes around change and influence. The presentation of these mixed findings reflects pragmatic decisions in relation to which data set is best able to answer each research question. However, in order to protect against the potential threat to validity by preferencing one data form of data over the other, each domain purposefully includes both quantitative and qualitative analysis. For example, while the national

distribution of programs across states is best answered by quantitative data from the program census survey, qualitative data as to why collaborative practice had been chosen was also included to account for the process involved, to illustrate how this distribution can to be (Bryman, 2006).

Differences and discrepancies between the data forms are reported throughout the study findings in order to represent the diversity of views, to highlight unexpected results and to add credibility and integrity to the findings (Bryman, 2006). These differences are also considered in the finding's limitations and as suggested by Bryman, present a "springboard for new inquiry" and further research in the area (Bryman, 1988; Creswell & Plano Clark, 2011, p. 233).

4.4. Limitations

The design of this study aims to collect, as accurately as possible, a snapshot of socio-legal collaborations in Australia and the staff experience of them. However as there is no central or independent record of such programs or the staff in them, it falls on this study to estimate both the wider population and the samples collected within the study. This presents one of the key limitations of the study. The estimated population list is the population of all socio-legal programs in Australia as generated by the researcher. This list is based on the researcher's knowledge of the sector and informed by investigations with peak bodies and snowballing recruitment within the census and staff survey. While all due care and diligence has been taken with the preparation of this list, it remains an estimate of the population. In much larger populations inaccuracies in estimates have less of a bearing on the accuracy and margin of error attributable to a sample, however in this case with an estimated population of only 74, any omitted programs the researcher is not aware of have the danger of changing the accuracy of the estimate population and therefore the sample far more dramatically. As the estimated population also forms the basis for calculations of staffing levels and staffing samples, the same limitation and qualifications must also be applied. Having said this, with no other estimate of the population available to the researcher, this estimated population and the sample accuracy calculations set out above for programs and staffing levels remain the most accurate representations of Australian socio-legal programs and their staff.

The staff survey sample size gathered for the study is small for the purposes of statistical analysis. These small samples are further compounded when groups are considered within the sample (such as lawyers and social workers, or social service and legally oriented programs), making the numbers even smaller. The size of differences or effects can still be judged, however small sample sizes have a major influence on the accuracy of statistical significance, with *p* values of less than .05 being far less likely in smaller groups. Small sample sizes are also impacted by missing values within the survey data. Across both surveys, respondents were more likely to answer questions early in the survey and miss questions later in the survey such as demographics. This is seen clearly in program census where nine respondents all stopped answering after question 16 when the demographic questions began. It is even more evident in the longer staff survey where questions on similar topics placed at the start and the end of the survey produced significantly different response rates. For program and professional experience, for example, program experience which was asked at question 36 included 31 missing values while professional experience which was asked at question 7 included only 2 missing values. Similarly, for the commitment scales, question 9 had 9 missing values, question 13 had 22 missing values and question 16 had 47 missing values. This may suggest that both surveys but particularly the staff survey, may have been too long for respondents and their interest waned. Further research which builds sample sizes is necessary to accurately claim if the significance shown in this study is indeed present. Areas for consideration would be increased population identification and participation (including further identification of additional programs), and survey modification such as shorter surveys, surveys looking at specific topics such as examining demographics only, or further explanation of researcher intent to maximise concentration and sustained interest in respondents.

As the first run of the program census and the staff survey, the quantitative instruments are lacking in overall reliability as no test-retest correlations can as yet be performed. Both instruments however do include validated and reliable, external scales and as such these elements increase the overall reliability of the instruments as a whole.

In terms of the number of questions, the staff survey is almost double the length of the program census. This additional length proved a challenge for respondents with a large number not completing the survey all the way to the end. Shortening the staff survey and

ensuring that key questions are at the start, would ensure that there was a higher degree of survey completion and higher sample sizes across the data set.

The qualitative interviews were drawn from respondents who had completed the staff survey. This did not necessarily exclude staff in senior or managerial roles but it did not actively recruit managers as would have been the case if participants were also drawn from the program census survey. In future research it would be beneficial to interview a cohort of service managers so that management and staff descriptions and qualitative data could also be compared.

4.5. SUMMARY

This chapter sets out a study that has been conceived and designed from the basis of pragmatism philosophy, employing a study design best suited to practically answering the study's research questions and drawing on a mixed methods approach. The convergent parallel design reflects both the research questions which lend themselves to both qualitative and quantitative approaches and the severely under-researched nature of the socio-legal collaboration sector which makes exploratory and the premising of qualitative or explanatory and the premising of quantitative data, both challenging propositions.

The quantitative data in this study was gathered using two online survey instruments, a program census and a staff survey, with recruitment of 90.5% of the socio-legal collaboration program population and 6.7% of the estimated staff population. Qualitative data was drawn from 18 semi-structured interviews recruited from respondents to the staff survey. Participant demographics were established with social workers and lawyers being the dominant professions and women out numbering men in both the quantitative and quantitative data sets.

The study design was approved and endorsed by the University of Melbourne HREC. Ethical considerations which influenced its design include: confidentiality and the separation of program and staff survey responses, confidentiality of programs in interviews, use of approved informed consent documentation, removal of personal information such as email addresses from other data collected.

This chapter concludes by setting out the analysis protocols undertaken for the quantitative, and qualitative data, and the mixed analysis demonstrated in the following findings and

discussion chapters. Descriptive and inferential statistics were used to analyse the quantitative data, and statistical significance testing was undertaken to establish confidence intervals and effect sizes. Thematic analysis was employed for the qualitative data, generating eight key themes through the coding of both semantic and latent patterns. The mixed analysis applied side-by-side comparisons and typology development across four central domains. The following findings chapters are based on each of these domains and set out the mixed qualitative and quantitative data analysis relevant to each.

Chapter 5:
The Australian landscape of socio-legal collaborations

The following chapter outlines the study findings in relation the current landscape of Australian socio-legal collaborations. Drawing on all three data sets collected in the study, the quantitative data are put forward first as the primary source detailing the breadth and diversity of the landscape and the staff and practice found within it. The qualitative data are then drawn on to provide a more detailed explanation and description of elements of the landscape and why participants felt if has developed in this way. The first section of this chapter utilises data from the program census. It sets out a range of characteristics associated with the estimated population of Australian socio-legal collaborations including location, key issue areas, program sizes and practice theories employed. The second section draws on the staff survey and outlines characteristics of individuals within that staff sample including training, supervisory roles, employment experience and commitment. The final sections set out qualitative themes in relation to the landscape from the participant interviews such as staffing and staffing choices, practice theories employed and reasons for collaborative service delivery.

5.1. Program characteristics

Socio-legal collaborations as program entities have a number of specific characteristics, which highlight the differences between programs in the landscape. In order to compare and contrast programs, characteristics such as how long they have been running, their locations, key issue areas and staff profiles are set out in the following sections. These characteristics are also significant at a systems level, describing the overall nature of the socio-legal collaboration sector in Australia and demonstrating sector and political responsiveness to collaborations, and access inequities across geographical and issue area domains. The sections below outline the current program landscape as identified in this study.

5.1.1. History

The program census is a snapshot of programs in existence between April 2016 and February 2017. Examination of program longevity and history however reveals development in the landscape and indicates the potential for future growth or contraction. Across the 67 programs identified in the program census (see Figure 12), the youngest 9 programs had been running for one year or less. This was compared to the oldest programs which included 8 which had been running for 30 years or more. There was a significant peak of new programs launched in 1996 (n=6) and then an increasing trajectory from 2000 until other clear peaks in 2012 (n=6) and 2016 (n=9). This suggests an increasing and sustained focus on collaboration particularly over the last fifteen years and potentially also reflects policy and funding spikes in specific years.

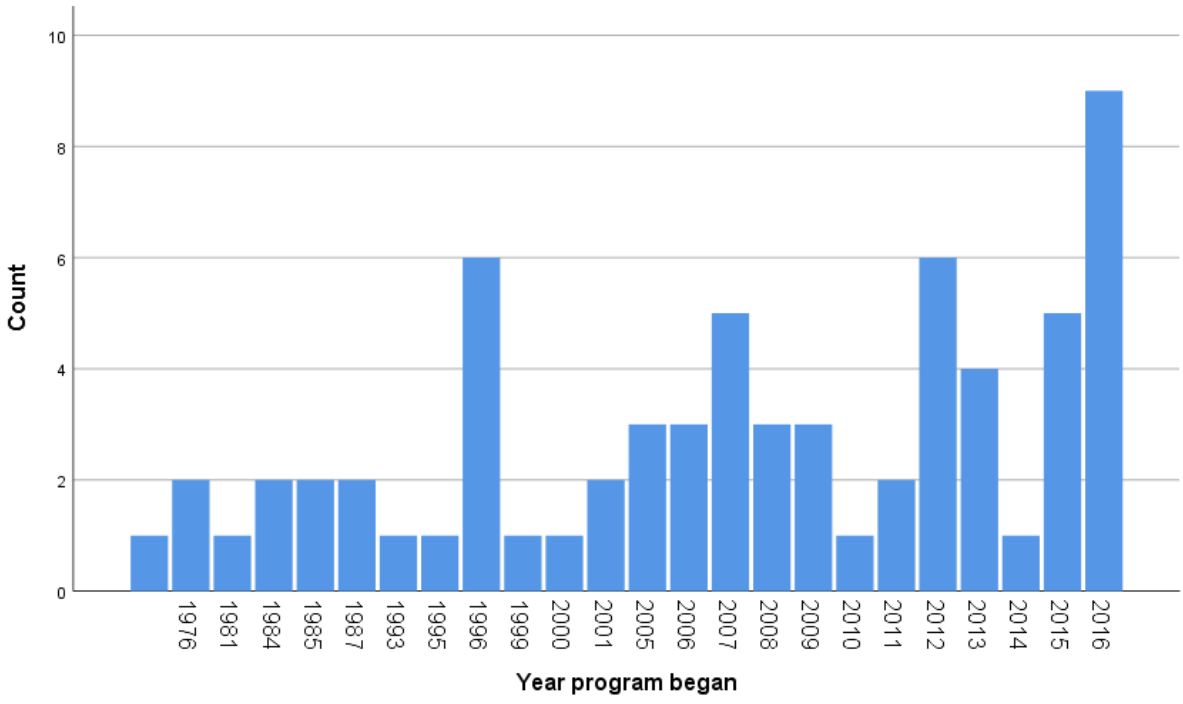

Figure 12: Year of commencement (n=67)

As a snapshot, however, this does not represent that total number of programs running in any of the stated years but is rather a measure of the longevity of programs present in the snapshot period. As such more collaborative programs may have existed in any one year, however, if they had closed before the snapshot period they would not be captured by this

study. Similarly, peaks in programs begun in different years is an indication of those also with longevity to the snapshot period rather than all programs established in each year.

5.1.2. Orientation

An element of understanding the socio-legal landscape is assessing if programs have created their own independent socio-legal sector or if there remains an orientation or alignment within the landscape to the wider legal or social service sectors. The program census found 77.6% (n=52) of programs identified as being hosted within a larger organisation, compared to 22.4% (n=15) programs which identified as being independent. Of those being hosted, 75% (n=39) identified as sitting within legal organisations (n=21 being community legal centres, n=15 being public legal organisations eg, Legal Aid and n=3 in private law firms), while 25% (n=13) of programs identified as sitting in social service organisations (n=9 in community welfare, and n=1 each in hospitals, community mental health, community health and private health organisations) (see Table 10). This suggests the landscape remains heavily oriented towards the legal sector and law firms.

5.1.3. Funding

Program funding is a key indicator of political and sector engagement in programs. In the program census, all respondents provided details of their funding sources, with 76.1% (n=51) reporting funding from a government department as either part or the whole of their revenue stream (see Table 10). Program census respondents nominated the following departments or government organisations as contributors as set out in the table below (see Figure 13).

The host organisation was key source of funding for 7.5% (n=5) of programs, while philanthropic and community organisations contributed to 9.0% (n=6) programs. Only 3.0% of programs (n=2) suggested that their key funders were universities, one being a generalist program and the other being a specialist mental health program. A further 4.5% (n=3) stated they relied on fees from program participants being a witness assistance program, a post trauma counselling service and a program working from a private fee-paying law firm where participants could be seen as contributing financially to the collaborative services they received. The focus on funding from government departments suggests there is a strong connection between socio-legal collaborations and political focus. The variety of

departments involved, however also indicates a diverse range within this political focus, and the potential for various state-based funding sources.

Commonwealth	Commonwealth Attorney General's Department Department of Prime Minister and Cabinet
Victoria	Department of Health and Human Services (Vic) Consumer Affairs Victoria Victoria Legal Aid Department of Justice and Regulation (Vic)
New South Wales	Department of Family and Community Services (NSW) Attorney General's Department (NSW) Fair Trading (NSW) NSW Legal Aid Department of Social Services (NSW) Department of Health (NSW) Department of Housing and Public works (NSW)
Queensland	Department of Communities (QLD) Department of Justice (QLD) Attorney General's Department (QLD)
Western Australia	Department of Local Government and Communities (WA)
Australian Capital Territory	Department of Justice and Community Safety (ACT)
Tasmania	Department of Health (Tas)

Figure 13: Funding government departments

5.1.4. Key issue area

Access to collaborative service delivery can be expanded or restricted based on the issue areas in which programs sit. All program census respondents nominated their program's key issue area with 89.6% (n=60) selecting one of twelve specialist areas provided and 26.9% (n=18) identifying as general across a range of issue areas (see Table 10). Of the specialist programs, elder law (n=11), domestic violence (n=7), civil law (n=7) and mental illness (n=6) programs were the most frequently identified. This suggests that though both the high number of general programs and the variety of specialist programs that access is not necessarily limited by a narrow set of key issue areas.

5.1.5. Total staff numbers

The size of each program also gives an indication of the size of the sector overall. In the program census 61 respondents provided details of their staffing numbers and distributions. Respondents were asked to provide numbers for three general role categories, lawyers and legal, administrative and social service professionals.

	Frequency	Valid Percent
Program orientation/host organisation (n=67)		
Legal total	39	58.2
Public law firm	3	
Public legal organisation (eg, Legal Aid)	15	
Community legal centre	21	
Social service total	13	19.4
Hospital	1	
Community mental health service	1	
Community welfare service	9	
Community health service	1	
Private health service	1	
Independent	15	22.4
Key funding source (n=67)		
Government department	51	76.1
Philanthropic	3	4.5
Community organisation	3	4.5
Host organisation	5	7.5
Fee for service	3	4.5
University	2	3.0
Key issue area (n=67)		
General	18	26.9
Elder law	11	16.4
Domestic violence	7	10.4
Civil law	7	10.4
Mental illness	6	9.0
Criminal	4	6.0
Youth	4	6.0
Family law	3	4.5
Child abuse	2	3.0
Women's services	2	3.0
Homelessness	1	1.5
Drug and Alcohol	1	1.5
Disability	1	1.5
Professions employed[a] (n=67)		
Lawyers	63	
Legal assistants	21	
Social workers	43	
Psychologists	7	
Nurses	6	
Counsellors	13	
Support workers	11	
Doctors	1	
Other	24	
Gender balance in staff (n=62)		
Predominantly women	48	77.4
Predominantly men	1	1.6
Gender balance	13	21.0

[a] Frequency = number of programs reporting each profession as employed

Table 10: Program characteristics

Respondents reported a total number of 1776 roles across the 61 programs, made up of 1371 lawyers and legal roles (*M*=22.67, *SD*=85.26), 95 administrative roles (*M*=1.56, *SD*=2.47) and 310 social service roles (*M*=5.08, *SD*=7.77), suggesting there was a large degree of variation in the number of lawyers and legal roles engaged by different programs (see Table 11).

	Frequency	Minimum	Maximum	Mean	Std. Deviation
Legal staff (lawyers and legal assistants)	1371	.00	600.00	22.67	85.26
Social service staff	310	.00	15.00	5.08	7.77
Administration staff	95	.00	50.00	1.56	2.47
Total	1776			29.31	95.5

Table 11: Staff numbers (n=61)

5.1.6. Gender balance

Program census respondents were asked to assess the gender balance in their programs, with 62 respondents suggesting that 77.4% of programs (48) were predominantly staffed by women, followed by 21.0% (13) in which there was an even gender balance and only 1.6% (1) which were reported as predominantly staffed by men (see Table 10). This suggests that these programs may align more generally with the social service and the non-adversarial justice sectors which similarly attract higher proportions of women (see Chapter 2).

5.1.7. Distribution of professions in programs

Articulation of the professional groupings who are actually engaged in collaborative practice provides distinction between programs and a deeper understanding of the landscape. Program census respondents were asked to identify the specific professions that were employed in each program. Lawyers were identified in the largest number of programs (94%, n=63), followed by social workers who were identified in 64.2% (n=43), and who represented the largest social service professional group (see Table 10). Of the programs employing social workers 58.1% (n=25) also reported only employing social workers, with no other social service professions in their collaboration. Counsellors were found in 19.4% (n=13), followed by support workers in 16.4% (n=11), psychologists in 10.4% (n=7), nurses in 9.0% (n=6) and doctors in only 1.5% (n=1). A number of programs included legal assistant

staff (31.3%, n=21) with no programs suggesting they employed legal assistants without also employing lawyers. Four programs also stated they did not directly employ lawyers, these programs did employ social workers and community educators.

The following roles set out in Figure 14 were also indicated and listed by respondents (falling outside of the profession types listed in Table 10).

Community educators	Lived experience workers
Community development workers	Indigenous liaison and engagement officers
Disability advocates	Jointly trained lawyer/social workers
Allied health workers	Social welfare staff (with social science qualifications not social workers)
Human rights officer	Community corrections officers

Figure 14: Additional professions/roles

When considered by key issue area, program census respondents identified social workers and counsellors as having a presence in all key issue areas. Nurses and doctors were not found in general programs but were focused in more specific issue areas such as Drug and Alcohol programs which also had social workers and counsellors. Refugee and Migration focused programs also showed less staff variety having social workers and counsellors alongside only psychologists.

Four programs indicated they had no lawyers or legal staff in their program, while 7 indicated that they had no social service or social work staff. The four programs which indicated they had no legal staff identified as community education, forensic mental health and private counselling. Two of the programs with no social service staff where nominated as health justice partnerships, while another as a virtual outreach program. This may indicate some confusion around the question wording and suggests a key limitation in not including program structure as a quantitative measure. When working in inter-agency collaborations, respondents may have reported no legal or social service staff as these professions were participating in the collaboration but not 'employed' in their own agency. Of the 7 which indicated there was no social service professional staff however, 4 indicated they did employ social workers or support staff but did not list these as social service

professionals. This also may indicate a particular attitude to social service staff as 'professionals'. These findings suggest areas of improvement for the survey and areas for further exploration in future research.

5.1.8. Geography

As a national landscape, access must also be assessed in relation to geographical location and reach. Where programs are located and how far from that base they are able to disseminate their services, will reflect the geographical dimensions of the landscape.

5.1.8.1. Location

All program census respondents provided the location of their program (see Table 12). Victoria recorded the highest number of programs (n=25), followed by New South Wales (n=18) and Queensland (n=11). This was substantially higher than all other states who recorded 4 or less programs. The Northern Territory reported the lowest program to population ratio. Of the three high volume states, New South Wales and Queensland are at similar program to population ratios while Victoria has the lowest. This suggests that while programs are found across the country there remains a distinct east coast dominance in the landscape.

5.1.8.2. Reach

In Victoria the program census revealed programs were predominantly based in Melbourne, with only 28.0% (n=7) being located in regional or rural centres. In New South Wales this was a more even split with 44.4% (n=8) being in regional or rural locations and in Queensland this was almost half and half with 54.5% (n=6) in cities and 45.5% (n=5) in regional or rural locations (See Table 12).

Overall 62.7% (n=42) programs were city based, followed by 19.4% (n=13) regional, 11.9% (n=8) city, regional and rural, 3.0% (n=2) rural, 1.5% (n=1) city and regional and 1.5% (n=1) regional and rural (see Table 12).

This may be due to differences in funding and government focus, however, it may also be due to the geographical differences between the states with New South Wales and Queensland having much larger regional and rural land bases than Victoria, and greater distances between city and regional or rural centres.

	Frequency	Valid Percent
Location and reach (n=67)		
New South Wales	**18**	**26.6**
State pop. ('000) per program	439.7	
City	10	
Regional	5	
Rural	1	
City and Regional	0	
Regional and Rural	0	
All	2	
Victoria	**25**	**37.3**
State pop. ('000) per program	255.4	
City	18	
Regional	2	
Rural	1	
City and Regional	1	
Regional and Rural	0	
All	3	
Queensland	**11**	**16.4**
State pop. ('000) per program	451.4	
City	6	
Regional	4	
Rural	0	
City and Regional	0	
Regional and Rural	1	
All	0	
Western Australia	**3**	**4.4**
State pop. ('000) per program	861.6	
City	1	
Regional	1	
Rural	0	
City and Regional	0	
Regional and Rural	0	
All	1	
Northern Territory	**4**	**5.9**
State pop. ('000) per program	61.7	
City	2	
Regional	0	
Rural	0	
City and Regional	0	
Regional and Rural	0	
All	2	
South Australia[a]	**2**	**2.9**
State pop. ('000) per program	864.1	
City	2	
Tasmania[a]	1	1.4
State pop. ('000) per program	524.1	
Regional	1	
Australian Capital Territory[a]	**3**	**4.4**
State pop. ('000) per program	138.6	
City	3	

[a] States with only one location of program, all other locations =0

Table 12: Location and reach

5.1.9. Practice theories

Beyond the disciplines involved, participants also reported on the practice theories engaged in programs. All respondents to the program census reported on practice theories, with over half of the programs (58.2%, n=39) identified as having a specific practice approach or theory which guided the work of the program. Within this, however ten programs did identify collaboration as a practice theory. After this, trauma-informed and strengths-based theories were the most frequently reported (see Table 13).

For legally oriented programs, 56.4% (n=22) stated that they followed a practice approach or theory, compared to 61.5% (n=8) of social service oriented programs and 60.0% (n=9) of combined programs. These practice theories were spread across key issue areas with the only key focus being in elder law programs where four of the 11 programs stated they were based on trauma-informed practice. Program orientation did not substantially influence the practice theories chosen. While therapeutic jurisprudence would seem to be a legally dominated practice theory, of the six programs which mentioned therapeutic jurisprudence, four identified as being legally oriented and two identified with social services.

	Legally oriented (Frequency)	Social service oriented (Frequency)	Independent orientation (Frequency)	Total (Frequency)
Collaboration, brining services together	7	1	2	10
Trauma informed	3	1	5	9
Strengths based	6	3	1	9
Therapeutic jurisprudence	4	2	0	6
Social justice and human rights	3	0	1	4
Case management	2	1	0	3
Feminist	2	0	1	3
Client centred	1	1	1	3
Social work based	1	1	1	3
Community and child safety	3	0	0	3
Narrative	1	0	0	1
Strategic and systemic advocacy	2	0	0	2
Solutions focused	1	0	0	1
No practice theory	17	5	6	28

Table 13: Practice theories across programs

Legally oriented programs were also similarly focused on strengths-based practice (n=6) and therapeutic jurisprudence (n=4), as compared to social service oriented programs

(strengths-based practice (n=2), therapeutic jurisprudence (n=2)). Independently oriented programs however were more focused on trauma-informed practice (n=5). This suggests a clear leaning towards strengths-based, trauma informed and therapeutic jurisprudence-based programs in the landscape.

5.2. Staff characteristics

Within individual programs and across the socio-legal collaboration landscape, the nature and perceptions of staff involved have the potential to significantly influence the collaborative interactions that take place. The following sections build upon the demographic data outlined in Chapter 4, outlining factors such as the level of employment experience in the sample, their commitment to profession, program and organisation, and their perceived professional prestige.

5.2.1. Joint training

Collaborations and their implementation challenges are often assumed to involve staff from completely separated disciplines, however the inclusion of jointly trained staff raises the possibility of these challenges being negotiated during education and overcome in practice. Over half of staff survey respondents (56.2%) reported that they had previous training in another profession, with only 4 missing respondents (see Table 14).

There would seem to be some confusion about this question, however, as a number of respondents nominated their previous training as the training required to participate in their current profession. Twelve lawyers and five social workers nominated that their previous training was in law and social work which negates the intention of this question. When removed from the data, this leaves 13 non-lawyers with previous legal training, 4 non-social workers with social training, and 42.4% of respondents over all (n=59) with joint training and 57.6% of respondents with single training (n=80). This suggests that it is a landscape with almost half of staff having joint training in both law and a social service discipline, and as such it will be of relevance when considering the experience of collaboration practice.

	Lawyer	Legal Assistant	Social worker	Nurse	Counsellor	Support worker	Other profession
Legal training	12	2	2	0	0	1	8
Social work training	2	0	5	0	0	0	2
Psychology training	0	0	1	0	0	0	0
Nursing training	0	01	1	0	0	1	2
Counselling training	2	0	6	1	0	0	7
Medical training	1	0	0	0	0	0	1
Teaching training	1	0	1	0	1	0	1
Mediation training	1	0	0	0	0	0	0
Management and administration training	4	0	3	0	0	1	4
Police training	0	0	0	0	0	0	1
No additional or joint training	30	1	28	1	0	3	0

Table 14: Other professional training undertaken by staff

5.2.1. Supervisory and senior roles

While it would be expected that all programs would include supervisory or senior roles, which disciplines take up these roles may be influential in how collaborations under their control are experienced or implemented. Staff survey respondents reported that 36.8% were in supervisory or senior roles (42), with 32.5% of social workers (14) and 37.2% of lawyers (16) being in these roles, with 30 respondents not answering this question (see Table 15). This balance between key professions suggests supervisory and senior roles are not dominated by one profession and may reflect more equal contributions to program leadership.

	Frequency	Valid Percent
Joint training in other professions (n=140)		
Law	25	17.9
Social work	9	6.4
Psychology	1	.7
Nursing	4	2.9
Counselling	18	12.9
Medicine	2	1.4
Teaching	4	2.9
Mediation	1	.7
Management and administration	12	8.6
Policing	1	.7
No joint training	63	45.0
Supervisory or senior roles (n=42)		
Lawyer	16	38.1
Social worker	14	33.3
Other legal roles	3	7.2
Other social service roles	9	21.4
Employment in the program (n=142)		
Less than 1 year	10	7.0
1-4 years	32	22.5
5-9 years	33	23.2
10-14 years	23	16.2
15-19 years	16	11..3
20+ years	28	19.7
Professional experience (n=114)		
Less than 6 months	10	8.8
6 months – 1 year	28	24.6
1-2 years	15	13.2
2-5 years	26	22.8
5-10 years	22	19.3
10+ years	13	11.4
Full time/Part time employment (n=112)		
Full time	64	57.1
Part time	48	42.9
Weekly salary (per year) (n=110)		
$1-$199 ($1-$10,300)	3	2.7
$200-$299 ($10,400-$15,599)	2	1.8
$400-$599 ($20,800-$31,199)	3	2.7
$600-$799 ($31,200-$41,599)	4	3.6
$800-$999 ($41,600-$51,999)	14	12.7
$1,000-$1,249 ($52,000-$64,999)	22	20.0
$1,250-$1,499 ($65,000-$77,999)	27	24.5
$1,500-$1,999 ($78,000-$103,999)	29	26.4
$2,000-$2,499 ($104,000-$129,999)	4	3.6
$2,500+ ($130,000+)	2	1.8
Practice theories (n=128)		
A practice theory employed	77	60.2
No practice theory employed	51	39.8

Table 15: Staff characteristics

5.2.2. Professional and program experience

Leadership and influence in collaborations can also be asserted through the professional and program experience of staff. In the staff survey, respondents were asked about the length of time they had spent with the program (31 missing respondents), as well as the level of career experience they had in general (2 missing respondents).

Respondents reported an even split between respondents having less than 10 years work experience (52.7%) and those having more than 10 years experience (47.3%) (see Table 15).

In terms of employment length in the program this split occurred between those who had been with the program for 2 years or less (46.5%) and those who had been with the program for more than 2 years (53.5%) (see Table 15).

The significantly smallest groups were those who had been in the program for less than 6 months (8.8%) and those who had less than one year of work experience (7.0%).

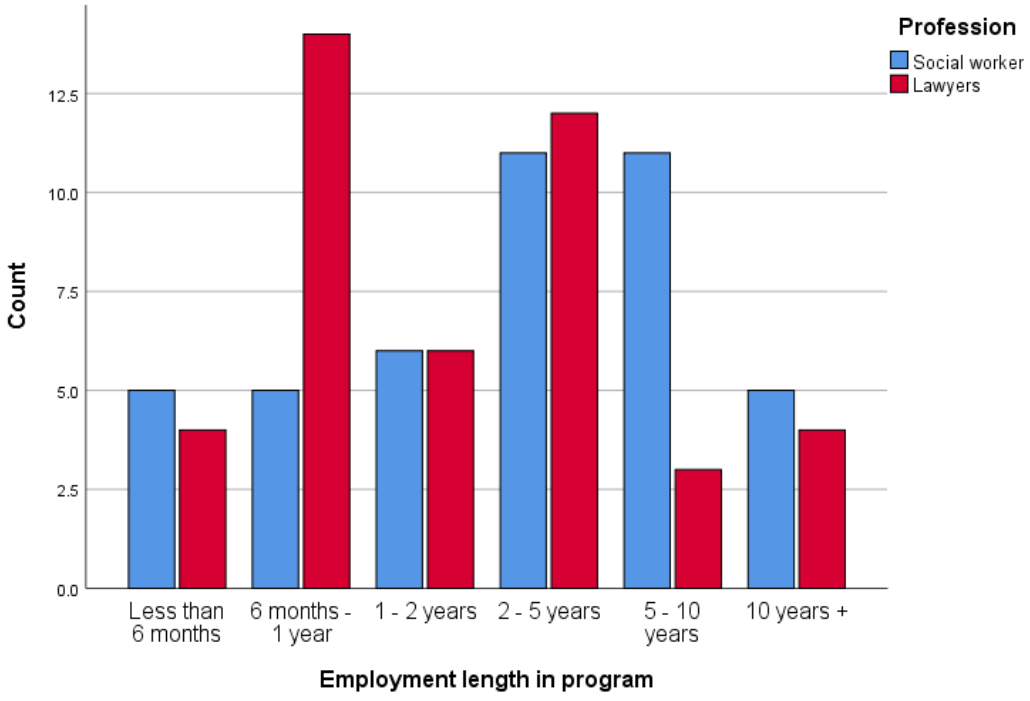

Figure 15: Employment length across professions (n=113)

Unexpectedly there was a significant difference between the length of time lawyers and social workers had spent in their programs. In relation to length of time employed in the

program, over half of social worker respondents (51.2%) reported that they had been with the program for between 2 and 10 years, while almost half of lawyers (46.6%) reported that they had been with the program for between 6 months and 2 years (see Figure 15).

Social workers also reported longer work experience than lawyers, with almost half of social worker respondents (45.8%) reported that they had 15 or more years of experience, while for lawyers (40.7%) reported that they had been with the program for 4 years or less (see Figure 16). With social workers being more experienced in their own careers and being more established in their collaborative programs, this would suggest that they may also be more influential within collaborations. These levels of experience however did not equate to more supervisory or senior roles of social workers as discussed above.

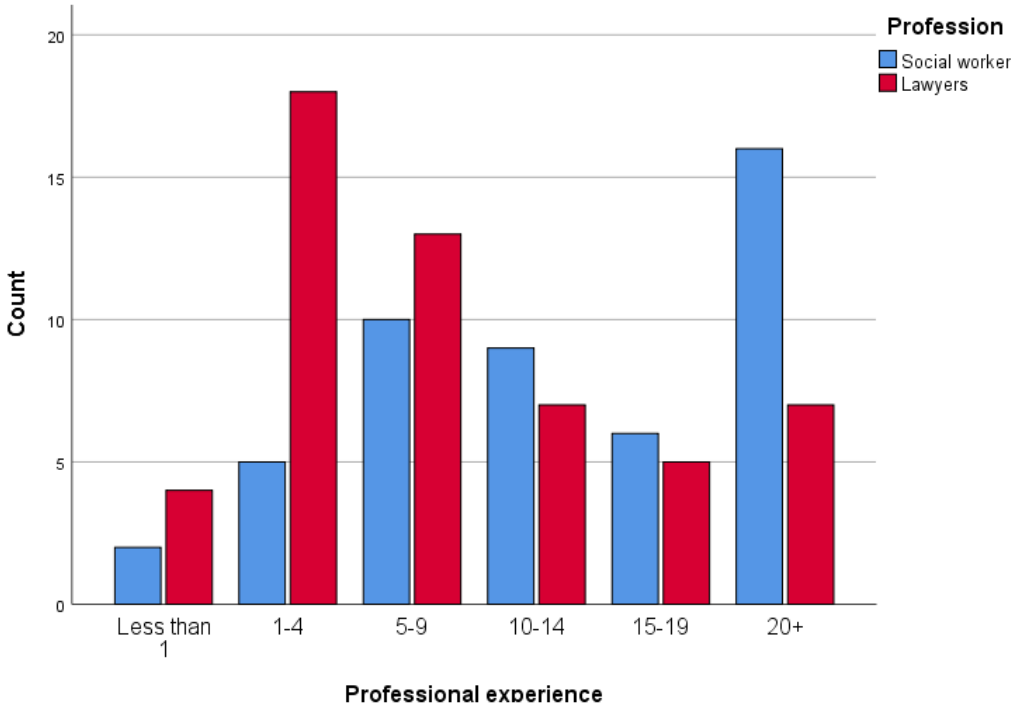

Figure 16: Professional experience by profession (n=142)

5.2.3. Part-time/full-time employment and salary

The number of staff and their alignment with different disciplines gives an indication of the volume or capacity of programs, however this can be understood in further detail by considering the full or part time nature of those roles. Across all staff 57.1% reported that they were working full-time, while 42.9% reported they worked part-time, with 32 missing

respondents. For social workers, there is an approximate 50:50 split between respondents in full time (48.8%) and part time roles (51.2%), with only 5 missing respondents. Lawyer respondents, however were predominately full-time employees (70.7%) with only 29.3% of respondents working on a part time basis, and 13 missing respondents (see Table 15 and Figure 17). This suggest that while there are more lawyers than social workers in direct numbers, there are also more lawyers than social workers on a daily basis, based on the hours they spend in their roles.

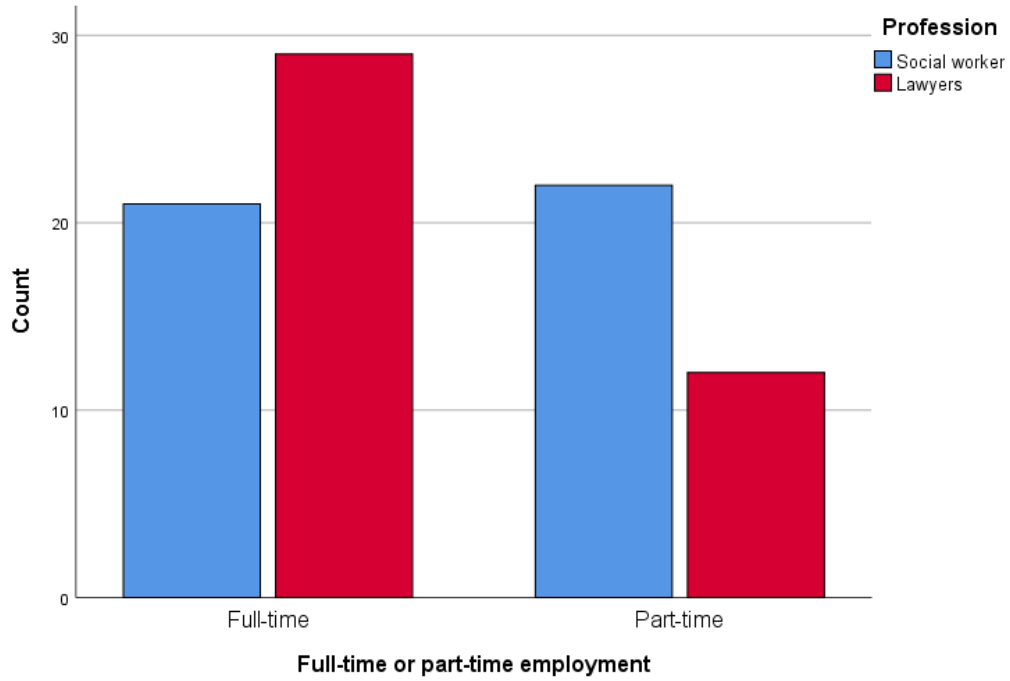

Figure 17: Full time and part time employment by profession (n=139)

Salary can be an indication of both seniority and the value placed by programs of different staff. Respondents to the staff survey reported a range of salaries with 70.9% earning in the three ranges between $52,000 and $104,000, and 34 missing respondents. Lawyer respondents to the staff survey reported being high numbers in the $78,000 to $103,999 bracket (30.8%) followed by the $65,000 to $77,999 bracket (28.2%), with 15 missing respondents. Social workers reported high numbers in the $65,000 to $77,999 bracket (30.2%) followed by the $78,000 to $103,999 bracket (20.9%), with only 5 missing respondents (see Figure 18).

Figure 18: Salary of lawyers and social workers (n=129)

An independent-samples t-test was conducted to compare the salaries for lawyers and social workers. There was no significant difference in salary for lawyers (*M*=7.61, *SD*=2.18) and social workers (*M*=7.58, *SD*=1.47; *t*(80)=-.083, *p*=.934). The magnitude of the differences in the means (mean difference=-.03, 95% *CI:*-.84 to .78) was negligible (eta squared=.0001) (see Table 16).

When in senior or supervising roles, only 10.7% of lawyers (3) reported earning less than $78,000, with 15 missing respondents, compared to 42.8% of social workers (6), with only 5 missing respondents. At the top end of the salary scale, however the distinction between lawyers and social workers was very small. For both lawyer and social workers, 3 participants in supervising or senior roles were paid over $104,000, with two of the three lawyers also being paid over $130,000.

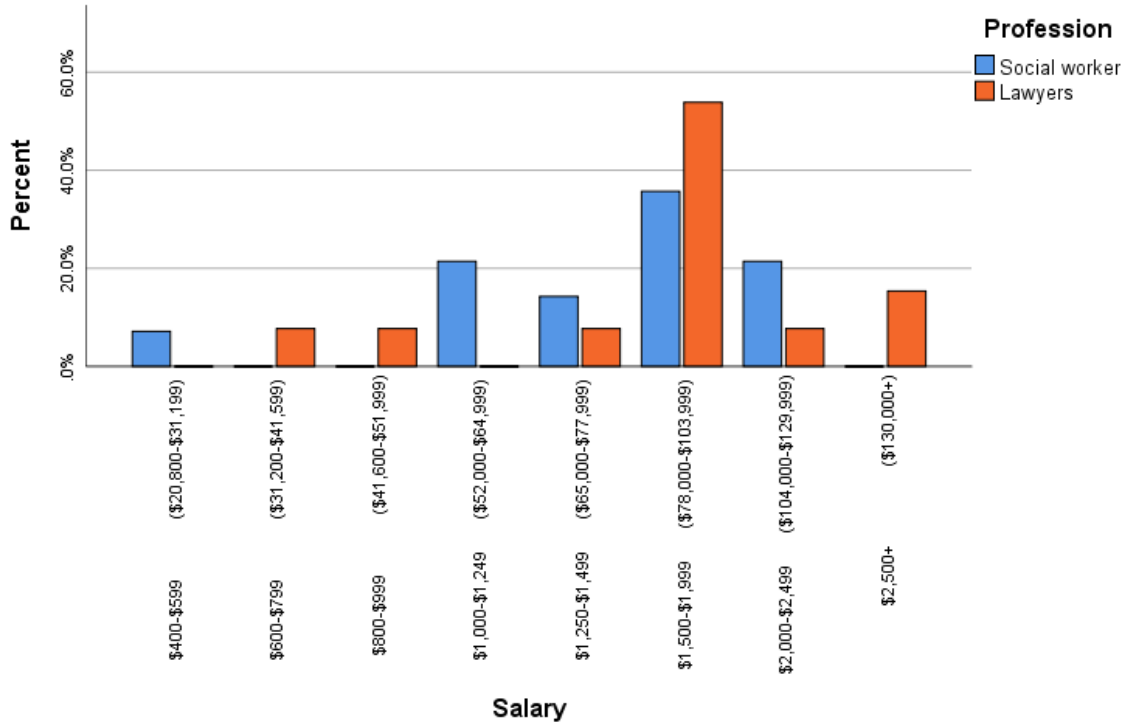

Figure 19: Salary of supervising or senior lawyers and social workers (n=27)

An independent-samples t-test was conducted to compare the supervising or senior salaries for lawyers and social workers. There was no significant difference in supervising or senior salary for lawyers (*M*=8.77, *SD*=1.69) and social workers (*M*=8.29, *SD*=1.64; *t*(25)=-.755, *p*=.457). The magnitude of the differences in the means (mean difference=-.48, 95% *CI:*-1.80 to .84) was small (eta squared=.02) (see Table 16).

This suggests that there is very little difference between lawyer and social worker salaries in this sample. This reflects broader reporting of public interest lawyer and social worker salaries which are also very similar according to current pay scale websites (https://www.payscale.com/research/US/Job=Lawyer%2C_Public_Interest/Salary; https://www.payscale.com/research/US/Job=Social_Worker/Salary).

	M (SD)		Mean difference (95% CI)	t-statistic (df)	P- value	eta-squared
Salary[a]						
Salary bracket	Social worker n=43	Lawyer n=39	-.03 (-.84, .78)	-.083 (80)	.934	.0001
	7.58 (1.47)	7.61 (2.18)				
Salary bracket of staff in supervisory or senior roles	Social worker n=14	Lawyer n=13	-.48 (-1.80, .84)	-.083 (80)	.457	.02
	8.29 (1.64)	8.77 (1.69)				
Commitment[b]						
Commitment to profession	Social worker n=47	Lawyer n=52	.31 (-.08, .71)	1.589 (97)	.115	.03
	5.29 (.90)	4.98 (1.05)				
Commitment to program	Social worker n=46	Lawyer n=46	-.43 (-.86, -.01)	-2.023 (90)	.046*	.04
	4.68 (1.04)	5.11 (1.01)				
Commitment to organisation	Social worker n=41	Lawyer n=31	-.70 (-1.34, -.06)	-2.182 (70)	.032*	.06
	4.12 (1.42)	4.82 (1.24)				
Professional prestige[c]						
Professional prestige	Social worker n=47	Lawyer n=52	-.65 (-.85, -.46)	-6.31 (97)	.000**	.20
	3.19 (.48)	3.84 (.54)				

*p<.05; **p<.01; [a] Salary brackets as 10-point scale; [b] Likert scale 1-7; [c] Likert scale 1-5

Table 16: Comparison of variables between social workers and lawyers (independent t-tests)

5.2.4. Influential professions

Perceptions of influential professions were also explicitly reported in the staff survey. Staff survey respondents were asked to rate the influence of each profession in the program on a 7-point Likert scale (1=Not at all influential, 7=Extremely influential). Not all professions were located in every program and as such the response rate varied for each profession. Lawyers (*M*=6.36, *SD*=1.04) and social workers (*M*=5.43, *SD*=1.69) were rated as much more influential than the other professions (see Table 19).

The influence of social workers and lawyers was also considered in relation to programs having legal and social service orientations. Respondents suggested lawyers were slightly more influential in social service oriented programs while social workers were slightly more influential in legally oriented programs (see Table 17). However, an independent-samples t-test was conducted to compare the perceived influence of lawyers and social workers in

legally oriented programs as compared to social service oriented programs, which suggested these differences were not significant or sizable (see Table 17). For lawyers there was no significant difference between their perceived influence in social service oriented programs (*M*=6.47, *SD*=.63) and legally oriented programs (*M*=6.36, *SD*=1.18; *t*(106)=.472, *p*=.638). The magnitude of the differences in the means (mean difference=.11, 95% *CI:*-.34 to .56) was small (eta squared=.002). For social workers there was no significant difference between their perceived influence in social service oriented programs (*M*=5.30, *SD*=2.09) and legally oriented programs (*M*=5.43, *SD*=1.61; *t*(105)=-.339, *p*=.735). The magnitude of the differences in the means (mean difference=-.13, 95% *CI:*-.88 to .62) was small (eta squared=.001). This suggests that perceptions of professional influence are independent of program orientation and while social worker influence is lower than that reported for lawyers, they maintain this influence in both social service and legally oriented programs.

	M (SD)		***Mean difference (95% CI)***	***t-statistic (df)***	***P- value***	***eta-squared***
Influence of lawyers[a]	Social service orientation n=30	Legal orientation n=78	.11 (-.34, .56)	-.427 (106)	.638	.002
	6.47 (.63)	6.36 (1.18)				
Influence of social workers[a]	Social service orientation n=41	Legal orientation n=31	.38 (-.88, .62)	-.339 (105)	.735	.001
	5.30 (2.09)	5.43 (1.61)				

*p<.05; **p<.01; [a] Likert scale 1-7

Table 17: Comparison of variables between social service oriented and legally oriented programs (independent t-tests)

5.2.5. Commitment of staff

Staff may be identified by their profession, however their level of commitment to that profession as opposed to the program they are working in or the wider organisation, can also be suggestive of the values or processes they may preference. Respondents to the staff survey were asked to rate their level of commitment (using the Affective Commitment scale (Allen & Meyer, 1990) to their profession, the program and the wider organisations in which the program sits. These scales asked respondents to judge how committed they felt based on 8 questions using a seven-point Likert scale (7=strongly agree, 1=strongly disagree). This scale was developed for organisational and professional commitment (Allen & Meyer, 1990)

but has yet to be tested in relation to programs or in a socio-legal setting. To assess its utility for this study the internal consistency of the subscale was tested using Cronbach's alpha coefficient. According to Allen and Meyer (1990, p. 6), the Affective Commitment Scale has a good internal consistency, with a Cronbach alpha coefficient reported of .87. In the current study, the Cronbach alpha coefficient for commitment to profession was .81, for commitment to program was .80 and for commitment to organisation was .89, suggesting there was strong internal consistency for all three scales in this study.

In the staff survey 135 respondents answered the commitment to profession scale, 122 answered the commitment to program scale and 97 answered the commitment to organisation scale. In each scale the missing values were respondents who had not answered all 8 questions of the scale. Across the three scales, an increasing level of commitment was reported from the organisation (*M*=4.45, *SD*=1.35), to the program (*M*=4.86, *SD*=1.03) and then to the respondent's profession (*M*=5.05, *SD*=1.02) (see Table 19).

An independent-samples t-test was conducted to compare commitment to the three areas for lawyers and social workers (see Table 16). For ***commitment to profession***, there was no significant difference in commitment for lawyers (*M*=4.98, *SD*=1.05) and social workers (*M*=5.29, *SD*=.90; *t*(97)=1.589, *p*=.115). The magnitude of the differences in the means (mean difference=.31, 95% *CI:*-.08 to .71) was small (eta squared=.03). For ***commitment to program***, there was a significant difference in commitment for lawyers (*M*=5.11, *SD*=1.01) and social workers (*M*=4.68, *SD*=1.04; *t*(90)=-2.023, *p*=.046). The magnitude of the differences in the means (mean difference=-.43, 95% *CI:*-.86 to -.01) was small to moderate (eta squared=.04). For ***commitment to organisation***, there was a significant difference in commitment for lawyers (*M*=4.82, *SD*=1.24) and social workers (*M*=4.12, *SD*=1.42; *t*(70)=-2.182, *p*=.032). The magnitude of the differences in the means (mean difference=-.70, 95% *CI:*-1.34 to -.06) was moderate (eta squared=.06).

This suggests that while lawyers and social workers show very similar levels of commitment to their individual professions, lawyers are more likely to feel committed to their program and organisation as compared to social workers. Social workers also show the strongest commitment to profession, compared to lawyers who show strongest commitment to program. As these collaborations are often brining social work practice into legal settings,

this may represent a commitment to the socio-legal foundations of collaborations with social workers committed to bringing their profession and lawyers committed to including social work in the program.

To further explore the significant differences in commitment to program and organisation, one-way between-group analysis of variance was also conducted for these two scales to include differences between the two professions in each of the three program orientations (see Table 18). For the ***commitment to program scale***, there was no statistically significant difference in commitment to program scores for the six groups: $F(5, 83)=1.43$, $p=.222$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was medium. The effect size, calculated using eta squared, was .08. Post-hoc comparisons using Tukey HSD test indicated that the most significant difference in mean score was between social workers in legal orientations ($M=4.62$, $SD=1.12$) and lawyers in legal orientations ($M=5.28$, $SD=.90$). For the ***commitment to organisation scale***, there was a statistically significant difference at the $p<.05$ level in commitment to organisation scores for the six groups: $F(3, 68)=3.15$, $p=.03$. Reaching statistical significance, the actual difference in mean scores between the groups was medium to large. The effect size, calculated using eta squared, was .12. Post-hoc comparisons using Tukey HSD test indicated that the most significant difference in mean score for social workers in legal orientations ($M=4.09$, $SD=1.32$) was statistically different from lawyers in legal orientations ($M=5.11$, $SD=1.01$). None of the other groups differed significantly from each other.

This suggests that the program commitment of these two professions is not significantly altered depending on which program orientation they are working in. Their commitment to the wider organisation around the program however was, as may be expected, influenced by orientation and profession with lawyers in particular being more committed to legal organisations than social workers.

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Program commitment					
Social workers - legal orientations	29	4.62 (1.12)	1.43 (5, 83)	.222	.08
Social workers - social service orientations	13	4.75 (.95)			
Social workers - independent programs	2	5.25 (.88)			
Lawyers - legal orientations	30	5.28 (.89)			
Lawyers - social service orientations	9	4.72 (1.34)			
Lawyers - independent programs	6	5.08 (.94)			
Organisational commitment[a]					
Social workers - legal orientations	29	4.09	3.146 (3, 68)	.031*	.12
Social workers - social service orientations	12	4.20			
Social workers - independent programs[b]	-	-			
Lawyers - legal orientations	23	5.11			
Lawyers - social service orientations	8	4.00			
Lawyers - independent programs[b]	-	-			
Professional prestige					
Social workers - legal orientations	29	3.21 (.336)	9.839 (5, 84)	.000**	.37
Social workers - social service orientations	13	3.26 (.49)			
Social workers - independent programs	2	2.50 (.71)			
Lawyers - legal orientations	31	3.89 (.50)			
Lawyers - social service orientations	9	3.76 (.55)			
Lawyers - independent programs	6	3.77 (.51)			

*p<.05; **p<.01; [a] Asymptotically F distributed; [b] Independent programs do not have wider organisations and so no data was collected for this group

Table 18: Comparison of variables between profession and program orientation (one-way ANOVA)

5.2.6. Professional prestige

Professional prestige as an antecedent to commitment and social/cultural capital was also assessed. Staff survey respondents were asked to provide a measure of the prestige of their current profession. The 'Organisational identification: Prestige Scale' (Mael & Ashforth, 1992) was used, based on 8 questions using a 5-point Likert scale (1=strongly disagree, 5=strongly agree). It was modified to focus on profession prestige rather than organisation prestige for this study by replacing the word "organisation" in the questions with "profession/discipline". To assess its validity in this modified form and in socio-legal settings, the internal consistency of the scale was tested using Cronbach's alpha coefficient. According to Mael and Ashworth (1992, p. 112), the Perceived Organisational Prestige Scale has a good internal consistency, with a Cronbach alpha coefficient reported of .77. In the current study, the Cronbach alpha coefficient was .79, suggesting it is appropriate to use in its modified form and in this study.

In the staff survey, 135 respondents completed the prestige scale. Social workers rated their profession as moderately prestigious (*M*=3.19, *SD*=.48) compared to lawyers who rated their prestige as higher (*M*=3.84, *SD*=.54) (see Table 19).

An independent-samples t-test was conducted to compare the professional prestige score for lawyers and social workers. There was a significant difference in prestige for lawyers (*M*=3.84, *SD*=.54) and social workers (*M*=3.19, *SD*=.48; *t*(97)=-6.31, *p*=.000). The magnitude of the differences in the means (mean difference=-.65, 95% *CI:*-.85 to -.46) was large (eta squared=.20) (see Table 16).

To further explore these significant differences in perceived prestige, one-way between-group analysis of variance was also conducted to include differences in the three program orientations and social workers and lawyers (see Table 18).

There was a statistically significant difference at the *p* <.05 level in perceived prestige scores for the six groups: *F*(5, 84)=9.84, *p*=.000. Reaching statistical significance, the actual difference in mean scores between the groups was large. The effect size, calculated using eta squared, was .37. Post-hoc comparisons using Tukey HSD test indicated that the most significant difference in mean score was for social workers in legal orientations (*M*=3.21, *SD*=.36) which was statistically different from lawyers in legal orientations (*M*=3.89, *SD*=.50).

Lawyers in legal orientations (*M*=3.89, *SD*=.50) were significantly different from social workers in social service orientations (*M*=3.26, *SD*=.50) and social workers in independent orientations (*M*=2.50, *SD*=.71). Social workers in independent orientations (*M*=2.50, *SD*=.71) were significantly different from lawyers in social service orientations (*M*=3.76, *SD*=.55), and lawyers in independent orientations (*M*=3.77, *SD*=.51). Social workers in legal orientations (*M*=3.21, *SD*=.36) were also significantly different from lawyers in social service orientations (*M*=3.76, *SD*=.55).

This suggests that while both orientation and profession may be having influence over how staff perceive the prestige of their profession, lawyers in particular may see their profession as having significantly more prestige than social workers in a variety of settings. Orientation does however seem to influence both lawyers and social workers as the professions rate their prestige the highest when they are located in aligned orientations (social workers in social services and lawyers in legal). A key limitation of this data however, was that

participants from each profession were only asked to rate their own profession, and as such this can be seen as a lawyer's view of lawyer prestige or a social worker's view of social worker prestige, rather than the entire sample's view of each profession.

	N	Mean	Std. Deviation
Influence of different professions in program[a]			
Lawyers	118	6.36	1.04
Legal assistants	113	3.93	2.07
Social workers	117	5.43	1.69
Psychologists	113	3.81	2.86
Nurses	113	2.97	2.46
Counsellors	113	3.78	2.51
Support workers	115	3.77	2.46
Doctors	112	3.54	2.90
Other	63	2.86	3.02
Commitment to profession, program and organisation[a]			
Commitment to profession	135	5.05	1.02
Commitment to program	122	4.86	1.03
Commitment to organisation	97	4.45	1.35
Prestige of own profession[b]			
Social worker	47	3.19	.48
Lawyer	52	3.84	.54
Other social service professions	20	3.41	.57
Other legal roles	14	3.49	.77
Ethic of Care and Ethic of justice in current practice[a]			
Ethic of Care scale	118	5.67	.77
Context	117	5.96	1.24
Relationships	118	4.73	1.57
Circumstance	117	5.70	1.31
Equity	117	5.91	1.16
Conciliation	118	6.05	.94
Ethic of Justice scale	118	5.54	.79
Specificity	117	5.88	1.26
Rights	116	5.78	1.22
Rules	117	5.70	1.33
Equality	118	5.08	1.50
Adversarialism	118	5.28	1.49

[a] Likert scale 1-7; [b] Likert scale 1-5

Table 19: Staff perceptions

5.2.7. Practice theories

Socio-legal collaborations bring together distinct disciplines and sectors, however they also bring together the practice of individuals potentially informed by specific practice theories. In the staff survey, 128 staff survey respondents responded to this question with 60.2% (n=77) nominating a theory guiding their practice (see Table 20).

	Social workers	Lawyers	Other social service professions	Other legal roles	Total
Yes, I have a practice theory	41	17	14	4	76
No, I don't have a practice theory	4	34	4	8	50
If yes, theories provided by participants					
Collaboration, brining services together	0	4	0	0	7
Trauma informed	12	2	1	1	18
Strengths based	20	0	4	1	29
Therapeutic jurisprudence	0	6	0	0	4
Social justice and human rights	5	2	1	0	8
Case management	1	0	0	0	1
Feminist	10	0	3	0	13
Client centred	5	1	3	0	9
Social work based	1	0	1	0	1
Community and child safety	3	0	0	0	2
Strategic and systemic advocacy	0	1	0	0	7
Solutions focused	5	1	0	0	5
Critical social work/anti-oppressive practice	4	0	0	1	5
Culturally centred	0	0	1	0	1
Empowerment	0	2	1	0	3
Community development	1	0	1	1	3
Narrative	1	0	0	0	1
Attachment and psychodynamic	4	0	0	0	4
Systems theory	7	0	0	0	7
Recovery theory and advocacy	2	0	0	2	4
No practice theory	4	34	4	8	50

Table 20: Practice theories listed by participants (Frequency by profession)

There was a significant difference between social workers and lawyers in this regard, with 126 respondents answering both profession and practice theory questions. For social workers 91.1% of respondents (n=41) stated they followed a program theory, compared to lawyers where this was only reported by 33.3% (n=17). For lawyers the key practice approaches nominated were human rights (n=3), collaboration (n=5) and therapeutic jurisprudence (n=3). For social workers the key practice approaches were strength-based

(n=20) and trauma informed practice (n=12). This suggests that social workers and social service settings are far more attuned to working within articulated practice theories. In socio-legal collaborations the dominance of legal settings and lawyers may therefore limit any assumed need for practice theory and require explanations of these theories by social workers and social service staff if they are to be followed more widely in the program.

5.2.8. Practice ethics

Although not all staff reported a practice theory to which they subscribed, underlying professional practice are ethical and value orientations which guide how practice is undertaken. The Ethic of Care and the Ethic of Justice are traditional constructions of social work and legal ethical practice. Staff survey respondents were asked to rate how strongly they agreed or disagreed with the five paired statements (see Figure 20), addressing each element of the Ethic of Care and Ethic of Justice on a 7-point Likert Scale (1=Strongly disagree, 7=Strongly agree).

Concepts	Ethic of Justice	Ethic of Care
Specificity and Context	**Specificity** My main role was to assist with the issue or problem that the client had presented.	**Context** My main role was to understand the range of issues impacting the client, not just the one they had asked for assistance with.
Rights and Relationships	**Rights** My central concern was how the rights of my clients had been impacted by a decision or action.	**Relationships** My central concern was how my client's relationships with family, friends and the wider community had been impacted by a decision.
Rules and Circumstance	**Rules** I relied on my understanding of general rules, standards and principles, when making decisions or providing advice.	**Circumstance** I relied on my understanding of the individual circumstances at hand when making decisions or providing advice.
Equality and Equity	**Equality** I preferred decisions based on equality between individuals.	**Equity** I preferred decisions based on equity, acknowledging of the differences between individuals.
Adversarialism and Conciliation	**Adversarialism** It was important to me that I argued my point of view with colleagues who disagree, so that a robust decision could be reached.	**Conciliation** I was important to me that I took on board the views of my colleagues so that we could work toward an agreed approach.

Figure 20: Paired Ethic of Justice and Ethic of Care elements

Using this measure raw scores of 5-7 confirmed an element was found in the respondent's practice, while raw scores of 1-3 confirmed an element was not present. The neutral centre score of 4 is considered neither agreeing or disagreeing and therefore 'unsure'.

5.2.8.1. The elements of Ethic of Care and Ethic of Justice

The respondents scored nine of the ten individual elements of the Ethic of Care (Context (*M*=5.96, *SD*=1.24); Circumstance (*M*=5.70, *SD*=1.31); Equity (*M*=5.91, *SD*=1.16); Conciliation (*M*=6.05, *SD*=.94)) and the Ethic of Justice (Specificity (*M*=5.88, *SD*=1.26); Rights (*M*=5.78, *SD*=1.22); Rules (*M*=5.70, *SD*=1.33); Equality (*M*=5.08, *SD*=1.50); Adversarialism (*M*=5.28, *SD*=1.50)) in the 'agree' range suggesting that a significant proportion of both scales were evident in staff practice. Only Relationships (*M*=4.73, *SD*=1.57) from the Ethic of Care scored significantly lower, in the unsure to somewhat agree range. Missing values for these ten questions ranged from 26 to 28 responses (see Table 19).

For lawyers and social workers, scores equated to some agreement with all of the Ethic of Care and Ethic of Justice elements, with the lowest being the Ethic of Care focus on relationships amongst lawyers (*M*=4.41, *SD*=1.63) (see Table 21). Across four of the five pairs of elements all professional groups scored their practice more focused on the Ethic of Care over the Ethic of Justice. This was reversed for Rights and Relationships, where all professional groups scored their focus on the Ethic of Justice higher than the Ethic of Care. Lawyers and social workers were both found to have the same highest and lowest scoring elements. For social workers and lawyers, the most important element was the Ethic of Care focus on conciliation (social workers *M*=6.14, *SD*=.95; lawyers *M*=6.16, *SD*=.94), while the least important element was the Ethic of Care focus on relationships (social workers *M*=4.91, *SD*=1.28; lawyers *M*=4.41, *SD*=1.63).

For the Ethic of Justice, an independent-samples t-test was conducted to compare the scores across all five elements for lawyers and social workers (see Table 21):

For ***Specificity***, there was no significant difference in score for lawyers (*M*=6.04, *SD*=1.10) and social workers (*M*=5.81, *SD*=1.30; *t*(85)=-.900, *p*=.371). The magnitude of the differences in the means (mean difference=-.23, 95% *CI:*-.74 to .28) was small (eta squared=.01). For ***Rights***, there was no significant difference in score for lawyers (*M*=5.98, *SD*=1.12) and social workers (*M*=5.49, *SD*=1.37; *t*(84)=-1.808, *p*=.074). The magnitude of the differences in the means (mean difference=-.49, 95% *CI:*-1.03 to .05) was small to moderate

(eta squared=.04). For ***Rules***, there was no significant difference in score for lawyers (*M*=5.91, *SD*=1.15) and social workers (*M*=5.52, *SD*=1.47; *t*(85)=-1.346, *p*=.182). The magnitude of the differences in the means (mean difference=-.38, 95% *CI:*-.95 to .18) was small (eta squared=.02). For ***Equality***, there was no significant difference in score for lawyers (*M*=5.05, *SD*=1.64) and social workers (*M*=5.11, *SD*=1.43; *t*(86)=.207, *p*=.836). The magnitude of the differences in the means (mean difference=.07, 95% *CI:*-.59 to .72) was very small (eta squared=.0005). For ***Adversarialism***, there was no significant difference in score for lawyers (*M*=5.39, *SD*=1.65) and social workers (*M*=5.20, *SD*=1.44; *t*(86)=-.552, *p*=.583). The magnitude of the differences in the means (mean difference=-.18, 95% *CI:*-.84 to .47) was very small (eta squared=.004).

Overall this suggests that there is no significant difference between lawyers and social workers in the Ethic of Justice.

An independent-samples t-test was also conducted for the Ethic of Care, to compare the scores across all five elements for lawyers and social workers (see Table 21):

For ***Context***, there was no significant difference in score for lawyers (*M*=6.07, *SD*=1.02) and social workers (*M*=5.81, *SD*=1.45; *t*(77.181)=-.935, *p*=.353). The magnitude of the differences in the means (mean difference=-.25, 95% *CI:*-.78 to .28) was small (eta squared=.01). For ***Relationships***, there was no significant difference in score for lawyers (*M*=4.41, *SD*=1.63) and social workers (*M*=4.91, *SD*=1.51; *t*(86)=1.493, *p*=.139). The magnitude of the differences in the means (mean difference=.50, 95% *CI:*-.17 to 1.17) was small to moderate (eta squared=.03). For ***Circumstance***, there was a significant difference in score for lawyers (*M*=6.00, *SD*=.96) and social workers (*M*=5.36, *SD*=1.54; *t*(72.192)=-2.321, *p*=.023). The magnitude of the differences in the means (mean difference=-.64, 95% *CI:*-1.18 to -.09) was moderate to large (eta squared=.07). For ***Equity***, there was no significant difference in score for lawyers (*M*=5.98, *SD*=1.28) and social workers (*M*=6.04, *SD*=.91; *t*(85)=.288, *p*=.774). The magnitude of the differences in the means (mean difference=.07, 95% *CI:*-.40 to .54) was very small (eta squared=.001). For ***Conciliation***, there was no significant difference in score for lawyers (*M*=6.16, *SD*=.94) and social workers (*M*=6.14, *SD*=.95; *t*(86)=-.113, *p*=.911). The magnitude of the differences in the means (mean difference=-.02, 95% *CI:*-.42 to .38) was very small (eta squared=.0001).

Overall this suggests that the only significant difference between lawyers and social workers in the Ethic of Care was in the element of Circumstance, where lawyers scored moderately higher than social workers.

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
Ethic of Justice (current)[a]						
Specificity	Social worker n=43	Lawyer n=44	-.23 (-.74, .28)	.900 (85)	.371	.01
	5.81 (1.30)	6.04 (1.10)				
Rights	Social worker n=43	Lawyer n=43	-.49 (-1.03, .05)	-1.808 (84)	.074	.04
	5.49 (1.37)	5.98 (1.12)				
Rules	Social worker n=44	Lawyer n=43	-385 (-.95, .18)	-1.346 (85)	.182	.02
	5.52 (1.47)	5.91 (1.15)				
Equality	Social worker n=44	Lawyer n=44	.07 (-.59, .72)	.207 (86)	.836	.0005
	5.11 (1.43)	5.05 (1.64)				
Adversarialism	Social worker n=44	Lawyer n=44	-.18 (-.84, .47)	-.552 (86)	.583	.004
	5.20 (1.44)	5.39 (1.65)				
Ethic of Justice scale	Social worker n=42	Lawyer n=42	-.19 (-.51, .13)	-1.180 (82)	.241	.02
	5.45 (.70)	5.64 (.78)				
Ethic of Care (current)[a]						
Context	Social worker n=44	Lawyer n=44	-.25 (-.78, .28)	-.935 (77.18)	.353	.01
	5.81 (1.45)	6.07 (1.02)				
Relationships	Social worker n=44	Lawyer n=44	.50 (-.17, 1.17)	1.493 (86)	.139	.03
	4.91 (1.51)	4.41 (1.63)				
Circumstance	Social worker n=44	Lawyer n=44	-.64 (-1.18, -.09)	-2.321 (72.192)	.023*	.07
	5.36 (1.54)	6.00 (.96)				
Equity	Social worker n=44	Lawyer n=43	.07 (-.40, .54)	.288 (85)	.774	.001
	6.04 (.91)	5.98 (1.28)				
Conciliation	Social worker n=44	Lawyer n=44	-.02 (-.42, .38)	-.113 (86)	.911	.0001
	6.14 (.95)	6.16 (.94)				
Ethic of Care scale	Social worker n=44	Lawyer n=43	.05 (-.37, .27)	.324 (85)	.747	.001
	5.65 (.91)	5.71 (.72)				

*p<.05; **p<.01; [a] Likert scale 1-7

Table 21: Comparison of Ethic of Justice and Ethic of Care elements between social workers and lawyers (independent t-tests)

To further explore the significant difference for Circumstance (working with the situation of a client rather than the rules which may apply), one-way between-group analysis of variance was also conducted to include differences between the two professions in the three program orientations. There was a statistically significant difference in Circumstance scores for the six groups: $F(5, 82)=2.94$, $p=.02$ (using Brown-Forsythe robust test of equality of means). Reaching statistical significance, the actual difference in mean scores between the groups was medium to large (see Table 22). The effect size, calculated using eta squared, was .10. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was between social workers in legal orientations ($M=5.24$, $SD=1.64$) and lawyers in social service orientations ($M=6.56$, $SD=.53$).

	n	*M (SD)*	*F- statistic (df1, df2)*	*P- value*	*eta-squared*
Circumstance (Ethic of Care, current)					
Social workers - legal orientations	29	5.24 (1.64)	2.942[a] (5, 44.55)	.022*	.10
Social workers - social service orientations	13	5.46 (1.39)			
Social workers - independent programs	2	6.50 (.71)			
Lawyers - legal orientations	29	5.83 (1.07)			
Lawyers - social service orientations	9	6.56 (.53)			
Lawyers - independent programs	6	6.00 (.63)			
Ethic of Justice scale (current)					
Social workers - legal orientations	29	5.50 (.71)	1.224 (5, 82)	.305	.07
Social workers - social service orientations	13	5.28 (.74)			
Social workers - independent programs	2	5.20 (.28)			
Lawyers - legal orientations	29	5.76 (.74)			
Lawyers - social service orientations	9	5.69 (.80)			
Lawyers - independent programs	6	5.23 (.88)			
Ethic of Care scale (current)					
Social workers - legal orientations	29	5.60 (.89)	.909 (5, 82)	.479	.05
Social workers - social service orientations	13	5.65 (.48)			
Social workers - independent programs	2	6.50 (.42)			
Lawyers - legal orientations	29	5.68 (.74)			
Lawyers - social service orientations	9	6.00 (.56)			
Lawyers - independent programs	6	5.53 (.85)			

*p<.05; **p<.01; [a] Asymptotically F distributed

Table 22: Comparison of practice ethic variables between profession and program orientation (one-way ANOVA)

This suggests that in this element of the Ethic of Care it is the combination of orientation and profession which is influential. This is also what we might expect in these settings as

social workers find it harder to focus on the circumstances of a client when they are in legal settings where rules may be more important, and lawyers find it easier to focus on client circumstance when they are in practice settings aligned with these practice ethics and where circumstance is valued.

5.2.8.2. Ethic of Care and Ethic of Justice Scales

Bringing together current practice scores for each of the Ethic of Care and Ethic of Justice elements, both scales were found to be acceptably reliable (Ethic of Justice Cronbach Alpha=.512; Ethic of Care Cronbach Alpha=.570). Both scales were found to be marginally more reliable if the final elements Adversarialism-Conciliation were removed (Ethic of Justice: Cronbach Alpha=.611; Ethic of Care: Cronbach Alpha=.612). This may be a limitation of how the questions were worded or it may reflect current practice in collaborations, where these elements are not aligned with rest of the scale. As this is unclear the full scales were used in this study. Further investigation and development of this practice measure would be recommended to support future research in the area.

5.2.8.3. Ethic of Care and Ethic of Justice practice orientations

The Ethic of Care and Ethic of Justice scales detailed above, were then calculated using means of respondent scores who had answered at least 3 of 5 elements for each scale. On this basis 118 responses were used in the scale, with only 6 respondents missed either one or two elements and the remaining 116 answered all ten. The findings suggest that both practice orientations were part of current practice with there being slightly more agreement with the Ethic of Care (*M*=5.67, *SD*=.77) over the Ethic of Justice (*M*=5.54, *SD*=.79) (see Figure 19).

An independent-samples t-test was conducted to compare the Ethic of Care scores and the Ethic of Justice scores for lawyers and social workers (see Figure 21). For the ***Ethic of Care***, there was no significant difference in for lawyers (*M*=5.71, *SD*=.72) and social workers (*M*=5.65, *SD*=.79; *t*(85)=-.324, *p*=.747). The magnitude of the differences in the means (mean difference=-.05, 95% *CI:*-.37 to .27) was very small (eta squared=.001). For the ***Ethic of Justice***, there was no significant difference in for lawyers (*M*=5.64, *SD*=.78) and social workers (*M*=5.45, *SD*=.70; *t*(82)=-1.180, *p*=.241). The magnitude of the differences in the means (mean difference=-.19, 95% *CI:*-.51 to .13) was small (eta squared=.02).

As with the individual elements, this suggests that as scales there is no significant different between the overall Ethic of Care and Ethic of Justice scores for lawyers and social workers.

To further explore difference in these scales based on the two profession and three program orientations, one-way between-group analysis of variance was also conducted (see Table 22). For the ***Ethic of Justice***, there was no statistically significant difference in scores for the six groups: $F(5, 82)=1.22$, $p=.31$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was medium. The effect size, calculated using eta squared, was .07. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was lawyers in legal orientations ($M=5.76$, $SD=.74$) and social workers in social service orientations ($M=5.28$, $SD=.74$). For the ***Ethic of Care*** here was no statistically significant difference in Ethic of Care scores for the six groups: $F(5, 82)=.91$, $p=.479$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .05. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was between social workers in legal orientations ($M=5.60$, $SD=.89$) and social workers in independent orientations ($M=6.50$, $SD=.42$).

This would suggest that neither profession or program orientation has a large or statistically significant effect on the Ethic of Justice and Ethic of Care scores. This raises the possibility that it is in fact the act of socio-legal collaboration and the bringing together of Justice and Care aligned professions which results in such even scores. For lawyers the Ethic of Care is felt most strongly when collaborating with social workers in social service oriented settings. For social workers the Ethic of Justice is most strong when collaborating with lawyers in legal settings. A limitation of these results however is the variation in sample sizes between legal oriented programs and social service or independent programs, and the impact this may have on statistical significance. As such further research with increased sample sizes across all orientations would be required to verify these results.

5.3. Descriptions of the landscape

The following sections detail descriptions of the socio-legal collaboration landscape as articulated by interview participants. They provide details of program structures, the practice theories utilised in programs, staffing rationales and the drivers behind the choice of collaborative practice.

5.3.1. Program structures as ethical solutions

Program structure as the way in which disciplines had been brought together, was a key feature identified by interview participants, with particular importance placed upon it as a mediating factor between collaborative intention and conflicts in professional ethics and practice approaches. These descriptions fell in to four distinct key themes.

5.3.1.1. Interdisciplinary teams

Most participants described programs where staff from different disciplines worked together in the one program. Core to the structure was the idea of all disciplines being employed under one organisation and one program structure. ##A014 described working as a combined team in client interviews and through case conferencing, while still utilising the specific skills of different professions:

> The social work student will go out with the lawyers each week. Then the day after the whole team that is working on the program with have a weekly review meeting and we'll case plan together…. Then as a group we'll case conference like "that sounds like a tenancy issue, the social work student can follow that up" or "that is an infringement issue the law students can follow that up". The students work on the same file but we separate out the issues and keep each other informed the whole time.

Similarly, ##A018, a social worker, described seeing clients together and then streaming issues to different professions:

> It's almost always a lawyer and an advocate talking to the person, giving them advice as the first point of thought. If it is a black and white legal issue and there is nothing else apparent and then we'll make a legal only advice appointment but usually we'll actually speak.

5.3.1.2. Interagency alliances

Only one participant described a program where multiple agencies agreed to work collaboratively while still retaining their own identities and staffing structures. In this description ##A012 was clear that different organisations were working in an alliance structure, however their description was also very similar to those of interdisciplinary

teams, with a sense of working as one team despite the fact that staff were from different organisations:

> We go on outreach together and also meet with clients and then workers together. We try to design the project or the partnership as much as we can, so that it seems like even though it is two organisations, to the client it is one service.

5.3.1.3. Multiple disciplinary units

The remaining participants described interdisciplinary workplaces with a structure between interagency alliances and interdisciplinary teams where all staff were employed in the wider agency but where each discipline acted as separate entities or units within that organisation. In these programs descriptions participants detailed working separately within the same workplace, with clients also seeing the different units independently. ##A015, for example, described a distinct social work team within a wider law firm, while ##A016 described keeping the social work and legal teams separate within a combined project due to legal professional privilege and confidentiality issues:

> we don't see clients together because there is absolutely no need for our social science staff to know anything about the file in detail. There is a risk if you do that.

Similarly, ##A02 described this in a social service organisation, with their program being:

> a community legal centre, but our community legal centre is part of a bigger organisation. So we are a community legal centre amongst other things.

5.3.2. Practice theories and approaches

Practice theories also featured strongly in descriptions of programs. Four participants (engaged in social service professional roles) described their practice as guided by trauma informed theory and empowerment theory. These practice theories were described as being taken up by the legal side of the collaboration and by the program more broadly. ##A013 described:

> the influence that I have here is talking about Trauma Informed Care, working with clients, and supporting clients to answer some questions from lawyers that can be very intrusive, but lawyers need to know to be able to get some advice and how to navigate that stuff. That's probably being the change for [the service], I think, 'cause that's the area that I'm interested in.

##A017 suggested:

> some of the lawyers talked about the carer's trauma. They talked about the fact that they don't get any training about how do you deal with listening to stories of really nasty violence long-term, and the effects of that violence on their clients. And that they weren't aware that trauma affects the ecology of development

One participant from an elder abuse program also described utilising an empowerment model. #A018 stated:

> we certainly work from empowerment model. I work from an empowerment model and the service talks about working from an empowerment model. We are incredibly conscious that people are often ambivalent about taking action against family members. We are pretty careful about making sure that it is the older person who is making the decision.

One legal participant identified their practice as based on a human rights model but did not describe this as extending to the social service side or the program more broadly.

5.3.3. Students and volunteers in the staffing mix

The dominance of lawyers and social workers was reflected in the descriptions of staff from interview participants, although students and volunteers were also key staffing choices. Nine described programs consisting of lawyers working purely with social workers, while the other nine described a mixture of multiple social service professionals, such as youth workers, psychologists, support workers and consumer advocates working with lawyers in the collaboration.

Two participants of mental health collaborations described their social service staff as peer advocates and consumer advocates. ##A08 from a mental health program described having consumer and peer advocates in the social services side of the collaboration as reflecting the programs commitment to being consumer led:

> Yes, there's two things that probably really guide on us. One is we made quite a strong commitment to be a consumer led service.

A further three participants described programs as having 'pro bono lawyers' and 'paralegals'. ##A02 described:

> We are a little bit unique from most community legal centres in that the bulk of our legal services are provided by paralegals who are not lawyers. We have trained them to provide legal services, so they deliver them under my supervision.

##A012 described the use of pro bono lawyers as reflecting the wider ethic of utilising the skills and resources of the private sector for public benefit:

> The model of [the organisation] is around engaging our pro bono lawyers, so private lawyers who volunteered their time to work for our clients, and then connecting them with our clients.

The decision to use pro bono lawyers and paralegals in two programs was also described as based on capacity, where the volume of legal work required was more efficiently performed by one supervising lawyer and a staff of paralegals. ##A012 described using pro bono lawyers as:

> If it's a significant matter involving a lot of case work then I'll just refer it to our pro bono lawyers. It frees my capacity up because really the focus of my role is to build those relationships and referral pathways within [the organisation] to going on outreach and speak to clients. The focus of the pro bono lawyers is very much around doing the significant legal work.

Another two participants described programs using social work students and law students in the collaboration. These programs were either directly connected to or closely aligned with local universities and the students participated in the collaboration as a practical part of their studies. In one program both social work students and legal students were collaborating together in the program. Both performed tasks under the supervision of qualified lawyers and social workers, however when undertaking outreach, a social work student and legal student would often be paired with a lawyer to conduct a client interview, leaving the social work student as the only representative of the social services side. #A014 described how on an outreach:

> with a lawyer will be one social work student and one law student. Then the day after that the whole team who is working on that program will have the weekly review meeting, and we'll case plan together.

Alternatively, in the other program the social work student always worked directly with the qualified social worker and was not engaged by themselves in client or collaborative work. #A017 stated:

> because of issues around the vulnerability of clients and the fact that were dealing with family violence, I made a decision and I'm hoping the centre will continue it, that the students don't have their own caseload, it would just be too much too soon. Our first-year social work students haven't done interpersonal skills yet.
>
> This is their first placement. Fourth-year students, towards the end of the placement, I would, depending on the relationship with the client, give them the opportunity to take the lead in a counselling session. I'd still be in the room.

5.3.4. Community connection over professional qualifications in staffing decisions

While individuals may identify with particular disciplines, a number of interview participants suggested that it was not always clear to other staff that there were other distinct disciplines involved. A lawyer participant, while identifying the social service roles within the collaboration was unaware of any professional background or tertiary training undertaken by current role holders or required generally by the role. A number of participants expressed that it was the practice theory and past experience rather than a staff member's discipline that was important to their ability to perform in the role. **#A01** stated:

> So I don't think it implicitly matters if you have social workers, psychotherapy, counselling or a psyc background, it is really what you understand about, in this case, trauma, and also vicarious trauma.

A number of participants described connection to community and collaboration skills are more central to roles within the programs than professional backgrounds or tertiary training. Two participants described community legal centre lawyers as those with the strongest connection and understanding of their client community and therefore as the legal staff sought out by the program. #A018 stated:

> Do you know it's interesting because I've worked with lots of lawyers over the years. I think that comes down into-- because there are some who are not as detached as they are meant to be or they're expected to be or whatever. I think that community lawyers, in particular, I can't imagine lawyers doing a community role without having some sense of social justice.

While #A03 suggested:

> I find community lawyers have more time and energy to really sit down with you and to really explain what is going on and you don't feel like you are being billed by the six minutes. There is this genuine interest in clients, genuine rapport, genuine engagement. And that really helps.

This was taken even further on the social services side of the collaborations with one participant describing social service staff as specifically recruited for their lack of professional background and tertiary training with #A02 stating:

> our staff are employed based on values rather than a necessary or expected skill set, so they develop their skills on the job. So that can mean that there is a little bit of lag while someone is developing the skills that they need to do their job, but also I think it is fantastic to work for an organisation that wants to develop its community members as well, building hopefully a longer term, stronger community as a whole.

Similarly, #A016 suggested that it was the practical experience a staff member had or a general knowledge of social welfare that was important, rather than being social work trained:

> It was always his view that there would be what we are calling a multidisciplinary routine and we call it multidisciplinary because the social welfare stuff-- so we don't have social workers…. you haven't had to be a social worker as you understand, social welfare is multifaceted.

Others however suggested that although their social service team were a mixture of disciplines it was influenced by social work practice. #A08 described her mixed social service team and their influences in this way:

> Over 50% of the team are social workers. It's quite a lot of social workers, but then other than that, there's people like me who've worked in the community sector, other advocacy services, so I'd say that's another probably 25% of the team have either come from advocacy in a different sector or advocacy in the mental health sector….. If you looked at the team, you get to the structures that we've put in place, they're very closely aligned to Social Work.

This suggests that in the socio-legal landscape the social service element often remains unclear or ill defined, particularly from the perspective of lawyers and legal staff.

5.3.5. Lacking a sense of community

While broadly the range of programs as set out at in their history (5.1.1), their key issue areas (5.1.4) and their geographical reach (5.1.8), may suggest a growing socio-legal sector, this sense of community was not necessarily apparent from interview participants. One participant from New South Wales described their attempts made to form a network of social service staff in socio-legal collaborations. They expressed finding it hard to locate equivalent staff in other programs, with only individuals interested in this form of service delivery (as opposed to those already working in collaborations) attending the first meeting. They described being disappointed that such a network could not be realised, and on this basis the participant assumed that there were very few other social-service staff in New South Wales collaborations and that there was little practical support for these roles.

These descriptions of the landscape are suggestive of the number of ways in which the nature of socio-legal collaborations have been influenced. Which professions are able to assert their own ethical constraints, the dominance of different practice theories endorsed by professions and control over the professions mixed, all highlight the importance of professional dynamics and management structures. The reasoning behind the actual choice to collaborate as set out in the following section, however would seem to be more consistent held, shielding perhaps the programmatic diversity found within the landscape.

5.4. Driving the choice to collaborate

Interview participants provided a number of reasons as to why the choice of collaboration had been made in the context of their program or organisation. Some of these were in relation to the program, others the staff and some the impact on clients. These descriptions

suggest support from within the sector is driven by practical issues of access and service delivery rather than force upon it by policy or political directions.

5.4.1. Increased access to clients

A number of participants suggested collaboration was key to reaching hard to access clients. ##A012 suggested that as lawyer working with a health service, this meant access to clients who would otherwise not speak to a lawyer, while ##A018 suggested it gave clients a choice so that clients who would otherwise be unwilling to talk to one profession and may then leave the service, could choose another profession as their point of contact:

> I mean people are human but some people respond better to me as a social worker than the lawyer. Other people are not interested in speaking to the social worker and they only want to speak to the lawyer. It just depends on who the person is.

5.4.2. Timely services

A number of participants described a key benefit behind collaboration as the responsiveness and timely provision of services that is possible in this model. ##A012 suggested that collaborative practiced moved the services away from past rigidity:

> It is a better service for clients in that it is more coordinated. Previously our appointments were very rigid in terms of you had to attend at a certain time or you had to come into the city. For a lot of clients that's just not practical….so it's a bit more opportunistic and immediate in how we can work with clients who actually probably need to speak to a lawyer but have a very narrow opportunity to have a chat with them.

Likewise, ##A07 described the timely value of relationships within a team:

> We have longer term relationships with particular services and staff members, so we have access to heaps more information about what is actually going on and we can understand, we can read the subtext when they are saying "you can't get out for this reason" or whatever the issues are.

This was also expressed in terms of reducing the retelling of stories to multiple agencies by clients. ##A018 suggested:

> I think one of the main issues for me is the person who's using our service doesn't have to go to two or three different agencies to what they can get from our service.

5.4.3. Easy identification of needs

Both lawyers and social service professionals identified that the easy identification of needs was a key reason behind the choice of collaborative service delivery. ##A02 for example suggested the immediacy of having legal staff on staff helped social workers identify if an issue had a legal component:

> So I just think having the service and having it right there and available, and then being able to identify, well my client has this problem is it even a legal problem or not? Because sometimes that can be a hard thing, just knowing what type of problem it is, so that can be really helpful to social service workers as well, having that ability to identify the nature of the problem and then if it is legal, having someone on hand.

Similarly, having social workers in client interviews was also described as bringing identification of needs directly into the client interaction. ##A018 stated:

> I'm thinking of a good example if we're talking with an older person who has particular health problems that I might have a bit of a knowledge off given my experience in working with older people. The lawyer hasn't got a clue. You have diabetes for example. You're getting out to lunch time and they're starting to get a bit tired. It might actually appear like they-- the capacity might be an issue but you actually have-- As a social worker, I was trying to say, “You must be tired. You haven't had anything to eat.” They might need insulin or whatever. But it's just let the lawyer know that it might be better if he speaks to this person at a different time of the day. I think that helps. Because sometimes they'll come out and say, "Oh, I didn't realise that and that was really helpful to know." I think we add something to the interview to make it easier for them to be able to communicate with people who in our case often find it difficult to tell the story. I think the lawyers get a great benefit from that.

5.4.4. Diversified knowledge and information

Participants also described looking to work in collaboration as bringing diversified knowledges together that are usually disparate. ##A018 described:

> I think that our knowledge – the advocate's knowledge – of the service system external to the legal process can be really beneficial. The kind of knowledge around services and services for older people and counselling services and Centrelink and all of those things that the lawyers won't necessarily know about. I guess our resourcefulness can be a benefit to the lawyers and to our clients.

They suggested collaboration provided each profession with another which would supplement their skills or experience. ##A011 suggested that social workers had the capacity to give time to clients in a way lawyers were not able to and as such illicit different and valuable information:

> One of the things is the social workers spends so much more time with one person than lawyers do. They get more information….as the lawyer you want the relevant facts, as a social worker we tend to want to know the context, to know what is happening. They think it's popped out of nowhere, it's like "Oh, your brother was there when it happened?" "Oh yes" "Why didn't you tell you lawyer that?" "He never asked if my brother was there."

Likewise, with social service staff, ##A012 suggested:

> We found that with the more integrated model that it's a more effective way of building the capacity of health professionals.

##A014 also suggested the learning between staff was a key benefit to this way of working:

> There's been a really good dynamic where the social work students and the law students are working on the same file, really reflecting at the end of the day how much they've learnt from each other.

5.4.5. Reducing staff burnout

A number of participants identified collaborative service as key to reducing staff burnout, particularly that of lawyers. ##A01 suggested that having social support professionals in the team can increase a lawyer's understanding of why client may be reacting in a certain way and therefore reduce their stress in relation to this behaviour:

> Understanding about mental health and about trauma and how that can impact on a client, to not take it personally because reactive behaviour can be the result of trauma, so to then reduce their burnout.

##A018 suggested mutual support is a key benefit of collaborative practice:

> It's also good for support because some of the stories that we're hearing are pretty distressing. Having another person there when you're talking to someone for two hours about the abuse that they experienced over a long period of time, knowing someone else has heard that can be quite a supportive thing.

##A06 also suggested that in terms of time and tasks, collaboration can reduce burnout:

> To try and address this as a practitioner on your own – I mean you probably do that of course. People are really committed, they run around and try and address all of those issues as well…. It's exhausting and it's just you don't do anything very well.

5.4.6. Cost and funding benefits

Participants also described funding and cost a reason collaboration had been pursued. ##A05 suggested:

> I think, invariably, the thing that gets people thinking about it is when there are cost benefits to prove and as a result of contact. Or if they can see some direct benefits from clients not coming back, because they're linked to services and things.

##A08 also suggested that in their multiple unit structure, having the social service team within a law firm provided cost effective access to both the existing infrastructure and reach of the organisation, lending legitimacy to the new program:

> it gave the stamp of integrity, or there's something about, it's a trusted organisation, and it's an established organisation.

5.4.7. Reducing client re-traumatisation, increasing empowerment

A number of participants described collaboration within legal settings as assisting lawyers to reduce the re-traumatisation of clients as they proceed through the legal process:

> So I think there is a facilitating role to help the client get what they came for, the lawyers to get what they need from them to do their job and for us to make sure that the client is not being re-traumatised. So we have to work through an informed model and we have to make sure that those clients are kept safe, that they are empowered and that we are working collaboratively, that they have control and choice in what is going on.

Similarly, the empowerment of clients was also seen as a reason behind collaborative service delivery. ##A01 suggested:

> So there are going to be things that we can't control, but when it works well what you have is a client that comes out the other end having gone through a very difficult process and they have moved forward emotionally, a little bit of empowerment in their lives with a bit of money, and that has made some big differences in their lives.

This empowerment is also seen as what comes from the linkage and collaborative distribution of information in this setting. ##A017 described:

> One of the key things I talk to my clients about is, information is power, knowledge is power. The part of my work is very much about offering them an alternative way of understanding their experience, their choices and giving them information so that they can make different important decisions. Hopefully, that is how they can get in the legal process through having and engaging conversations with their current partner, ex-partner, their lawyer, their children.

5.5. SUMMARY

This initial scope of the Australian landscape of socio-legal collaborations is one of both diversity and homogeneity across programs and within the staff group. Programs are found across each of the Australian states and territories, covering an extensive range of issue areas and practice approaches, with interviewees suggesting three distinct structural forms.

Despite this diversity, however, there is also a strong degree of homogeneity. These programs are predominantly located in publicly funded legal services such as community legal centres, staffed by women and see the predominant collaboration as one between social workers and lawyers. Social work is not only the largest social service profession amongst staff, it reported a large number of staff working in supervisory or managerial

roles. The social workers employed in collaborations also generally have more professional experience than their lawyer counterparts, this however does not translate into any real difference in lawyer and social workers salary, although lawyers are more likely to be employed on a full-time basis.

Homogeneity and diversity were also present in examination of practice and profession. Lawyers and social workers were both committed to their profession, however alongside this, lawyers showed also a stronger commitment than social workers to their program and organisation, with commitment to organisation in particular being strongly held in legal organisations. Both lawyer and social workers were rated as the influential professions in their programs, however lawyers rated their profession substantially more prestigious than social work rate theirs.

Over half of all programs reported working to a practice theory with both legally oriented and social service oriented programs focused on strengths-based practice and therapeutic jurisprudence. Likewise, a substantial number of staff reported working to a practice theory or approach, with social workers being substantially more likely to have a practice approach and focusing on strengths and trauma-informed practice, while lawyers were less likely to have an approach but when they did it was focused on human rights, collaborative practice and therapeutic jurisprudence. Despite these differences in practice, both lawyers and social workers suggested they were equally focused on the Ethic of Justice and the Ethic of Care in their practice, with the legal orientation of programs supporting high Ethic of Justice scores for both professions.

The following chapter examines the actual form of collaboration taking place in these programs, as reported and described across the program census, staff survey and participant interviews, and utilises the program and staff characteristics explored here to understand how they may be influencing how form is perceived and described.

Chapter 6:
Collaboration in many forms

The question of what form of collaboration and practice was taking place in these programs is considered in all three data sets. In the program census and staff survey, the 'Levels of Collaboration' (Frey et al., 2006) measure was used, asking respondents to select which definition of collaboration best reflected their program. Collaborative form was also one of the key topics of the semi structured interviews in which participants were asked to describe their program and the collaboration they conduct within it.

6.1. Measuring collaboration

The 'Levels of Collaboration' measure describes five different forms of collaboration based on a sliding scale of increased resource sharing, communication and shared decision-making (see Figure 21).

Networking	Staff in the program engage in little communication between professions and make all decisions independently of each other
Cooperation	Staff in the program provide information to each other, they engage in formal communications and make all decisions independently of each other
Coordination	Staff in the program share information and resources, they engage in frequent communication and participate in some shared decision-making
Coalition	Staff in the program share ideas and resources, they engage in frequent and prioritised communication and all staff have a vote in decision-making
Collaboration	Staff in the program feel part of the one system, they engage in frequent communication characterised by mutual trust and consensus is reached on all decisions

Figure 21: Levels of Collaboration (Frey et al, 2006)

While this model is essentially a category-based variable, it is possible to also treat it as a continuous scale as the theoretical concepts move from the least (Networking) to the most collaborative (Collaboration) along the categories. On this basis, collaborative form is considered in the following chapters as both category-based and continuous with differences between the category groups considered alongside correlations with other

factors. Sixty of the 67 total respondents to the program census answered this question, while 116 of the total 144 respondents to the staff survey answered this question.

6.1.1. Program alignment with Frey's model of collaboration

Respondents to the program census and the staff survey showed very similar responses with Coordination having the highest selection in both data sets, with 41.7% of census respondents and 62.9% of staff survey respondents reporting their program worked at the Coordination level (see Figure 22, Figure 23).

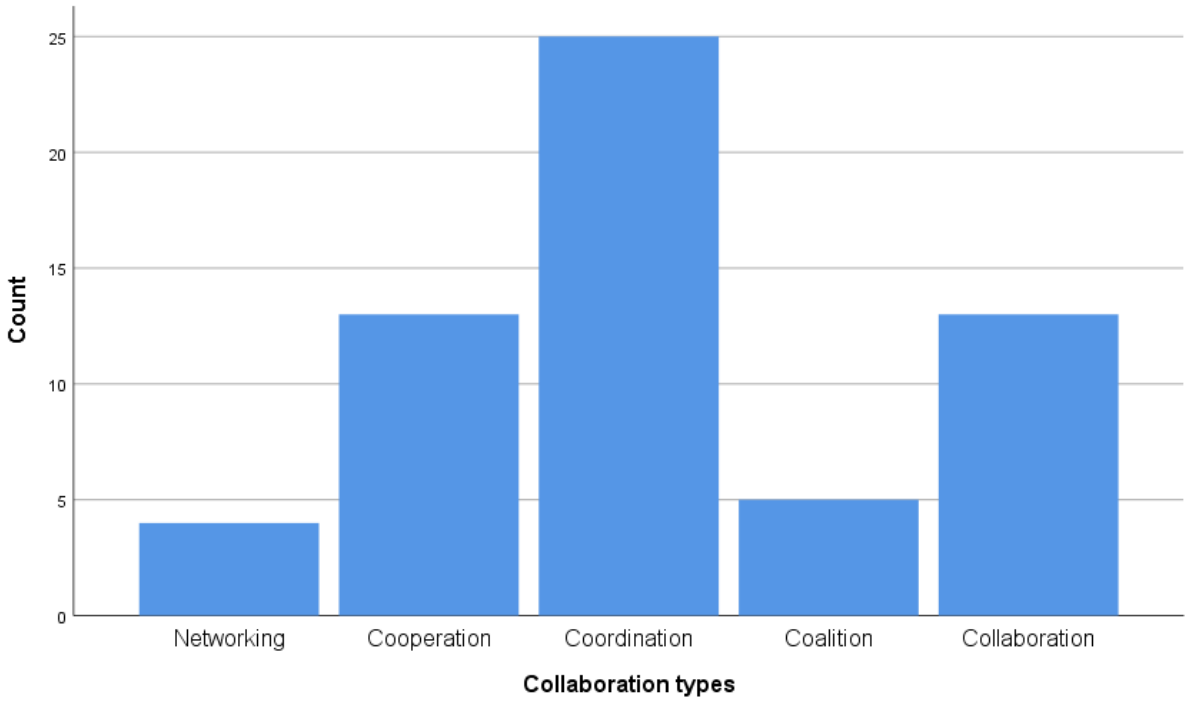

Figure 22: Collaboration types - Program census (n=60)

The definition with very little take-up in either the program census or the staff survey is Coalition (program census = 8.3%; staff survey = 6.0%). While the description of information sharing and communication is on a sliding scale between Coordination and Collaboration, the distinguishing feature of this form is voted decision-making, a process quite different from shared decision-making or consensus.

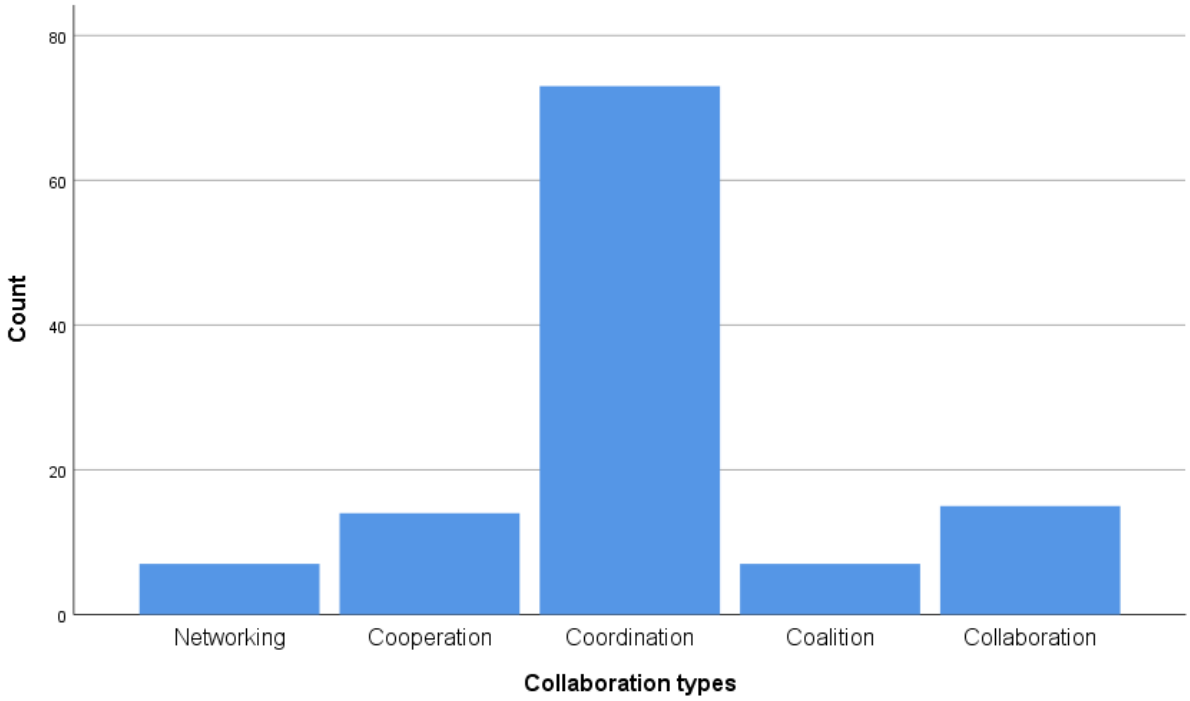

Figure 23: Collaboration types - Staff survey (n=116)

When examining the qualitative interviews, equally none of the participants made mention of voted decision-making, despite reporting shared ideas, information and communication. This may suggest that it is this element of the definition which has made respondents reluctant to align with this definition.

	N	Mean	Std. Deviation
Collaboration types as continuous variable			
Staff survey	116	3.08	.97
Program census	60	3.17	1.20

Table 23: Collaboration form scores

When used as a scale (1=Networking, 2=Cooperation, 3=Coordination, 4=Coalition, 5=Collaboration), this produced very similar means in both the program census (*M*=3.17; *SD*=1.20) and the staff survey (*M*=3.08; *SD*=.97) (see Table 24).

6.1.2. The influence of orientation

When considered by orientation of the program, key differences arise in relation to collaborative form between the program census and staff survey data sets. Respondents to

the program census who were located in legally oriented programs reported very similar distributions to the survey more generally (networking=5.9%, cooperation=20.6%, coordination=47.1%, coalition=3.0%, collaboration=23.4%). In social service oriented programs however, there was a higher number of programs in Cooperation (36.4%) and lower in Coordination (36.4%), and in independent programs there was the highest number of Coalitions (26.7%) (see Table 25). In the program census a Chi-squared test for independence indicated no significant association between program orientation and collaborative form with a medium effect size, $\chi^2(8, n=60) = 10.57$, $p=.23$, Cramer's V=.30 (see Table 25).

Variable	*Legally oriented n (%)*	*Social Service oriented n (%)*	*Independent n (%)*	*N*	*X^2 statistic (df)*	*P-* value
Program Census						
Networking	2 (5.9)	1 (9.1)	1 (6.7)	4	10.57 (8)	.227
Cooperation	7 (20.6)	4 (36.4)	2 (13.3)	13		
Coordination	16 (47.1)	4 (36.4)	5 (33.3)	25		
Coalition	1 (2.9)	0 (0.0)	4 (26.7)	5		
Collaboration	8 (23.5)	2 (18.2)	3 (20.0)	13		
Staff Survey						
Networking	5 (6.6)	0 (0.0)	2 (18.2)	7	19.96 (8)	.01*
Cooperation	13 (17.1)	1 (3.4)	0 (0.0)	14		
Coordination	47 (61.8)	21 (18.1)	5 (45.5)	73		
Coalition	6 (7.9)	1 (3.4)	0 (0.0)	7		
Collaboration	5 (6.6)	6 (20.7)	4 (36.4)	15		

* p<.05; ** p<.01

Table 24: Association between program orientation and collaborative forms (Chi-squared test)

In the staff survey, social service oriented programs had significantly less Networking (0%) and Cooperation (3.4%) and more Collaboration (20.7%) than the general survey. In contrast legally oriented programs saw staff respondents reporting more Cooperation (17.1%) and less Collaboration (6.6%) than the general survey (see Table 25). A Chi-squared test for independence indicated a significant association between program orientation and collaborative form with a medium effect size, x2(8, $n=116$)=19.96, $p=.01$, Cramer's V=.29 (see Table 25). This suggests that for staff survey respondents, their indication of collaborative form is likely to be linked to their program's orientation, compared to program census respondents where these variables are far more independent of each other.

6.1.3. Practice ethics in different collaborative forms

The relationships between scores in the Ethic of Care and the Ethic of Justice scales in the staff survey, and collaboration form were investigated using Kendall's tau-b correlation coefficient (see Table 26). There was a very weak positive correlation between current Ethic of Care and collaborative form (Tb=.028, *n*=113, *p*=.705) which was not found to be statistically significant. Conversely, there was a very weak negative correlation between current Ethic of Justice and collaborative form (Tb=-.076, *n*=112, *p*=.313) which was not found to be statistically significant. These relationships were also considered in relation to the elements of the Ethic of Justice and the Ethic of Care. The Ethic of Justice elements showed very weak to little correlation with collaborative relationships (see Table 27), ranging from Rights (Tb=-.087, n=114, p<.282) to Rules (Tb=.060, n=114, p<.457), none of which were statistically significant. The Ethic of Care elements showed very weak to little correlation with collaborative relationships, ranging from Equity (Tb=-.011, n=115, p<.890) to Conciliation (Tb=.060, n=116, p<.364), none of which were statistically significant (see Table 28). This suggests that as programs move more along the 'Levels of Collaboration' scale, there is no real impact on the Ethic of Justice or Ethic of Care practice ethics in staff.

	Ethic of Justice (current) Correlation coefficient (*p*-value)	**Ethic of Care (current** Correlation coefficient (*p*-value))
All staff	-.076 (.313)	.028 (.705)
Lawyers	.008 (.948)	.132 (.291)
Social workers	-.255 (.042)*	-.184 (.132)

* p<.05; ** p<.01

Table 25: Correlation of collaborative form and Ethic of Care/Ethic of Justice [correlation coefficient (p-value)] in staff survey

	Specificity Correlation coefficient (*p*-value)	**Rights** Correlation coefficient (*p*-value)	**Rules** Correlation coefficient (*p*-value)	**Equality** Correlation coefficient (*p*-value)	**Adversarialism** Correlation coefficient (*p*-value)
All staff	-.077 (.339)	-.087 (.282)	.060 (.457)	-.071 (.365)	-.037 (.635)
Lawyers	-.059 (.660)	.025 (.853)	.071 (.597)	-.057 (.656)	.062 (.634)
Social workers	-.116 (.385)	-.166 (.209)	-.013 (.919)	-.160 (.213)	-.184 (.163)

* p<.05; ** p<.01

Table 26: Correlation of collaborative form and Ethic of Justice elements in staff survey

	Context Correlation coefficient (*p*-value)	Relationships Correlation coefficient (*p*-value)	Circumstance Correlation coefficient (*p*-value)	Equity Correlation coefficient (*p*-value)	Conciliation Correlation coefficient (*p*-value)
All staff	-.004 (.962)	.030 (.697)	.052 (.521)	-.011 (.890)	.075 (.364)
Lawyers	.035 (.795)	.049 (.701)	.155 (.251)	.029 (.830)	.159 (.248)
Social workers	-.140 (.286)	-.160 (.210)	-.111 (.393)	-.166 (.218)	-.045 (.739)

* p<.05; ** p<.01

Table 27: Correlation of collaborative form and Ethic of Care elements in staff survey

When split by profession, however, social workers showed a statistically significant positive correlation between collaborative form and the Ethic of Justice (Tb=.255, *n*=42, *p*=.042), with a statistically significant positive correlation between the Rights element and collaborative form (Tb=.426, n=42, p<.001). In contrast lawyers reported no statistically significant relationships between either Ethic of Care or Ethic of Justice and collaborative form and social works reported no statistically significant relation with collaborative form and Ethic of Care (see Table 26, Table 27, Table 28).

The reported Ethic of Care and Ethic of Justice scores of staff were largely consistent across programs with different collaborative forms, with only social workers experiencing some increase in their Ethic of Justice and Rights when located in more collaborative programs. This would indicate that closer ties with lawyers may result in a stronger focus on rights issues in socio-legal social work practice.

6.2. Descriptive comparisons to the Frey model

The responses of interview participants were also analysed, taking note of similarities and differences between the 'Levels of Collaboration' model (Frey et al., 2006) and the models of collaboration in their descriptions. Descriptions of information and resource sharing, and communications were clear in the participant interviews. What was less clear in these descriptions were details of specific forms of decision-making, suggesting that decision-making is not seen as a significant or diverse element of collaborative practice for this group, and one which may not necessarily align with the other elements as a sliding scale.

6.2.1. Networking

One interview participant provided a program description which could be seen as working at a Networking level, where there was minimal connection and information sharing, and a

limited sense of the two sides of the collaboration actually working together. ##A01 described a program where:

> some of the legal services that we had at the CLC meeting, were that they would refer people out to external support services and get them to do stuff, and some of it feels like that here. So you are quite separate, it is a separatist program. I think we sometimes just facilitate some of the processes, it doesn't feel collaborative.

6.2.2. Cooperation

Eight of the participants described elements of their programs that fit with the Cooperation level, with information provision, formal communications and independent decision-making. In these socio-legal collaborations, this often focused on referral processes and communications around referrals being the key form of collaboration undertaken.

##A014 described programs in their organisations which were solely based on referral:

> With the other programs, it's generally a lawyer that identifies a non-legal issue and then refers that internally.

##A017 described the program as integrated rather than collaborative, with formal arrangements at the start and end of the referral process. At the start of the referral process she/he described:

> it's not fully integrated and the collaboration-- I don't have control over the collaboration so, I wait for a referral and the person has to be a client of the service to be referred to me, and then …. the client has to consent. The lawyer has to say, "There's a social work service. Would you like the service? The social worker will be calling", and now I call and the client has to say, "Yes they want the service."

And then at the end of the referral process it was described as:

> We do a case closure form, we do feedback to the referring solicitors saying, "Thanks very much for the referral. We're saying thank you for the session, this is what we've discussed and now we've closed the file" or, "We tried to make contact with Josephine three times. She didn't return the calls. We're going to close the file. If Josephine re-contacts we'll be happy to reopen."

##A08 described collaboration in their program as based on the formal referral process and distinguishing it from higher collaboration levels:

> Referrals go thick and fast between the two parts, we send referrals to lawyers all the time, because we have consumers who have legal issues…. on a day-to-day level it probably is two separate parts of the organisation with strong referral connections, but not delivering joint work.

As suggested in these descriptions, independent decision-making was not specifically mentioned as a component of the programs. This may indicate that decision-making was not felt to be a central element of the collaboration or that there was an assumption that decisions would naturally be made independently by the different professions.

6.2.3. Coordination and Coalition

Six of the participants described programs which in terms of information and communication, could be seen as either Coordination or Coalition.

##A017 for example described:

> Yes, now they run the legal case separately but I can chip in. I've written reports and affidavits to support. We'll consult with each other. Someone will come in and say, "This is going on. This is what I'm going to do. What are your thoughts about contacting this person…."

Similarly, ##A014 described this sharing of ideas and resources in prioritised communication settings such as case conferencing:

> The idea is in that weekly meeting, whoever say that client is usually the student who will take the lead on presenting what happened in the discussion with the client. Then from there, it's a group discussion around planning what happens next.

In this group however it is difficult to distinguish between the shared ideas and resources of a Coalition and the shared decision-making of Coordination. What was clear in this group, however, is that there is no explicit description or illusion to voted decision-making.

6.2.4. Collaboration

In this definition, Frey and colleagues introduce new concepts in trust and being part of one system.

One program described both these feelings of connection, trust and the one system, but did not include an explicit description of consensus decision-making. ##A012 described collaboration where both the work undertaken within the program and the face of the program to clients projects a sense of one service, describing:

> even though two organisations, to the client it's one service.

They also described undertaking regular case conferencing to bring the aspects of the collaboration together:

> There's formal case conferences that we do in the Allied health team. That's where a person might present a matter that they're working on and they need some advice from the whole team to see how they might progress the matter.

##A016 also described strong feelings of mutual trust, one system for clients and frequent communications but in a program also defined by its separation of collaborating areas and clear separation of decision-making:

> And certainly referrals are made by other lawyers to the staff but then there are not questions that direct the staff – they just tell them these are the dates, these are the things I am looking at... But the thing for us is our social welfare staff do not work to the direction of lawyers… we would consider that to be disrespectful to the social welfare staff… We have case work meetings once a week. We get to talk some things through as a group if we need to. I think that's quite important….it's about what does the young person needs.

6.3. Describing collaborative processes

Interview participants provided varied descriptions of collaborative processes. These were focused on those which created or reduced separation between the sides of the collaboration, the amount of formal and informal communications undertaken in the collaboration and the volume of information exchange.

6.3.1. Separation or joint client interactions

A key theme from interview participants was engagement in joint versus separated client interactions.

Two participants ##A012 and ##A018 described seeing clients together as a key feature of their programs, both of these programs were focused on elder abuse.

##A018 described the social service staff member as often leading the joint client engagement processes:

> If we're meeting someone for the first time I'll actually just lead. I'm asking them to tell their story rather than to answer black and white legal questions. We actually get the big picture first. It does not always work that easily. Again, it's actually about building rapport. It's actually about people are often really nervous about meeting with a lawyer in particular. It's actually breaking down some of those barriers and using humour and introducing the lawyer to the person.

Six participants described both joint and separated client interactions being undertaken in their program. In these programs, different types of interactions where approached in different ways. ##A020, a psychologist, for example described how although they would conduct phone interviews with clients by themselves, face to face interviews would always be conducted in collaboration with lawyers:

> Often phone contact is often separate, but then if we are meeting--we're not often but before any major court hearing… we call them conferences but it's basically just a meeting and usually the primary people would be [us] and the solicitor….. It's not often that [we] would meet clients or families alone; we take people on court tours on our own, but any real discussions about legalities or hearings is with the solicitor.

The remaining ten participants described their program as being based on separated client interaction with the collaboration being based on referral processes between separate services. As set out previously at 6.2.2, ##A08 described collaboration in their program as based on the formal referral process while ##A017 described their program as one based on referral between separated services.

##A016 described making the decision to divide the social and legal services as one driven by the need to ensure that the legal professional privilege created around confidential legal discussions with the client was not breached by the inclusion of a social services staff member:

> There is a risk if you do that [seeing clients together]. That of course they might know something they shouldn't know. In which case that could be problematic because legal professional privilege will not apply to them. I know there is an argument and this is the thing through the sector that might not be the case if somehow your social worker is part of your legal team. I'm still not convinced about that at all.

Legal professional privilege was also raised by another participant as the reason they were uncomfortable with the level of lawyer, social service interaction in their program. ##A011 felt so strongly about the role of legal professional privilege in creating socio-legal structures, they questioned the legality of joint work programs and the processes in their own program which allowed legal and social service staff to see clients together:

> having the role cleared becomes particularly difficult when you run into hard legal questions like confidentiality or does privilege attached here. The biggest problem we found is in mandatory reporting or in disclosures of child sexual assault. I still don't think it's clear, I still think that we need a Supreme Court case on that unfortunately, because I know speaking to other lawyers and social workers who were working together, they're not clear …… social workers are doing things but are illegal all the time …... like breaching the privacy act or breaching confidentiality …. a lot of the information we were sharing in particular, we didn't have authority to share even though we had confidentiality agreements signed…... in a strict legal sense, that shouldn't cover us in the way that I think we thought it did. If somebody writes, signs a confidentiality agreement, I don't know that that gives you permission to speak to anybody you want to about anything.

6.3.2. Client referral and triage processes

Seven participants described their programs as relying on clients entering the core aspect of the service (eg, the legal side in a law firm or the social service side of a social service organisation) and then being referred by that core service to the other side of the collaboration. For example, ##A017, from a legal oriented program, described:

> the way they get to the duty lawyer is they have a meeting first with a law student who is doing their PLT and they do an assessment of what the need is and what the issue is and they fill out the intake. And at that point, they ask them-- because they get the information about the Intervention Order they're applying for and what's it about. So they fill in their intake sheet and they ask them, "Would you like to be referred to our social worker"? and the person says yes or no at that point. They take a Consent to Refer Sheet.

#A013, a social worker, described referrals being made after file review from drop in advice sessions:

> We have volunteer lawyers at night advice sessions and they have a coordinator from here as a staff coordinator and that staff goes through all the files. They go through all of the advices the next day and refer to me. But the volunteers also know to refer to me.

Seven participants described programs where referrals could be initiated on both sides of the collaboration. ##A02 a lawyer from a social service oriented program described:

> we might have a client that has recently separated from her husband, she comes in wanting some legal advice, our legal service will see her and in the process of providing that advice we identify that she is in financial hardship, and so we might link her in with one of our financial counsellors or our financial literacy program. Maybe she is needing to find somewhere else to live so we might refer into our housing program. Otherwise it can happen the other way, the same client might have separated and is in financial hardship so she comes in to see our financial counsellor and through the process of trying to address her bill situation the financial counsellor is like, you're in hardship because you have separated recently, so maybe you could get some legal advice about your marriage breakdown.

Likewise ##A03 a social worker from a social service program described:

> So if a social worker answers the phone we will explain what we can offer and what we do and we will also explain what the legal team can do and vis versa. So frequently we will make referrals to legal advice and then frequently they say 'this client could really benefit from some social work support'.

##A014 also described:

> there's a telephone night advice line, two nights a week. That's staffed by our law students, social work students, and lawyers who do the advice but the social work and law students do the intake calls.

Combined orientation programs had referrals undertaken by both sides or the social services side of the collaboration, as described by ##A018:

> we have a helpline, so, all of our calls are filtered through the helplines and those calls are answered by an advocate. We've got three advocates here. I'm a social worker and the other two advocates come from the aged care nursing backgrounds. One of us will answer the call. We will assess the whether it's something that meets our criteria, and then we'll make an appointment for that person to speak with the lawyer and an advocate together.

Three participants describe referrals as coming from both within the collaboration and from external organisations. ##A015 described:

> solicitors who have the file refer that person to us and then, a criteria that they follow within the office about who that is. We can also get referrals from outside agencies. Sometimes, police will refer us, sort of major crimes or major crash that might have come through earlier than what the file comes to our office at times. But generally, the bulk of the referrals really come from the solicitors. We've got a priority one, two, and three. A criteria that people follow and they refer from there.

##A08 described:

> The people would generally contact us on the phone, based on my posters on the ward, and they'll call in to an intake line. That's in terms of referrals that come directly from consumers, then we also get referrals from [the legal side of the collaboration], and then from other professionals who might refer in.

6.3.3. Communication and contact

Participants described different degrees of contact that they had with other staff within their programs. These descriptions were in a range of contexts including communication, information exchange and physical settings.

The two participants of programs conducting joint client interactions, ##A012 and ##A018 both described frequent communications happening within their collaborations, focused on the client interaction, case conferencing, joint training and being physically located together.

In programs based on separate client interactions the descriptions of communication and connection were more mixed. At 6.2.3 ##A017 described a program based on separate client interactions but described the communication within that program as being consultative and mutual. ##A09 on the other hand, also working in a program based on separate client interactions, described a lack of communication:

> Whereas when I worked in particularly when I worked in mental health previously, you had referrals that come in but we talked as a team. We would talk about it. Who can deal with this? Is it something we can deal with or is it better off somewhere else? But none of that happened. I was gobsmacked I suppose.

Similarly, ##A01 described their program, based on separate client interactions, as one where:

> I think we sometimes just facilitate some of the processes, it doesn't feel collaborative…. just like in [other non-collaborative CLCs] they would refer people out to external support services and get them to do stuff, and some of it feels like that here. So you are quite separate, it is a separatist program.

6.3.4. Case conferencing

The key form of communication and information exchanged described by participants was case conferencing. Six participants described using case conferencing or meetings where both sides of the collaboration would meet to discuss program intake or challenging clients. These included programs engaged in joint, separated and combinations of client interactions.

As described previously at 5.3.1.1, #A014, who suggested their program engaged in both joint and separated client interactions, however also described lawyers, social workers and students engaging in case conferencing and splitting the issues raised into their legal and social service elements. ##A012 described theirs as program engaged in joint client

interaction, and also described undertaking regular case conferencing bringing all of the aspects of the collaboration together:

> There're formal case conferences that we do in the Allied health team. That's where a person might present a matter that they're working on and they need some advice from the whole team to see how they might progress the matter.

#A016, who described engaging only in separate client interactions, also described case conferencing as an important aspect of their collaboration:

> We have casework meetings once a week. We get to talk some things through as a group if we need to. Then I think that's quite important. But I think it is about the fact that we do come from two different spaces. There is no doubt that as a lawyer, you look at things, you read things, you do things in a particular way. You analyse them in a particular way….. Whereas of course for the family worker and youth worker in particular, it is very different.

##A018 from a combined program described:

> One of the other things that we do every week has we had a case work meeting. All of the advice that we give in the previous week whether it's advocacy only or legal only or combined we sit around this table and we talk about every advice probably done and whether or not we can provide ongoing assistance and who should work with that person. It's absolutely collaborative.

#A03 also suggested that case conferencing was a demonstration of shared work and more of this would be a benefit in their program:

> I think it has to come from leadership. I think shared training is great, would be great. I think case conferences would be great - I don't think we do it enough.

6.3.5. Physical locations

For other participants however, contact and communication was influenced by physical working structures. ##A07 also described a sense of physical isolation:

> we feel really lonely and isolated within the organisation because no one talks, unless they're actually in our room, that weird space off the foyer… we're co-located, we're both in the same building but we're physically separate so we never see them, we don't share their files, we don't share eating spaces and so on.

##A05 on the other hand described physical isolation in positive terms:

> We're not attached to a particular area. We're a separate unit. I'm here at head office in the city. So, the practice areas are in different parts of the building. I think that's been a good thing that we've had -- there's a perception, at least, that we're reasonably independent.

6.3.6. Formalised collaboration processes

A number of participants described both the existence of formalised program policies for elements of the collaboration such as referrals and the lack of such policies. ##A018 described having a set of formal policies and procedures to guide the collaboration:

> I think the [program] has been set up and our policies and procedures have been set up around this model of working so to some extent we've formalised the way that we work in many ways.

##A014, on the other hand, described a less structured collaboration:

> There was not a lot of structure around the position when I first started, and there wasn't a lot of thinking in terms of how it would work in detail, but there was just a feeling that it's something that will be beneficial to clients.

Seven participants described referrals as being based on a set policy or structure. ##A020 suggested:

> The solicitors- I haven't actually seen their referral system I believe it's on one of our computer systems that if anything is flagged with those particular things, family violence, sexual assault, death or if there are high needs from someone there is a system of referrals. They are going through to our manager…..She basically gets all the allocations….and then she sends them out to us. We basically get an email saying this is the case it's been allocated to you and this is the solicitor.

##A06 also described a formal referral process:

> We're constantly assessing whether that would be an appropriate referral…. We do have a formal referral process….. if they say, "Yes, I want to work with them." Then we do have a document that we generate that just because that's our internal data system and it just makes it easier for them to be able to rate the information, gets them a little contact information etc.

##A03 described the influence of formal referral processes on collaboration in general:

> Another thing that makes the collaboration work really well is that we have a really good referral form. The lawyers have written their own, this is what we require before we can take on a case, and the social workers have written their own. And I think they have asked for us to get the name of the other party so they can do a conflict check - we ask for them to outline actually why does this client need social work support services and that gives us direction. I think really good referral pathways help.

Others, however, suggested it was less structured and formal, being based on the attitude of the lawyer and how they felt about social service side of the collaboration which guided the referral process. ##A20 suggested:

> I think a lot depends on the solicitor, in how much some have a really good understanding and really trust what we do and understand what we do. Others maybe for whatever reason, aren't so engaged with us as a service.

##A015 suggested:

> There's no kind of standard pattern, but it's a bit of everything, because there's some inexperienced lawyers here who don't engage with us also.

##A09, in a legal oriented program, described how the referral process was dependant on the legal side of the collaboration with social services often not knowing clients has come in:

> Well we don't know when they come in because that sort of came in by the principal solicitor who oversees both the general legal service and also the seniors' legal service…….when I spent some time with the solicitors, I asked "Well how do you determine if it's relevant or not?" …. he just says, "Oh, well I just make that call"

6.3.7. Distinguishing program structure and collaborative form

These descriptions of collaborative form, however, can be distinguished from the descriptions of program structure outlined at 5.3.1, with programs of various structures being described as having similar collaborative forms. For example, programs described as both interagency alliances and interdisciplinary teams both engaged in collaborative forms where different professions saw clients together. Similarly, both multiple disciplinary unit and interdisciplinary team program structures, insisted on a form where clients were seen

separately. Frequent communication was reported by both interagency alliances and interdisciplinary teams, however interdisciplinary teams also reported limited communication (see Figure 24).

Collaborative form	Interdisciplinary team	Interagency alliance	Multiple disciplinary units
Seeing clients together	##A018	##A012	
Seeing clients separately	##A01 ##A09		##A016 ##A018
Frequent communication	##A018	##A012	
Limited communication	##A01 ##A09		
Formal referrals	##A06		##A020
Informal referrals	##A014		
Only within a legal matter	##A01		##A015 ##A020
Initiated by legal matter but not bound to it	##A013 ##A014		
No connection to legal matter required	##A06 ##A09		##A02 ##A016

Figure 24: Collaborative forms in programs with different structures (Interviews)

6.4. Reasons for engaging in collaborative forms

In the interviews, participants not only described their programs and collaborations but also the reasoning behind certain program structures and choices.

6.4.1. Legal professional privilege

Four participants described the choice of separated client interactions as based on a concern around legal professional privilege. Three of these participants were in programs they described as combined (neither legal or socially oriented) and one was from a legally oriented program. They described making the decision to divide the social and legal services as one driven by the need to ensure that the legal professional privilege created around confidential legal discussions with the client was not breached by the inclusion of a social services staff member. As set out in 6.3.1, ##A016 for example described strong concerns around social workers and social services professionals breaking legal professional privilege. While ##A017 described:

> So, that's why I think that when we talk about integration, our service is quite separate to each other, so we have separate files, I don't have access, because of the issues, there's a legal privilege and confidentiality and client consent……over time, there's been less anxiety about that and there's been an increased understanding of how I hold confidentiality, that I'm a member of the team, that I've signed the court code of conduct but I'm not bound by legal privilege. So I think that's kind of shifted with time, but I think it's still there as something that kind of impacts on integration.

The description by ##A011 at 6.3.1, shows they felt so strongly about the role of legal professional privilege in creating socio-legal structures, they questioned the legality of joint work programs and the processes in their own program which allowed legal and social service staff to see clients together.

6.4.2. Supportive client processes

Participants ##A018 and ##A012, from programs which engage in joint client interactions, described the choice to see clients together as based on what would create the easiest and most supportive process for the client. ##A012 described:

> The benefit of the model is being able to capture those clients. And it's also about picking up on these messy life issues that might involve a secondary consultation with the worker just to work through all the different issues to work out, "Is this a client that we can actually help?" It's having the capacity to deal with those messy matters, where previously if it was an identification, a triage process, then the client needs to present a different service and need to speak to a few different lawyers to understand what their legal issue is. For those matters it's too messy and a lot of clients are, "Back off, can't be bothered."

6.4.3. Supporting core business

A further two participants described the choice of collaboration type for their program as being based on promoting and supporting the core business of the program or organisation. All of these participants were from legally oriented organisations and suggested that in order to ensure the primary aim of legal service provision was not lost or confused for clients, separate client interaction and work based on assisting clients through the legal process only where chosen. ##A20 for example described:

> Basically it is our role to support victims and families of deceased through the court system…. We work alongside the solicitors and our primary roles is with the victim or the family. We keep them informed, we provide emotional support in person, court support at the hearings and when collecting evidence.

6.5. Nature of social service offered

All eighteen participants provided some description of social service offered in their program, with this being articulated in more detail by participants from social service professions. The descriptions included how the social service was influenced by the legal matter, with programs falling in to four categories ranging from legal centred emotional support through to independent advocacy. Beyond these categories, social service staff also described offering vicarious trauma support to other staff.

6.5.1. Within the boundaries of the legal matter

The first category of programs provided social services based on emotional support and social based referrals within the parameters of the legal matter and linked to assisting the client to move through the legal matter. Eight participants described their programs working in this way with ##A01 suggesting:

> a supporting role or facilitating role to help the lawyers and the clients get to an outcome which is to get the correct instructions, because somethings they are just not able to give instructions properly as they are too elevated or they might need more support or housing or they may be homeless and they are not able to deal with the level of distress and the material they are dealing with. So I think there is a facilitating role to help the client get what they came from, the lawyers to get what they need for them to do their job.

##A015 and ## A20 describe their roles as linked to the court process. ##A01 suggested:

> Our role is to support [clients] through the court process, basically. The way that we do that is through a range of different tasks, providing information about court dates, court processes. We support people during trials, pre-trial, and during trials and post-trial work…. we don't have an ongoing relationship.

##A020 described:

> We work alongside the solicitors and the police informants and our primary role is with the complainant or her family. We keep them informed, we provide emotional support in person, court support at the hearings or when collecting evidence.

##A03 described:

> It's really got a very narrow field in which we can provided legal services and legal advice. Same with the social work service really, it's funded for the [legal issue] and issues outside of that we can't really help with. Even if there is a cross over...

##A05 described their social service as:

> initially very much focused on criminal law and the preparation of psychosocial assessment in the criminal law jurisdiction. Then, over the years, it's spread across other jurisdictions and the current service provides reports for in-house solicitors across the organisation.

In this context, participants described specifically not undertaking counselling with clients, and only providing service referral and advocacy. ##A015 described:

> we would say that our role is much more case management, rather than therapeutic counselling. We don't do therapeutic counselling, and part of that is because we're a part of [a legal] service, so anything that we talk to clients about is discoverable, it's part of [our] policy so you're not going to go into therapeutic counselling with people in this role. Yes, we've got the role of supporting people, so you're managing all of that, you're managing their interactions with the office here. There is a lot of case management stuff in terms of organising the court side of stuff and making sure that they're linked in with appropriate support, or if they are how are those supports linking in at the time of trial and stuff like that

##A01 stated:

> It is mainly a referral out to face to face services or interim support until another service can be found. So that is why it is quite a different way of working with clients than the normal, we are not the primary counselling service.

6.5.2. Initiated by the legal matter but not bound to it

The second category of programs provided emotional and social support when initiated by the legal matter but were able to provide ongoing services beyond the conclusion of the

legal file or beyond the legal matter boundaries. Three participants described programs working in this way. ##A013 described:

> Sometimes the client just come for one advice session and I might work with them for up to six sessions after that. Sometimes they have really long legal. They've worked with a lawyer for over a year and I might just see them once or twice, so it absolutely varies.

While #A014 suggested:

> I know other legal centres have the mantra of supporting people to remain engaged in the legal process but often we'll keep working with them beyond the legal process, so that's not our driving reason.

##A017 suggested their program was:

> an embedded counselling service within the legal service but they essentially run completely independently.

6.5.3. No necessary connection to the legal matter

The third category of programs provided emotional and social support either within or completely independently of the legal matter. These programs described clients being referred to the social service or being identified during the program intake where emotional and social support was provided without their necessarily being any legal matter on foot. Seven participants described their program working this way. ##A016 and ##A06 are from the same program. ##A016 suggested:

> You don't have to in trouble with the law to come and see [us] for some homelessness help. Your family doesn't have to be in court for them to come. It's the way it usually happens. And our solicitors will prioritise young people and their families who are interested in working with one of the other people. Because that's the strength of what we do….You don't have to be having a legal problem to come to the staff here. As I say it's sort of multidisciplinary and things run alongside each other.

Similarly, ##A06 described:

> The young people don't have to be in the justice system to access either family support worker or youth support advocate. If they're exhibiting risk factors that might result in them entering the justice system or if they have got issues that might like child protection issues that maybe haven't reached the formal stage. All of those things we would do similar with around that preventative stuff as well.

##A02 a lawyer from a social service oriented organisation stated:

> most of our clients, because of the client group, because we are a free service and based on people experiencing disadvantage, most of them will come in for that one issue to begin with. Then whichever one of our programs they are accessing that initial worker will often then in talking to the client identify that they have all of these other issues going on in their life and so then often one of our other services will be able to meet that other need that the client has.

##A09 described their social service work not being bound to a legal matter but also suggested that this may not be intentional on the part of the service and may not be the way in which the legal side of the collaboration would choose to work:

> they [social workers] were taking up clients themselves because I think that once the social worker had established that service … they're all coming to her anyway, you know? ….she'd already developed what works in the community. You would also have other services provided basically referring specifically for social work; bypassing the principal solicitor in that regard, which I suppose I could see would be frustrating for the principal solicitor as well not knowing this is really not a legal issue.

6.5.4. Non-legal advocacy

The final category of programs had the social service element of the collaboration providing non-legal advocacy services to clients. Social services in these programs provide emotional and social support to clients, around the dominant issue area of the program. Services in these programs could extend beyond a legal matter but not beyond the issue area. One program was identified as working in this way, providing services bound around the issue area of mental health.

##A08 described:

> It's lots of work with people in acute mental health settings, mainly hospital, but we do work with people in the community as well and it's really around assisting them to share their views about their treatment with their treating team and also do lots of legal information, lots of provision of what people's rights are, what their avenues are, if they feel happy with their treatment, where they can go with that, basically.

6.5.5. Vicarious trauma support

Four participants also described taking on formal and informal roles in relation to vicarious trauma and staff care in their programs and as such performed roles to support the collaboration itself. ##A01 described:

> when new lawyers start, the social support team do a sort of induction with the lawyers and we talk about vicarious trauma and we do an in-house one here as well so I can talk to them about how we work with the lawyers and what we offer to support them.

##A018 described:

> when you back in the car I would say 'Gosh, that was dreadful. How was that for you?' It's not formal debriefing but it's a way of supporting a colleague. It's a real sense of looking after each other in the roles.

##A014 on the other hand described debriefing as a role they were not able to take up in their program:

> I'm used to discussing things in a casual way with my colleagues and just having brief little debriefs and that doesn't really happen here. To an extent discussing with the social work students, but that's in a collegiate way because there is a different relationship with them, so yes I don't think that I have that debriefing capacity here. Both to help other people debrief and to debrief myself, that doesn't happen here like it might in other agencies.

#A01 however suggested that these roles need to be established from the beginning of a program to ensure that the roles were clear:

> the other thing is debriefing of workers. So that's a difficult issue when you have a social/legal collaboration, how much do you use of the internal social support workers, just when there is a debrief needed or something, and I think that is a really difficult area that is complicated and needs to be nutted out right at the beginning.

6.6. Nature of legal services offered

Participants provided various descriptions of the legal services offered in collaboration, advice (all), duty lawyer services (##A017), court appearances (##A01, ##A017, ##A03, ##A020, ##A015, ##A013, ##A02, ##A05, ##A06, ##A07, ##A08, ##A09, ##A012, ##A016, ##A016a, ##A018), tribunal appearances (##A011, ##A014, ##A07, ##A018 and ##A08), advocacy and negotiation (##A012, ##A03, ##A011, ##A014, ##A07 and ##A08). However, in these descriptions legal tasks were not limited in any way by the collaboration. Variations in practice were described as based on individual approaches. ##A015, for example, described how some lawyers approached practice and clients with a sense of distance, compared to others who were far more willing to engage:

> The other thing is how people really think about that idea that they're a lawyer for the state not for the victim. How they wear that. Because some people wear that very strictly and so that means I need to keep you here at a distance. Other people can wear that but then also have the wonderful engagement skills with helping people feel like they are part of that at the process. I think some of it is about how they kind of see their legal role.

6.7. Integrated tasks and approaches

Interview participants also described some tasks as not strictly legal or social service, but as current or potentially joint tasks which could be undertaken across professions.

6.7.1. Policy submissions

Two participants also commented on preparation of policy submissions as tasks outside of client interactions that they were either participating in or in which they thought the social service roles could be more engaged. ##A08 described a growing role in submissions:

> Yes, I think I'm getting better on that kind of stuff and I guess it started really with doing a bit of joint work with the mental health legal team in terms of submissions and things.

Whereas ##A01 described themselves not being involved in submissions as a lost opportunity for the program:

> I see lawyers here getting burnt out, overworking and I don't have a lot to do. I think that is ridiculous, I can do some writing of reports and submissions, it doesn't have to be a lawyer.

6.7.2. Training

Communication and contact were also described by participants in relation to the conducting of training in the program and the provision of vicarious trauma support to other staff.

Six participants engaged in a training role, including delivery and coordination to staff across their programs. ##A015 stated:

> we do run information sessions and training on briefings and briefing children, and working with people with intellectual disability, we're just finalising it. The next thing is family violence policy and training sessions.

##A05 described:

> we have done some training around mental illness and working with clients who might be presenting with mental illness…..training of lawyers around trauma, medically trauma or creating awareness around trauma.

##A20 described conducting training in relation to client engagement and empathy:

> It was actually run by our team but then also senior solicitors were being presenters as well. It was very social work role play kind of thing where they would have to have a fake conference and someone from our team would be sitting there and saying, "If you just want to stop right there, see how you just said that. If you have a think about how that could impact on them" and that kind of thing. From what I heard it was really positive and the solicitors were really grateful to have that because I think, understandably, they've got their focus. They see through a legal lens and it's new for them to have that level of empathy and communication.

##A012, a lawyer, described providing joint training with other staff in their social service oriented program:

> I think the training that we did in the first year I presented with another social worker. She specialises in working with the Chinese community. In particular, she has been actually good for Chinese people experiencing elder abuse. I might talk about some of the legal solutions to helping people experiencing abuse where she might talk about some of the non-legal solutions around reducing isolation, connecting people to our services.

6.8. SUMMARY

The quantitative data from both the program census and the staff survey shows a clear alignment of most programs in this space to the mid-level definition of Coordination, with increasing collaborative form only having an influence on the Ethic of Justice and Rights focus of social workers, as opposed to lawyers and staff more generally. This focus on the Coordination form, however is less clear in the descriptions of programs given by interview participants. When asked to describe the collaboration taking place, their key focus was on a range of processes and systems which either encouraged or limited separation between professions and roles. These descriptions, however did not always align each program with one standardised definition, with interview participants often reporting program elements which would individually place them in a number of different definitions. This is particularly true when analysing for programs at the Collaboration end of the model. A number of interview participants reported similar degrees of trust and oneness as found in the measure but also reported varying degrees of separation, particularly in relation to decision-making which while it is consensus in the standardised measure, was clearly very independent in the qualitative descriptions.

The combination of quantitative and qualitative data suggests that while these definitions of the standardised measure may provide a basis from which to start categorising programs, socio-legal collaborations would seem to be more nuanced and structurally diverse, with indications that relational factors such as trust may not be sequentially linked to collaborative form. The following chapter considers these relational factors and their interaction with form more explicitly. It focuses on interview participants' descriptions of

working in socio-legal collaborations and also reports on specific collaborative relationship measures gathered in both the program census and the staff survey.

Chapter 7:
The collaborative experience in socio-legal settings

This chapter examines the experience of working in collaborations and the interaction of collaborative form and relational factors. As the qualitative data from interview participants was central to understandings of experience, this data has been presented first in the chapter. Interview participants provided varied descriptions of their collaborative experiences including negotiating differences, issues of implementation and personal and professional dynamics. Following this to supplement the qualitative data, the chapter also reports on the Assessment of Interprofessional Team Collaboration Scale (AITCS) (Orchard et al., 2012) measure of collaborative relationships from both the program census and the staff survey, and the differences in this measure between programs of different collaborative forms.

7.1. Negotiation of differences

A number of interview participants described their experience of working in socio-legal collaborations as a continual negotiation of difference between legal and social service elements. These differences were described as focused around three areas: professional boundaries, ethics and professional obligations, and practice approaches.

7.1.1. Professional boundaries

Four participants described the negotiation of differences in terms of understanding and maintaining professional boundaries between the two sides of the collaboration. ##A016 described the importance of clear boundaries, stating:

> I mean it is about respecting roles. The lawyers and the youth workers and family worker whatever do what they do and they might pretend to be lawyers. And the lawyers don't pretend to be social workers and that is really important because then people don't step on people's toes.

While ##A013 suggested knowing how and when to push those boundaries was also important in a collaboration:

> It's very much what you can and what you can't do, and that can be very frustrating, so you have to find a way of pushing the boundaries that lawyers can accept. You have to find a way to communicate your concerns in a way that the lawyers can meet that somehow, without [the organisation] overstepping our boundaries because we are a community legal centre. We're not a social work centre.

##A01 also described the importance of knowing and being able to remain within these boundaries but raised the challenge of going about this:

> The benefits are that we learn from each other, there is a learning process. But I will give a challenge to that which is remember where your boundaries are of what you can do. So I am reminding myself as I might hear lawyers say things and say to clients this, that and other so what is likely to happen in their compensation [case] but that is not my role. That can be challenging if you know the answer.

Likewise, ##A02 described:

> I think an understanding of professional boundaries can be a challenge sometimes and a source of tension between the legal and the non-legal programs in our centre. The non-legal programs kind of want to get everything fixed for the client and can tend to want to do it all and insisting sometimes that you must help this person with this issue because they need help.

##A013 described having to be very clear and strict with lawyers to ensure that they did not cross the line into doing social service work:

> I do talk about that whenever inductions are bad. I don't give legal advice and I don't expect you to do social worker counselling. They sort of get it when you say it like that, but you have to really blunt. Two last Saturdays I was saying, "I don't give legal advice and I don't want you to counsel my clients." I have to put my foot down around that because there are lawyers who are doing that, who are giving advice about how to handle being homeless and all that sort of stuff. I get mad. So I draw the line.

Likewise, ##A016 suggested lawyers drawn to this sort of work could find it difficult to maintain professional boundaries:

> And it's very easy I think for lawyers especially in this sector to get into the white charger sort of brigade and lifesaving. And sometimes [your role is] you know putting lawyers back in their box.

##A015 however suggested that social workers also need a good sense of their own profession in order to maintain these professional boundaries:

> What I've identified in this process is that I find it really hard and I've spoken to other people in the social work profession, I think we're not very good at articulating what we do because it is so broad, and it is quite responsive and a bit flexible, depending on your program.

##A01 also described the challenge of strict boundaries and the impact of these on staff burnout:

> And I see lawyers here getting burnt out, overworking and I don't have a lot to do. I think that is ridiculous, I can do some writing of reports of submissions, it doesn't have to be a lawyer.

7.1.2. Ethics and professional obligations

Ethics and professional obligations were a key point at which participants described having to negotiate differences within the collaboration. Three legal and three social service participants described having to ensure in collaborative work that legal obligations to clients in relation to confidentiality, legal professional privilege and conflict of interest, were not undermined by including social services staff with different ethics and obligations in the work. In relation to confidentiality and legal professional privilege processes ##A016 described:

> We don't see clients together because….. there is a risk if you do that. That off course they might know something they shouldn't know.

##A017 described:

> So, that's why I think that when we talk about integration, our service is quite separate to each other, so we have separate files, I don't have access, because of the issues, there's a legal privilege and confidentiality and client consent. I don't have access to their files, they don't have access to my files, and when I first started working here, we had lots of discussions when we were doing the Theory of Change and kind of working out how we would collaborate, how the files would be stored.

##A012, a lawyer in a social service oriented program, described:

> At the start we did a lot of thinking around how to actually make this work. How do we work in a way that is seamless for clients but also maintains our respective professional obligations around things like preserving confidentiality, preserving privilege? We did a lot of work at the start to make sure that policies and procedures were in place, so that we could really work in a way that is easier for clients, easier for workers, and easier for myself, but we still understand our own professional obligations.

##A012 however, along with two other participants, also described being able to take a more flexible and individualised approach to these policies and structures:

> I think another important part of the role is being really thorough in your own professional obligations and really trying to apply them when you're working with clients and with workers, so really being mindful of what you can and can't say in a certain meaning. Being flexible as much as possible. When we were looking at advices, we had to really be clear of what is it that we wanted to achieve with this and what were our professional obligations and balancing those two.

##A013 described process flexibility as:

> Once you accept that and find a way of supporting clients within that structure, and it is quite flexible, you just have to find the right places where it's flexible. You have to find a way to communicate it so it can be met by [the program], without [the program] feeling threatened that their insurance is going to be in jeopardy or something.

##A07 also described:

> Because I think where the collaborations really occur and the good work happens is where you-- I wouldn't say not following protocol before, things like that. There really needs to be a flexibility and lack of rigidity around how do you make contact and how do you get things happening? You just have to accept that it's those informal spaces where you walk past someone in the corridor and that "Oh, I remember this thing happened." That's where the value of it lies. That's where really having formal, rigid relationships just isn't going to achieve anything.

Likewise, ##A06 described:

> We don't have rigid rules around. You can't speak to a client sometimes while sometimes you can. It just depends upon what's working for that particular young person at that time.

Four social service staff also described having to work hard to maintain their own professional standards and integrity, in the face of those differences. ##A01 described receiving external supervision as central to maintaining their ethical focus:

> Ultimately where I stand with this at the moment is that I am obliged to follow what my management says. And that will override my professional obligations because I am employed in a legal setting. However I am also mindful of getting supervision from my own professional discipline to make sure that once a decision is made here that I am following what I should be doing. So it is going to be a process.

##A018 described negotiating ethical decision-making within the collaboration:

> We came to an agreement about that. Even as a social worker I am actually bound by a code of ethics. It wasn't around whether we conducted the interviews together. It was more about, "What do we do if this happens in the future? Can I call the police and meet my ethical obligations?" Even though as a lawyer you might not have made the same call because of you're-- and look we did agree that I would call. We talked about, "Under what circumstances?"

Likewise, ##A014 suggested that while they are required to follow legal rather than social work ethics, a conflict in ethics could be resolved through negotiation:

> It's made pretty clear to me, we're a legal centre. It's also my ethical obligation to follow through on things as a social worker. If I did feel the need to do something that wasn't, non-negotiable for me, then I would explain in detail why I was doing it, but I'd go ahead and do it. I haven't had to do that yet, so it looks all well and good for me to say that now.

##A05 described setting aside their own ethical values and the difficulties that arose in professional dynamics when colleagues were not willing to do the same:

> Sometimes I do feel maybe I'm selling out some of my ethical values there, because I'd take the view that [the organisation] is about getting the best legal outcome for a client within the court and that usually means trying to get a non-custodial sentence. Because I broadly take the view that very few people benefit from gaol, I generally just work around that sort of request, personally. But some of my colleagues are much more strict than that. Some of them just don't shift and they're not resolved and then there's a legacy of bitterness. I think people stop referring to that particular person or try to avoid that person, asking the manager to give it to somebody else.

7.1.3. Practice approaches

A number of participants described there being differences in practice approaches between the legal and social service sides of their collaborations. ##A017 described differing practice approaches as a key challenge for the collaboration:

> The other challenge is the stuff we've talked about, which is that you're-- you've got two different ways of working and two different cultures of working, and we are all working with the same clients and we have the same desire at the end of the day, but we're working in different ways.

##A03 described practice approach differences as specific skills possessed by lawyers and social services:

> I think lawyers are very good at giving advice, at being bossy, at telling clients what to do, how to fill out the forms and to return the information, let's get this information back. Social workers are very good at active listening, at reflection, at making appropriate referrals, at showing respect to the clients.

##A015 described working with different practice approaches positively:

> that's what makes the work for me very interesting. Is that you get an opportunity to work alongside another professional who really has a completely different skill set to you.

##A08 suggested it was a positive experience for their wider legal organisation as negotiating differing practice approaches gave the organisation an opportunity to question their approach when presented with an alternative:

> I think it encouraged [the organisation] to question kind of how it does things in a way that I think like any large organisation with one dominant body of professionals who've had certain types of training and then most people here are lawyers……. To have this little team of 14 people who are mainly social work trained or at least kind of have a good understanding with social work values. Kind of in the organisation having a quite a different perspective on things because they have that different background and asking different questions about why things are done the way they're done.

Two participants described this in relation to different approaches to clients. ##A01 described practice differences as:

> Well, they are just different, different mindset or training about how you approach the client.

##A016a described:

> And interestingly engaging informally with how the social services who operate in terms of their interactions with clients and their interactions with the lawyers. I've learnt a lot I think about the clearer differences in the approach that are there.

Three participants described timeframes and deadlines as a key aspect of practice approaches which differed between the professions and which needed to be negotiated. ##A016, however, described differing deadlines as causing tension:

> And that sometimes causes a bit of tension. The lawyers want something for a certain date because that's when the sentence is going to be. That's when they need X, Y, Z. And the youth work or the family work or the bail team are going well that's fine. But we're looking to the medium to longer term. We're also looking to address these things. That's sometimes when you get a bit of a divergence of what people's focus is.

##A03 also described tensions around timeframes:

> Not really, I guess as well the context is that they have certain timeframes and deadlines that they need to get their affidavits in. We don't really have that, it is more ongoing therapeutic support, emotional practical and referrals. So in some ways they do have more strict timeframes than we do.

As did ##A06, describing:

> That time frame stuff, of course, is also a challenge for us. Our youth work and our family support workers are hoping to make lifelong change. Their aims are to ensure that whatever they have put in place is going to carry with that young person or with their family long after we've left the scene. Whereas, as a lawyer, I'm just interested in what time when they said it happened or what day.

##A011 described part of the difference between legal and social service practice as a differing approach to time spent with clients:

> one of the things is, the social worker spends so much more time with one person than the lawyers do……as a lawyer you want the relevant facts, as a social worker we tend to want to know the context, to know what's happening.

Social service participants also described having to negotiate and change which clients would be able to receive services due to the collaboration model. ##A018 described complying with legal conflict procedures as restricting the services they could deliver:

> One of the issues is that - as a legal service - we have to have the names of all the parties in order for us to provide a service. That does mean if someone doesn't want legal advice, but they don't want to give their names, we can probably only have a bit of a minimal chat on the phone because we have also clients to do a conflict check.

##A06 also described having to negotiate different practice approaches towards the outcomes the professions were looking to achieve for clients:

> we were just working to different agendas sometimes in terms of those things we're hoping to achieve. I want an outcome that looks good for court. Not to say they're not interested in doing that as well but ultimately they also want to achieve, they want to empower that process of learning and being a better person at the end of the process……I just want to know that they've turned up and that they're trying and how many times. It's about sometimes articulating with this is what we need.

Three participants also described how the different practice approaches reflected differing degrees of professionalism between the sides of the collaboration. ##A02 suggested that in order to negotiate this difference, social services need to become more professional in their practice:

> most of our social service workers haven't got a professional or tertiary background, so the legal training and the professional practices side of that are able to enhance the professionalism of the social service workers

##A020 likewise suggested social services needed to increase their level of professionalism in order to engage successfully in the collaboration:

> I think that we need to really present ourselves as very professional to a lot of the solicitors for them to have some respect for what we do and so that's maybe one way my practice is different to say youth justice that you have to act. Not act in a certain way but when you're working with young people you're not going to-- I think probably is how to communicate in a way that solicitors will respond to.

##A011 also suggested that social services could improve their professional approach and that this deficiency was highlighted by collaborating with lawyers:

> that's what I think the social workers can learn, is to take people's privacy seriously and to take their confidentiality obligations and all of their obligations a bit more seriously……I think social workers can learn that they need to provide the services the person has come for. I don't think we are very good at that. We tend to want to put some holistic process in place without first evaluating if that's what the person is actually interested in or come for or whatever.

7.2. Issues of implementation

Interview participants also described a number of issues around implementation which had a bearing on their experience of the collaboration, such as a lack of staff, time to communicate and staff motivation.

7.2.1. Staff turnover

##A01 suggested high staff turnover in both the legal and social services side of the program made it difficult to collaborate, while ##A07 described inconsistency amongst staff as an issue in collaboration:

> Rather than having a consistent voice at a service each week, the person in charge it has been doing random things. That's really disrupted service delivery because a lot of our ability to be successful and effective depends on us knowing what's going on in a particular level within a service. Who's on leave, who are the power players, who do we need to talk to to get things happening.

7.2.2. Time constraints

Some participants described a lack of time in which to actually collaborate, there being not enough time with clients and not enough time with other staff. ##A016a suggested collaboration needed timed to debrief and connect with other staff:

> I would just say more time for everybody because I don't think that we way we work is problematic. I don't think there are any issues underpinning how we work I just think it's just having that time to even to talk about things in a debriefing sort of way because those informal discussions that's how you learn so much.

##A03 suggested that processes might require staff communication but finding the time made this very challenging:

> I mean, that's always the challenge - finding the time to communicate. Finding the time for the lawyers and the social workers to keep each other up to date. Personally I think that its great in principle but it's often more difficult in practice.

##A017 also suggested that the limited investment in the social service role, being part time, reduced the effectiveness of the collaboration:

> The key one will be limited time, so am only free two days a week. And I've chosen to focus the majority of my time on the delivering a counselling service to women or to victims of family violence. That's been the priority and so there's less time to participate in staff meetings, to chat. I very rarely chat to people in the kitchen because I am kind of running.

##A013 suggested that a lack of time with clients was impeding the service that could be provided:

> what I find my biggest problem working here is I just feel we're a Band-Aid service. We just capture something for a moment and then something else goes wrong, and that's really frustrating. I think, social workers probably feel that a lot and I know the lawyers do as well, and that's frustrating. I suppose when you work with clients fairly short-term, you don't get to see changes from people either, so it can be a bit depressing.

##A07 also suggested that the clients who benefited the most from the collaborative service were the ones who were with the program longer term:

> they're almost exclusively longer-term patients. They're people who benefit more from the-- or need this kind of the advocacy more than the acute turn over people.

7.2.3. Referrals

Participants in programs with referral processes had mixed views on the volume and quality of referrals moving between the element of the collaboration. ##A01 suggested that the appropriateness of referrals was influenced by the process in place and the capacity of lawyers to assess social service issues:

> So everybody gets asked, but not everybody will accept that referral, so we do get mostly people who are appropriate referrals but as much as the lawyers will do what is required of them and ask if they would like a counsellor to speak to, there will always be the clients who are not really appropriate referrals, that can't be assessed by the lawyers. That might be because they already have lots of support and you don't want to over service them. Or in other cases, it might be that they are not really understanding what we can offer.

##A013 suggested the same people tended to refer and without going beyond the current referral process to engage with other lawyers directly, it was likely that clients would be missed:

> But it tends to be the same ones that referred. Because I haven't been able to go in in the evening. I used to go pop in there myself and introduce myself. And use to monitor people with social work… but it tends to be the same lawyers that were referred to me, so you do miss clients.

##A014 described referrals which complied with the process but which were not appropriate to the social service side of the collaboration, as lacking understanding about what the social service can offer:

> I had one referral about like, "Can you help a client draw up their will?" from a lawyer. I was like, "Really? I've been a social worker for over 10 years, never done anything like that before." It was a little bit about educating the lawyers about what social work is.

##A014 also suggested that despite this improving over time, referrals were still limited due to this lack of understanding:

> Look, the referrals are getting better as we've been here for longer and as I'm able to have more discussions with the law staff, around then, but they're not coming in thick and fast, they are few. I still think there is some hesitance around it and I don't know exactly what that's about yet, but there's still a little bit of caution around engaging them in social work element here.

##A015 described the referral process as being too discretionary and making access to clients whose situation may not be clear difficult:

> In some ways, there's not really much room to move. I think, it's hard sometimes, when there's bit of the grey area…..I guess they get their information from investigating officers. Sometimes investigating officers will say, "We think this person's very fragile." Sometimes, they might not refer that person for whatever reason.

7.2.4. Staff numbers

Four participants described there being a lack of either social service or legal staff to make the collaboration work to its capacity. ##A012 described the ratio of one lawyer to a large social service organisation as influencing their experience of the collaboration:

> Now I'm funded to help anyone who comes through [the organisation's] 40 sites. I think there is a limitation on having just one person trying to reach out to these different sites. There're those geographic limitations….Because the partnership really just hinges on one person and so there is a risk with succession.

##A016 suggested more staff all round was required to aid the collaboration:

> We need a third solicitor, we need a second youth worker, we need a second family worker.

##A018 suggested the number of staff and the staff mix aided their experience of collaboration:

> Not just having one lawyer and one advocate having three lawyers and three advocates sitting around the table. We can bounce ideas off each other and so the collaboration is great. Because I don't know everything and having two nurses and a social worker and this has a lot more knowledge about medical things than I do. It's useful to be able to bounce ideas off each other.

7.3. Professional and personal dynamics

When asked to describe their experience of working in a socio-legal collaboration, the dynamics between individuals on both a personal and a professional level, were a key feature for most interview participants. Descriptions of these dynamics were split into four themes around leadership, power, culture and personal dynamics.

7.3.1. Leadership

Eight participants expressly stated that leadership and management were central to their experience of their program and to the negotiation of an effective collaboration structure. ##A014 from a legally oriented program suggested that leadership was important due to the less collaborative nature of the legal profession:

> I do think that for integrated services to work, you need the leadership on board, because it is such a, "I do what I'm told profession, and I just work on my files". Yes, it does take a little bit of a mind shift for lawyers to engage, because the dominant code you hear is law, of course because it's a legal centre. I'm a part time, four day a week social worker in a team of six plus lawyers. Of course they are just going to go about their daily business, unless they are encouraged to, or instructed to engage with another profession in another process which takes a mind shift.

##A018 from a combined orientation program described having leadership which is stable and experienced in both sides of the collaboration as central to their experience:

> I think that we've got a manager who's actually a social worker [laughs], who would want us to be looking at consensus decision making. I think that the culture is there from the top…..She's got a lot of background in community legal work. We're incredibly lucky to have her here. Like I said, I've been here four and a half years and she's been our manager that whole time it's quite stable. I can see the potential I've worked in 14 other places where personalities change and that can actually really affect the dynamic.

##A03 from a social services program described leadership across the organisation, not just the program as influential:

> I think what worked particularly well, I got a really good induction from legal and a really good induction from social work. And that from day one helped me to understand - what are the different roles, what are the different support services. I think the culture of the organisation that the CEO sets is really important...because he respects social workers I think it does filter down. I think it has to come from leadership.

##A015 in a legal oriented program, also expressed the need for leadership in collaborations but spoke of this being lacking in their program and therefore impacting negatively the work they were able to do:

> There's something to me about feeling you've just got the authority and space to do that and also being much clear. For me a lot of the things that I, if I had a magic wand there are more organisational things than our service but there's things that I think need to come from the top down.

##A017 suggested in legal organisations, such as theirs, it was legal leadership that was required:

> I think you need the leadership in the organisation to take the lead on that. You can't be led by the social worker….It needs to be the principal lawyer working with the young lawyers and the senior lawyers to cut through a lot of that.

7.3.2. Power

Power within the collaborations was described in a number of ways, with participants describing power structures within their program, external factors which exerted power on the program, and the way in which working in collaboration highlighted for them their lack of power in their wider practice.

7.3.2.1. External influences

The power of external factors was also described by participants in relation to their program experience. ##A014 described the structure of the collaboration as being a political decision and an exertion of power from a controlling organisation who then had little influence over the day to day running of the program. However, they also suggested that this could be a positive influence on the legal practice which would otherwise be far more insular:

> I think what happened is because there is a power imbalance here, it's like they aren't living here for free, this legal centre. Pretty much whatever the [organisation] says goes. I do think it's the best thing for this legal centre to boost its capacity and broaden the horizons a bit.

A number of participants also described funding as a key powerful force and influencing factor on their programs. Five participants, from both social services and legally oriented programs, described being tied to the funding of community legal centres as a key influence on the program. ##A02 suggested their staffing mix in a social service oriented program was influenced by federal legal funding:

> We have had other lawyers on staff in the past but in the current funding climate we have had to let those positions go….being a currently predominantly government funded community service agency, we are always looking for ways to develop our funding base so that we can continue to support our community, regardless of what government is doing.

##A01 also suggested that with federal legal funding limited, it was unlikely that social services would be brought on board over more legal staff in legally oriented programs:

> because the CLC sector have been reduced dramatically, if they are losing lawyers they are not going to put social workers in, so how do you put a submission in to get support workers in.

7.3.2.2. Powerlessness

Working in a socio-legal collaboration also brought to the fore feelings of powerlessness for some social service staff. ##A013 described feeling more frustrated with the legal system than they had in the past, as working the collaboration made is clear how little power they had to influence legal processes:

> Frustration with the legal system. A lot of length of time it takes, that's really difficult. One of the biggest challenges is the intersection of family law and domestic violence. I find that so fucking frustrating and I'm not even emotionally volatile…….. somehow it's acceptable that it takes years and years. Somehow that's become acceptable and even normal. What the fuck. That's not okay.

##A015 stated:

> Because of the lack of empowerment and the lack of the information all that kind of stuff, that's a tricky place to be in, but there are ways that you can try and support people to have as much of that as you can. It's just trying to find the way that you can do that, with the limitations of knowing that decisions are made outside of people's control. Trauma happens to people that you can't stop. The legal system re-victimises people, and sometimes that's just out of your control, how do you watch those things happen, but then still lay your social work context over that?

7.3.2.3. Professional hierarchies

Four participants described there being a natural hierarchy and power dynamic between the legal and social service professions, which favoured legal power and control. ##A020, a social service worker in a legally oriented program, described:

> I think there's a general sense - a general feeling that the solicitors are more - not more valued but more - there's a general feeling that as social workers they're higher up and we can't really push back on them too much as professionals because if they get snarky-- that's not with all of the solicitors, by any means.

Likewise ##A011 described:

> because we're usually at the bottom of the pecking order. Social workers, nurses, OTs, psychologists, psychiatrists. Different people would put that in a different order, social work's always at the bottom ….. Whereas lawyers, wouldn't put themselves anywhere other than at the top of any hierarchy, do you know what I mean? Is that a pitfall? Maybe you could put that as a pitfall, yes. I don't know. People for both, that they used to be at opposite ends, when they work together perhaps there is a tendency for that dynamic to really set itself.

##A01 also described the dominance of a legal staff in the professional hierarchy as reflected in disrespect for social services and a lack of collaboration actually occurring:

> one of my issues has been with some of the upper management of the legal people here, is disrespect for the work that we do and not integrating our work into what's happening as much as it could be… the support team needs to be utilised to their full extent and I don't think that is happening.

7.3.3. Professional cultures

Throughout the interviews participants provided a number of generalised descriptions of the different professions and professional cultures found in their programs. The professional culture around law, in particular was highlighted by a number of participants as making collaboration more challenging.

##A016 suggested that the legal culture does not respond well to changes in power dynamics and as such the introduction of social services which asked to be included in power and decision-making structures was challenged and resisted by the legal staff:

> It's about control. I think that's a major problem that lawyers have; they have to be in control, and they are not very good at giving that control up. And where you will see the problem, because I've seen it directly, in a couple of places, is where you've got lawyers pushing back on controlling this and you're going, "No you're not. This is not your space"

A number of participants suggested the legal culture had greater influence on the collaboration as it was less likely to be naturally on board with collaboration. ##A013 described:

> I think it so much depends on the personality of the lawyer that you work with. It depends more on that than the personality of the social worker, I think. I think social workers were much more open to discussion and being collaborative in nature of what we do to lawyers. It really depends on how the lawyer-- but then when they are young you can train them.

##A015 also suggested that the legal culture attracted personality types which found collaboration more of a challenge:

> I do think that this job of a lawyer attracts a particular sort of personality. Sometimes that personality probably finds it to be more difficult to engage on that level with people.

##A013 suggested that the legal culture was a historical one on one which students were educated in:

> Yes, agree because it's such an old profession as well they also have a lot of people who really prefer that way of being. They educate their students in that.

##A014 also described more willingness of younger lawyers to collaborate, who are less ingrained in the traditional legal culture:

> Yes certainly, the less experienced lawyers here engage more with us, but also those ones that engage more with us, are also quite aware of the complex needs of the clients. When I've spoken to say, the two lawyers in particular that engage quite well with our service, mostly, what's behind their thinking of referring is around, they can say how vulnerable the client is, and how much they would benefit from some extra support.

Two social service participants suggested the legal culture was one of expertise, with a sense that lawyers felt they could perform all the tasks of the collaboration not just their own. ##A013 stated:

> I think the lawyers that referred to me are more aware of the importance of connections with people and the lawyers who don't are much more, "I can do this. I know what social workers do."

##A05 suggested:

> It's something about the law, the inculcation of its expertise. The cult of expertise and knowing the law so well. Being the person who's got the answers.

##A013 likewise suggested the legal culture is one which perceives that they can do everything, drawing similarities to doctors and medical culture:

> are signed up so tightly by lawyers that lawyers can take care of anything, if they'd set it up that way. Therefore, other people are redundant in life, really. And it's true with doctors. I think doctors are probably the same.

##A05 also described similarities between legal and medical culture in their willingness to collaborate in multi-disciplinary teams:

> It's a characteristic in some people. I do wonder at times whether it is also - I think also in the medical profession, it's not uncommon. When I have spoken to colleagues working in the hospital settings, there are some doctors there simply don't choose to use social services.

##A012 described how it was important to place professional culture to the back of any collaborative interaction and allowing the collaboration between professionals to be at the centre of the interaction:

> I was at a talk recently from a social worker and he made a really good point. He said that, "When you have our professional training and when we're dealing with our clients, especially in a community setting, we have to put a lot of training at the back of our mind - that's what informs our practice. But when it is one person speaking to another, it's about not presenting that really rigid image of a lawyer. It's about having that legal training that informs our practice in a way we work with our clients, but at the end of the day we're just two people -- or three people, four people -- trying to solve a problem.

Three participants also described social services staff as being more willing to learn about legal practice when compared to lawyers learning about social services. ##A015, a social worker, stated:

> I think that as social workers we take every interest in trying to understand where people come from, where professions come from, I don't think that necessarily gets reciprocated

##A09, a past social work and current legal student, suggested:

> Generally speaking, I think social workers may be a little bit more engaged in terms of learning more a little bit more about the law, as opposed to maybe, the lawyers don't want to do that touchy-feely stuff.

##A013, a social worker, described:

> Unless it's a personal relationship, lawyers don't know about social workers, what they do. They don't even know that we got a degree. Whereas, I think, social workers by nature are much more inclined to know more about what lawyers do than the other way around.

Social services staff on the other hand were described by ##A011, both a social worker and lawyer, as defensive about their role and unwilling to work collaboratively in case the line between roles were to blur:

> That's what you'd want is people that can work together.… in hospitals, social workers tend to be so parochial and job protective, same thing, mental health, same thing. This is my job. This is what I do. I'm going to cling to it. ….. because we're usually at the bottom of the pecking order. That doesn't necessarily make us as a profession that great to work with. We're quite defensive.

##A011 also suggested that this was due to social services and social work in particular not having a good sense of their own identity and not being able to articulate to others in the collaboration who they were and what they did:

> I went to this conference in July, and every second presentation was, "so what do you social workers do?" Do you know what I mean we're still trying to work it out. You never hear a lawyer say that….. we still don't know what social work is, really. And that's a problem for social workers and lawyers working together, because lawyers don't know what social workers do, and social workers know what lawyers do.

##A016a suggested that their flat management/employment structure as a strategy they used to overcome power imbalances and cultural divides:

> it still gives us a pretty flat structure and even so the thing we always emphasise is that everybody's opinion in relation to something that is relevant to them in their work, so that not everybody has to have a say about everything.… if there is some decision to be made that will go to a staff meet. There is I think that sense of general collegiateness that sits behind the professional relationship and work as well so that probably is pretty important.

##A011 on the other-hand described the power dynamics of a professional hierarchy as being so dominant that they were impossible to overcome, suggesting a legal organisation was not an appropriate location for a socio-legal collaboration:

> But I would say that's a much better model. Because lawyers have their own independence like they'll stick up for themselves and can maintain a separate department within a broader organisation. Whereas if you take a handful of social workers into a law service centre which is what we tend to be doing…. what you're asking there is for the social workers to assert themselves. I think that's really difficult.

7.3.4. Personal dynamics

While a number of participants identified professional cultures as an influence on their experience in their programs, participants were also quick to qualify this by questioning if these dynamics were culturally or personally based. ##A05 described:

> It could have something to do with that dynamic in some people. It's probably a personality thing, too, as much as the nature of the work.

##A03 also suggested that while a professional hierarchy and legal culture may be common in other organisations, particularly those that are legally oriented, it wasn't evident in theirs which was a socially oriented program, and could be overcome by personal dynamics:

> I think if it was the other way around I think it would be harder, much harder in terms of the pecking order and for lawyers to accept social work. Even in hospitals, social workers are at the bottom of the pecking order with doctors at the top. I think it is the same in community legal services or private practice. It doesn't seem to be the same here. I think it comes down honestly to the temperaments and respect of the individual lawyers. And that is the case in this office but it might not be the case in the Sydney office.

Personal dynamics were specifically addressed by a number of participants in relation to how they experienced socio-legal collaborations. Five participants suggested that personal dynamics and interactions were key to shifting organisational culture toward collaboration, as opposed to program structures. ##A014 a social worker in a legally oriented program described having to establish themselves at a personal level with other staff in order to propel the collaboration:

> There was a lot of settling in but yes. I think like once you show up every day and you are not a complete idiot then people start going, "Okay cool this is probably going to be a good thing." But I do think that leadership is a huge issue in terms of making new world orders working.

Likewise, ##A017, a social worker, suggested it was these personal dynamics and interactions were important to make cultural shifts in their legally oriented program:

> So, I think there has been a bit of a cultural shift, and I've been working really hard to role model that what we do makes a difference in the wellbeing of a client, which actually means they're going to be able to engage in the legal matter further.

##A05 also suggested that these dynamics were not just social services staff working to change the attitude of legal staff, but that the negative dynamics from social service staff could also impact the collaboration:

> I guess we've got social workers who are more willing to work as part of a team than those that like to work more independently.

##A014 described the influencing dynamics of different roles and seniority within the collaboration:

> I have found in this agency the more senior a person is, say the manager and the principal are the ones who engage the least. Then also maybe the more senior you are, the more busy you are, so you just don't have time to engage. Yes, but then there's one lawyer here who's been around for a long time, that probably the longest, the most experienced lawyer, and he is one of the ones that's trying the hardest to engage with us. He's taking a little while to get his head around it all, but he's trying hard to referring with us all.

When describing leadership and power, participants were also quick to deflect this toward personal dynamics, suggesting these were the result of a set of unique people or situations and therefore not representative of other program offices or socio-legal collaborations as a whole. ##A01 expressed significant concerns about the personal and management dynamics in their program but was also willing to suggest it may be isolated to the individual staff in their office:

> what we can offer as support services is under-utilised, under-valued, disrespected, not understood. So that definitely comes in to play. I think it fairly inevitable that it is going to happen at times, and as I've said before I think this office in [location] is very different from others. And that is very interesting, what is the dynamic, what is the management doing here different from other offices?

Likewise, ##A03 suggested the good working relationships in their program may not be similar to other programs:

> I think it comes down honestly to the temperaments and respect of the individual lawyers. And that is the case in this office but it might not be the case in the [location] office.

7.3.5. Respect

The issues arising from personal and professional dynamics were also specifically discussed in relation to the concept of respect. 'Respect' was a term used frequently by interview participants, with specific articulation of what they wanted respect for and who they needed respect from in order to have positive experiences in the collaboration. Participants

also described the process of respect development through the passage of time and workplace cultural change.

7.3.5.1. Respect between colleagues for role, boundaries and difference

For a large number of participants, respect between the professions working together was described as driven by an understanding and equal support for the differing roles within the collaboration. ##A03, a social worker, suggested:

> In other organisations I have worked at, if the client cries then they need a social worker. Here they have a much deeper understanding of what a social worker does, how a social worker might be able to help. I think there is a lot of two-way respect for our professions and the differences within it…. I think because there is respect and understanding from both roles, it does work well. Without that it would be just like dumping the hard cases on the social workers.

##A02 a lawyer also suggested this:

> So I think when you are bringing different people to work on something you have to respect differences and their strengths in the collective skills and knowledge. You can't be ego driven in that and think that you have all the answers.

This idea of respecting difference was also clear in programs where professional boundaries were far clearer and professions worked more separately. ##A016 in such a program suggested:

> I mean it is about respecting roles. The lawyers and the youth workers and family worker do what they do. They don't pretend to be lawyers. And the lawyers don't pretend to be social workers and that is really important because then people don't step on people's toes.

Likewise, ##A06 a lawyer suggested respect drives equality, but further indicated that equality supported by structures is also important in their program:

> Having respect for each other's roles, that is obviously important. I think if someone is really committed to that, it's seeing your team members as equal partners and that's what's really important. I think that's why we work so well here, we have essentially – we come from a completely flat structure.

Many social work participants in legal programs also described respect for role and the practice of their discipline as something that was not initially evident in their program but something that they had to work on and develop. ##A013 described:

> I do feel like an assistant and I don't like that. I feel like a legal assistant, a paralegal and I'm not a paralegal. I don't want to be a paralegal so I have to fight a bit for that and sometimes that's pretty good now but it took a bit of fight to not get people to ask me to do admin stuff…. It's like you have to prove yourself in a legal centre. Whereas if you work somewhere else, with the ratio of social workers working out, you don't have to prove yourself so much and get treated a little bit differently.

Similarly, ##A015 described the importance of social workers understanding and communicating their role to others:

> …it wasn't until we got really clear…and started to own our professional expertise that it felt like now we are on some equal grounds here.

While many participants did discuss respect in relation to lawyers being respectful of social work roles within collaborations, there was also expression that this was equally important for lawyers, particularly when in programs which were health or social service oriented. ##A02 for example suggested:

> But that was certainly a concern when I first started, my boss was not a lawyer and maybe wouldn't understand some of the particular restrictions that are on the way I do things, but there has always been an incredibly high level of respect which I am really grateful for because I don't think this would work if that wasn't there.

7.3.5.2. Respect from management

While respect between professions was seen as central, respect from management and the role of managers in developing a respectful culture within the collaboration was also noted as significant. ##A018 suggested:

> I think that we have a manager who's actually a social worker, who would want us to be looking at consensus decision-making. I think that the culture is there from the top.

##A03 also described the importance of this management respect particularly for social work which may not necessarily have an equal level of respect in the broader community:

> I think the culture of the organisation, that the CEO sets is really important. It is respect for social work. I think respect for law is automatic and it just happens because that is what happens in society but because he respects social workers I think it down filter down. I think it has to come from leadership.

##A01 described the lack of management respect as a significant issue impacting their experience of the collaboration:

> …one of my issues has been with some of the upper management of the legal people here, is disrespect for the work that we do…. We understand that it is a law firm, what its primary role is has to be put in there, but I definitely agree that at times I think our service , what we can offer as support services, is underutilised, undervalued, disrespected and not understood…. I really think management is creating a division in this office that is probably the problem, for me anyway.

Likewise, ##A014 suggested:

> Look, I think the biggest thing to change in this setting is better leadership around this, and that's the one thing that I think impacts the most. I spoke of that before like the leadership not encouraging people to be on board with this.

##A07 also described respect from management as needing to be an ongoing and facilitating process in order to create wider cultural change and acceptance:

> …the distinguishing factor would seem to be the attitude of upper management in terms of the messaging they provide to their staff around our service and how supportive they are in terms of whether they want really rigid policies and put up walls to our presence… I understand they [social workers] feel quite devalued. They are stuck in there and it's not a pleasant working environment.

##A09 noted that this respect from management was particularly complicated when the manager was also the principal solicitor, and as such their attitude toward social work services had a direct impact on the collaboration between the professions and the compounded the disrespect felt by social work:

> ..it seems like what would happen is the referrals would come in, the principal solicitor would make a decision then hand it out to the admin personnel for them to book in an appointment for the person to see a solicitor. They'll tell them to come in but then that information was never transferred across to the social worker to say "Well is there anything I can assist with?", you know that type of thing or vice versa? The social worker would feel they just got the slops.

7.3.5.3. Reflecting respect

The way in which the participants discussed or explained the role of the other disciplines in the collaboration also provided direct examples of this respect or disrespect between the professions. ##A016a for example described how they thought their legal role was far easier than the social work role, respecting the challenges of social work practice:

> In some ways I think our job is easier in that way because you can go right – well that's it, do that and do the sentence, off we go, thank you very much and that's fine. Whereas of course for the family worker and youth worker in particular – how long is a piece of string? They could be working with a young person well after they've been to court…..Whereas one side is very elastic, the lawyers can get the attention of young people because there is that imperative sitting there. For the other guys it can be more difficult because they go – I'd rather see my mates than see you today. You don't have that "If you don't come then what am I going to tell the magistrate?"

Conversely ##A016 from the same program also showed limited knowledge of the professions in the collaboration, suggesting less understanding and respect for what distinct professions bring to the social service side of the collaboration:

> We call it multi-disciplinary because of the social welfare stuff – so we don't have social workers, we have – I don't think [A]'s a social worker? Basically I think [A and B] are social science graduates, [A] might be a social worker, I can't quite remember.

Similarly, ##A02, while being very supportive of being a lawyer working alongside social service staff, was also dismissive of a professional basis for this work:

> …most of our social service workers haven't got a professional or tertiary background, so the legal training and the professional practices side of that are able to enhance the professionalism of the social service workers… so many of our staff are employed based on values rather than a necessary or expected skill set, so they develop their skills on the job

7.4. Connection

A key thread which runs across all of these preceding descriptions of experience, is that of connection, with the sense of connection to the collaboration and being united as one program, driving positive or negative experience. ##A07 for example described the importance of feeling ownership over the program to its functioning and effectiveness:

> If you don't feel like you own a particular service so that you hold that relationship, you are less likely to be reaching out to a particular advocate on the other side.

This idea of connection is evident in the previous descriptions of professional cultures, respect and professional boundaries but are also specifically articulated in relation to physical, cultural and structural, personal and practice connections.

Participants with a greater experience of connection across these five elements described being more positive about the program, whereas those who felt negatively about the program often described a lack of connection across the five elements.

7.4.1. Physical

A number of participants described being located on the same or different floors, and in the same or different buildings as contributing to the sense of closeness within the collaboration.

##A08 described the increased collaboration due to proximity in a past program, and then described how this was lacking currently, impeding a sense of shared purpose and team:

> When I worked in the same office as the mental health lawyers, so it's just like they were kind of 10 metres away from me, so the opportunity for consultation, collaboration and stuff like that was actually determined by that geographical access.

> We don't sit on the same floor as the [lawyers]. I think that it's good to sit on the same floor. I think [being on the same floor] will bring that sense of integration in the organisation a bit more. It's a little bit physically isolated.

##A011 also suggested that placing a new discipline into a physical space dominated by another was a flaw of their current programs and contributed to a lack of assimilation and ongoing dominance of the original discipline:

> I'd have everybody starting together. Trying to inject lawyers into social work services or inject social workers in the legal services….the new workers take a long time to assimilate, even if they are doing the same job….You've got doctors, rehab, social workers and lawyers. Everybody in the same office and doing different things with the same people as required, people know what the other person is saying. I don't think having it in a legal space where the lawyers dominate, is necessarily the best model.

7.4.2. Cultural and structural

A number of participants described a sense of closeness or connection as being generated by how programs were structured and how these structures influenced or reflected the culture of the socio-legal collaboration.

Culturally, many participants described having the same ideological focus on serious social issues and vulnerable client groups as key to a sense of cultural closeness. ##A07 for example suggested:

> You need to be confident that if you're doing a collaboration that they share your values or share your common goal outcomes, or at least are respectful of them. Because you don't want to be working at cross purposes and that kind of thing.

##A016 also described:

> I mean that would be the first point of disconnect, is if people had different thoughts or ways about how far they were prepared to go in fulfilling their function in terms of supporting their clients. And I'm sure there are lots of places where people do draw very different lines, and other organisations that don't have that collegiate common philosophy like this.

Two participants described having an articulated agreement about the value and purpose of the program across the collaboration was key. ##A011 stated:

> I think there's a pitfall in not getting all these stakeholders on board as with any new program. I think that's really vital to make sure that everybody agrees on the direction, and they are working to move in that direction.

##A012 suggested:

> I think when we did the surveys of the teams I was engaging with initially, we did some baseline surveys and it was around engaging those attitudes around what's the connection between legal and health issues and what are the attitudes around having a lawyer on their turf. There was strong data indicating that they had positive attitudes towards having a lawyer here. They can see the value in having a lawyer speak to them and speak to their clients.

One participant also described that a similar focus of purpose, however, didn't preclude either discipline in the collaboration challenging the other, with ##A013 stating:

> Social justice is here and that is why people are here….Even though I work here I don't see myself as part of the [legal] system….I'm obliged to complain about that and I'm obliged to say we have to look at that a bit differently or we have to work with this person a bit harder.

Participants also identified a number of program structures which contributed to both the program culture and the sense of connection or closeness in the collaboration. A number of participants suggested the joint training they undertook contributed to the sense of closeness or that joint training would increase the connections within the collaboration. ##A06 described:

> You do joint training so you also get a whole – you get a broad range of what the issues are so you're better able to ask appropriate questions. Because you've got a better understanding of how systems work and around what the roles of various people are.

Likewise, ##A012 saw joint training as a way of developing cultural closeness:

> If you've gone out and spoken to their team, if you've delivered professional development, that idea for professional development is not just someone getting knowledge, it is someone being able to see you, know you as a person.

Some participants suggested that having processes which separated the sides of the collaboration and impeded communication contributed to a weaker sense of closeness or connection. ##A017 described tensions over confidentiality and legal professional privilege as curtailing collaboration in this way:

> So I think, over time, there has been less anxiety about that and there's been an increased understanding of how I hold confidentiality, that I'm a member of the team, that I've signed the court code of conduct – but I'm not bound by legal privilege. So I think that's kind of shifted with time, but I think it's still there as something that kind of impacts on integration.

Similarly, in relation to legal professional privilege, ##A06 a lawyer suggested:

> If I had a magic wand then something about that legal professional privilege stuff because that sometimes impedes effective information and sometimes it similarly effects information that's blowing in the other way…. We've got these restraints placed upon us by externals and people they don't really understand how we work anyhow in the nature of the work we're doing. But these notional ideas of conflict checks etc that you create unnecessary barriers to effective communication sometimes.

A number of participants also suggested that structures and processes which were not themselves developed in collaborative ways added to the separation in the program and reduced the sense of closeness or connection, with many nominating referrals as a key process developed in this way. ##A03 on the other hand described collaborative developed referrals process as a foundation to structural and professional connection in the program.

Some participants also suggested that having inconsistent staffing and staffing numbers which made taking the time to communicate and make connections with other staff difficult, reduced the capacity to make and maintain close collaborative relationships. ##A01 described a key challenge for the collaboration as being the high turnover in staff:

> Certainly coming in two years after the service commenced and there has been a very high turnover in the counselling team. And there has also been a high turnover in lawyers.

While ##A03 focused on finding the time to develop professional connections:

> I mean, that's always the challenge – finding the time to communicate. Finding the time for the lawyers and the social workers to keep each other up to date. Personally I think that it's great in principle but it's often more difficult in practice.

Participants also described the process of cultural connection as one which took effort and time. ##A07 for example suggested:

> I think it's fairly inevitable that setting up a new service is going to take a really long time to get a shift where doctors and lawyers actually listen to advocates like that, and to get out of that purely medical or legal model and listen to what people are saying.

7.4.3. Personal

Participants such as ##A01 also suggested that personal attributes of the individual staff were also important, with others such as ##A017, a social service professional, suggesting it was the attitude of lawyers towards working in collaboration that was key to them making good referrals and fostering relationships and closeness:

> I don't think it's about age, I don't think it's about gender, I don't think it's about experience. I think it's about people's exposure and their willingness to engage. I don't think it's a type of lawyer, I just think it's different people's view of what their job is.

Similarly, ##A020 stated:

> I think a lot depends on the solicitor, in how much some have a really good understanding and really trust what we do and understand what we do. Others may be for whatever reason, aren't so engaged with us as a service.

7.4.4. Practice

Participants suggested that attitudes to practice has a strong influence over their sense of closeness or connection. A number suggested that working with lawyers who didn't

understand the social services role made it difficult to create connection, such as ##A01 who stated:

> There have been difficulties over what the role of the counsellor is. I think lawyers initially needed education around the appropriateness of having us and some were more willing than others to have us involved with the clients.

##A015 reflected disconnection in the program through the frustration felt at lawyers not understanding the social work role:

> There's always the idea that when they tear up we just pass the tissues. Someone said to me "Well if you can't get there I'll try to be nice, or don't worry I'll be nice" or something like that. That idea that that's what we are there for, because it is a nice thing….I feel like you are always wanting to say actually there's a real purpose!

Similarly, ##A020 also this frustration and disconnection with other staff and management:

> We had someone very senior in our management team ask someone in our team if they had been to uni and it was just, everyone was mortified because there's just no understanding of how we all came to be working in this role and what we have to offer…. It's a daily thing with some of the legal professionals that you just have to sit with a sense that that think you are someone who maybe just worked in a café before and now hand people tissues.

Legal participants also reported that working with social services staff who didn't understand the role made connection difficult. ##A02 stated:

> I think an understanding of professional boundaries can be a challenge sometimes and a source of tension between the legal and non-legal programs in our centre. The non-legal programs kind of want to get everything fixed for the client and can tend to want to do it all and insisting sometimes that you must help this person with this issue because they need help. Whereas because of some of the professional obligations and restrictions that lawyers and legal services have sometimes, you can't help the client with that particular issue.

Many participants described it as important that both sides of the collaboration understood the other's profession and practice. Their practice did not need to be the same, but differences could be accepted and worked with. ##A013 for example suggested:

> I think once you sort of get your head around that [differences in practice] and accept it because you have to, otherwise you can' really work and you end up going nuts. Once you accept that and find a way of supporting clients within the same structure, then it's quite flexible. You just have to find the right places where it is flexible or you have to find a way to communicate so that be met by the legal organisation.

##A20 also suggested having both sides speak the same language was important to developing and maintaining a sense of oneness and of a united program:

> I think that we need to really present ourselves as very professional to a lot of the solicitors for them to have some respect for what we do and so that's one way my practice is different to say youth justice….I think probably it is how to communicate in a way that solicitors will respond to.

7.5. Measuring collaborative relationships

In order to further explore the role of collaborative relationships and their interaction with collaborative form, respondents to the program census and the staff survey were asked to judge how often the teams they worked or managed in showed strong collaborative relationships using the 10 questions of the Assessment of Interprofessional Team Collaboration Scale (AITCS) (Orchard et al., 2012). This measure explores experiences of power, respect, trust and cooperative relationships using a five-point Likert scale (5=always, 4=most of the time, 3=occasionally, 2=rarely, 1=never). This is a healthcare-based scale and as such has yet to be tested in legal or non-health settings (Orchard et al., 2012). To assess its validity in socio-legal settings, the internal consistency of the subscale was tested using Cronbach's alpha coefficient. According to Orchard and colleagues (2012, p. 62), the scale has a good internal consistency, with a Cronbach alpha coefficient reported of .94. In the current study, the Cronbach alpha coefficient for the staff survey was .95, and for the program census was .96, suggesting there was strong internal consistency in the socio-legal setting.

7.5.1. Collaborative relationships for staff and managers

Responses from staff in the staff survey and managers in the program census showed very similar results when measuring the AITCS and its elements, with the staff survey having 29 missing values and the program census missing 9. The mean for the program census

(*M*=4.14, *SD*=.74) was slightly higher than the staff survey (*M*=3.94, *SD*=.78) (see Table 29). This suggested that staff and managers feel that most of the time they have strong collaborative relationships.

	N	Mean	Std. Deviation
	Collaborative relationships[a]		
Staff survey	115	3.94	.78
Program census	58	4.14	.74

[a] Likert scale 1-5

Table 28: Collaborative relationships

7.5.2. Influence of program orientation and profession

Scores for this scale were then compared between social workers and lawyers and between legally oriented and social service oriented programs, in both the program census and staff survey data sets.

Program census

An independent-samples t-test was conducted to compare the AITCS scores for lawyers and social workers in the program census. There was no significant difference in how lawyers (*M*=4.35, *SD*=.52) and social workers (*M*=3.95, *SD*=.77, *t*(44)=1.99, *p*=.053, two-tailed) judged the collaborative relationships of their program (see Table 30).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
	Collaborative relationships[a]					
Program census	Social worker n=24	Lawyer n=22	.39 (.004, .787)	1.99 (44)	.053	.08
	3.95 (.77)	4.35 (.52)				
Staff survey	Social worker n=43	Lawyer n=43	.35 (-.68, -.02)	-2.113 (84)	.04*	.05
	3.82 (.72)	4.17 (.82)				

* p<.05; ** p<.01; [a] Likert scale 1-5

Table 29: Comparison of collaborative relationships between social workers and lawyers (independent t-tests)

The magnitude of the differences in the means (mean difference=.39, 95% *CI:*-.004 to .787) was moderate (eta squared=.08).

To further explore difference in this scale based on the two professions and three program orientations (Group 1: social workers in legally oriented programs; Group2: social workers in social service oriented programs; Group 3: social workers in independent programs; Group 4: lawyers in legally oriented programs; Group 5: lawyers in social service oriented programs; Group 6: lawyers in independent programs), one-way between-group analysis of variance was also conducted (see Table 31).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Program census[a]					
Social workers - legal orientations	14	3.79 (.92)	1.461 (5, 45)	.224	.15
Social workers - social service orientations	6	4.13 (.38)			
Social workers - independent programs	4	4.25 (.61)			
Lawyers - legal orientations	14	4.26 (.50)			
Lawyers - social service orientations	4	4.30 (.52)			
Lawyers - independent programs	4	4.7 (.60)			
Staff survey[a]					
Social workers - legal orientations	28	3.70 (.76)	1.746 (5, 85)	.134	.10
Social workers - social service orientations	13	4.01 (.62)			
Social workers - independent programs	2	4.3 (.42)			
Lawyers - legal orientations	28	4.28 (.68)			
Lawyers - social service orientations	9	3.86 (1.24)			
Lawyers - independent programs	6	4.17 (.66)			

* p<.05; ** p<.01; [a] Likert scale 1-5

Table 30: Comparison of collaborative relationships between profession and program orientation (one-way ANOVA)

There was no statistically significant difference in AITCS scores for the six groups: $F(5, 40)=1.46$, $p=.22$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was large. The effect size, calculated using eta squared, was .15. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was lawyers in independent orientations ($M=4.7$, $SD=.60$) and social workers in legal orientations ($M=3.80$, $SD=.92$).

Staff survey

An independent-samples t-test was also conducted to compare the AITCS scores for lawyers and social workers in the staff survey (see Table 30). There was a significant difference in the scores from social workers (*M*=3.82, *SD*=.72) and lawyers (*M*=4.17, *SD*=.82, *t*(84)=-2.113, *p*=.04, two-tailed). The magnitude of the differences in the means (mean difference=.35, 95% *CI:*-.68 to -.02) was small to moderate (eta squared=.05).

To further explore difference in this scale based on the two professions and three program orientations, one-way between-group analysis of variance was also conducted (see Table 31). There was no statistically significant difference in AITCS scores for the six groups: *F*(5, 80)=1.75, *p*=.13. Despite not reaching statistical significance, the actual difference in mean scores between the groups was medium. The effect size, calculated using eta squared, was .10. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was lawyers in legal orientations (*M*=4.28, *SD*=.68) and social workers in legal orientations (*M*=3.70, *SD*=.76).

This suggests that there may be a difference between lawyer and social worker experiences of collaborative relationships as reported in both the program census and the staff survey, with lawyers reporting a small to moderate increase in the AITCS over social workers. While the statistical significance in the staff survey but not the program census may be influenced by the smaller sample size, the medium to large difference between profession/program orientation groups suggests social workers in legally oriented programs experience the least collaborative relationships compared to lawyers in independent or legally oriented programs who experience the most. This difference may be expected as it is likely that social workers have had more exposure to collaborative relationships and therefore not ranked the relationships within these socio-legal collaborations as highly, compared to lawyers who may have had limited exposure to collaboration and therefore see these relationships as strong.

7.5.3. Influence on practice ethics

For staff survey respondents, the relationship between collaborative relationships and their Ethic of Care and Ethic of Justice in practice was also assessed.

The Ethic of Care (r=.171, n=112, p<.072) and the Ethic of Justice (r=.054, n=111, p<.575) both reported a weak positive correlation with collaborative relationships that was not statistically significant (see Table 32). When split for lawyers and social workers, lawyers showed weak negative correlations (Ethic of Care r=-.055, n=42, p<.730; Ethic of Justice r=-.079, n=41, p<.624), while social workers showed weak positive correlations (Ethic of Care r=.230, n=43, p<.138; Ethic of Justice r=.021, n=41, p<.895), none of which were statistically significant.

	Ethic of Justice (current) Correlation coefficient (*p*-value)	**Ethic of Care (current)** Correlation coefficient (*p*-value)
All staff	.054 (.575)	.171 (.072)
Lawyers	-.079 (.624)	-.055 (.730)
Social workers	.021 (.895)	.230 (.138)

* p<.05; ** p<.01

Table 31: of collaborative relationships scores and Ethic of Care/Ethic of Justice [correlation coefficient (p-value)] in staff survey

Each element of the Ethic of Care showed a positive but a weak correlation to collaborative relationships ranging from Context (r=.184, n=114, p<.050) to Relationships (r=.020, n=115, p<.834), with none being statistically significant (see Table 34). Lawyers had very weak but negative correlations to collaborative form, however social workers showed correlations very similar to the general staff cohort. The Ethic of Justice also showed weak correlations with collaborative relationships (see Table 33), ranging from Specificity (r=.221, n=114, p<.018) which was statistically significant, to Equality (r=-.084, n=115, p<.373), which was not statistically significant.

	Specificity Correlation coefficient (*p*-value)	**Rights** Correlation coefficient (*p*-value)	**Rules** Correlation coefficient (*p*-value)	**Equality** Correlation coefficient (*p*-value)	**Adversarialism** Correlation coefficient (*p*-value)
All staff	.221 (.018)*	.010 (.918)	.031 (.774)	-.084 (.373)	.071 (.454)
Lawyers	.280 (.069)	-.082 (.604)	-.126 (.427)	-.086 (.586)	-.091 (.563)
Social workers	.180 (.254)	-.046 (.773)	.008 (.961)	-.289 (.060)	.28-98 (.052)

* p<.05; ** p<.01

Table 32: Correlation of collaborative relationships and Ethic of Justice elements in staff survey

	Context Correlation coefficient (*p*-value)	Relationships Correlation coefficient (*p*-value)	Circumstance Correlation coefficient (*p*-value)	Equity Correlation coefficient (*p*-value)	Conciliation Correlation coefficient (*p*-value)
All staff	.184 (.050)	.020 (.834)	.135 (.153)	.064 (.496)	.149 (.113)
Lawyers	-.006 (.971)	-.217-9 (.159)	-.041 (.792)	-.037 (.817)	.253 (.102)
Social workers	.139 (.373)	.212 (.173)	.155 (.322)	.041 (.792)	.124 (.427)

* p<.05; ** p<.01

Table 33: Correlation of collaborative relationships and Ethic of Care elements in staff survey

These findings suggest that there is no strong relationship between collaborative relationships and practice ethics, with high levels of Ethic of Care or Ethic of Justice not necessarily aligned with strong collaborative relationships as measured by the AITCS. Lawyers and social workers however did report slight differences with lawyers more likely see a decrease in their Ethic of Care and Ethic of Justice scores as collaborative relationships were stronger and social workers an increase. This may be explained by the focus on relationships in social work practice and the willingness of this profession to embrace the practice of others when collaborating, compared to lawyers who may be somewhat resistant as collaborative relationships are not a traditional aspect of legal practice.

7.5.4. Influence of collaborative form

The AITCS measure of collaborative relationships was assessed in different collaborative forms. In the staff survey, collaborative relationships reported a weak positive correlation with collaborative form (r=.252, n=115, p<.001), while in the program survey this was reported as a weak to moderate positive correlation (r=.416, n=57, p<.000) both of which were statistically significant (see Table 35).

	Collaborative form – Program census Correlation coefficient (*p*-value)	Collaborative form – Staff survey Correlation coefficient (*p*-value)
All	.416 (.000)**	.252 (.001)**
Lawyers	.021 (.001)**	.335 (.007)**
Social workers	.187 (.253)	.139 (.258)

* p<.05; ** p<.01

Table 34: Correlation of collaborative relationships scores and collaborative form [correlation coefficient (p-value)]

This correlation was split by profession to understand if there was a difference between this relationship for lawyers and social workers. Lawyers showed a very weak correlation between collaborative form and collaborative relationships (Tb=.021, *n*=21, *p*=.001) which was statistically significant. Social worker managers however show a weaker positive correlation (Tb=.187, *n*=24, *p*=.253) which was not statistically significant (see Table 35).

One-way between-group analysis of variance was also used to understand the difference between the five collaborative forms. In the program census there was a statistically significant difference in AITCS scores for the five groups: *F*(4, 52)=4.71, *p*=.015 (using the Welch robust test of equality of means). This was also the case for the staff survey where there was a statistically significant difference in AITCS scores for the five groups: *F*(4, 110)=2.79, *p*=.03 (see Table 36).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Collaborative relationships (Program census)[a]					
Networking	4	2.55 (1.14)	10.447 (4, 56)	.015*	.45
Cooperation	11	4.05-8 (.49)			
Coordination	25	4.11 (.57)			
Coalition	5	4.46 (.42)			
Collaboration	12	4.65 (.46)			
Collaborative relationships (Staff survey) [a]					
Networking	7	3.49 (.70)	2.789 (4, 114)	.030*	.09
Cooperation	14	3.56 (.99)			
Coordination	72	3.95 (.70)			
Coalition	7	4.34 (1.09)			
Collaboration	15	4.29 (.61)			

* p<.05; ** p<.01; [a] Likert scale 1-5

Table 35: Comparison of variables between collaborative form (one-way ANOVA)

Reaching statistical significance in the program census, the actual difference in mean scores between the groups was large. The effect size, calculated using eta squared, was .45. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score between Networking (*M*=2.55, *SD*=1.14) and each of the other collaborative forms (cooperation *M*=4.08, *SD*=.50; coordination *M*=4.11, *SD*=.57; coalition *M*=4.46, *SD*=.42 and collaboration *M*=4.65, *SD*=.46), while there was not statistical difference between the other four collaborative forms (see Table 36). This also reached statistical significance in the staff survey, with the actual difference in mean scores between the groups being medium. The

effect size, calculated using eta squared, was .09. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score between Cooperation (*M*=3.56, *SD*=.99) and Collaboration (*M*=4.29, *SD*=.61) but it did not reach statistical significance (see Table 36).

These findings would suggest that in the program census and staff survey Networking as a collaborative form is the least associated with collaborative relationships, with much higher scores and very little difference between the other forms. The strength of the correlation is lower in the staff survey as compared to the program census, with the key distinction being for lawyers who in both the program census and the staff survey report moderate to strong correlations between collaborative form and relationships, suggesting for that profession collaborative form and relationships are integrated concepts.

7.6. SUMMARY

The findings outlined above demonstrate that beyond the nature of collaboration structures and forms, the way in which these forms are implemented and delivered within the workplace has an influence on the experience of working within them. If differences between professional groups are not clear and accepted by staff and management through supportive leadership and workplace culture, and instead require constant negotiation, this can lead to negative experiences and relationships where staff feel ineffectual, unsupported, powerless and disrespected. This is of particular significance for legal practitioners and legally oriented programs, where the perceived inherent power and control attributed to law, leaves them at risk of demoralising other collaborating disciplines and undermining collaborative efforts, if that power and control is left unchecked. The professional and personal relationships which develop within socio-legal collaborations are key to how the collaboration is perceived and promoted by its staff.

The inherent importance of relationships when describing the experience of working in socio-legal collaborations is a key finding of this qualitative data. On the AITC scale lawyers reported stronger collaborative relationships being evident in their programs than social workers. This may be due to the differences in professional exposure to collaboration, altering the standards that each profession may be expecting in these socio-legal settings,

however it may also reflect the stronger relationships fostered by social workers with lawyers compared to the relationships fostered by lawyers with social workers. The quantitative data also reflects a level of independence between collaborative form and relationships as suggested by the interviewees. The findings show a moderate to large difference between measures of collaborative relationships in programs of different forms, however this distinction is focused on Networking with other collaborative forms reporting very similar levels of collaborative relationships. A key distinction in the data, however, is the stronger positive correlation reported by lawyers over social workers which was statistically significant. This was even stronger in the program census and suggests an interconnectedness between form and relationships for this group. This may reflect the different experiences and collaborative relationships these professions have been exposed to. It is possible that lawyers are more attuned to program processes and deliverables, and as such the relationships they develop are also closely focused and influenced by these aspects of form and structure. Conversely social workers who have a profession focused on relationships may be able to experience relationships as more independent of process.

While the findings so far create a detailed image of what exists in the current landscape, the following chapter takes these foundations and explores how these forms of service delivery influence different professional practices. Experiences of change and influence on others are explored in order to understand in further detail their impact.

Chapter 8:
Practice change and influence in collaborative settings

The preceding findings chapters have detailed the nature of socio-legal collaborations in Australia, including who participates in them, the forms they take and the experience of working within these forms. The final findings chapter takes this detailed picture of the Australian socio-legal environment and uses it to further understand the influence these collaborations have on the social work and legal practice undertaken within them. Understanding change is central to both research questions 3 and 4 of the study, as it further expands upon the experience of working in these settings and directly goes to the influence different forms of collaboration may have on professional practices. The question of practice change was part of the semi-structured interviews under the theme of 'the experience of collaboration'. Three further indicators of change were also explored in the staff survey: perceived change in self, a self-reporting of change; influence on others, a respondent observation of change in others; and change in Ethic of Care and Ethic of Justice scores, measured by the reported difference in past and current scores of practice from collaborative and non-collaborative experiences. In this chapter, these measures of change are detailed and the findings for each set out for the study cohort as a whole. Further explorations of these findings are then detailed, examining distinctions in change between participant groups and correlations between change and program experience variables such as collaborative relationships and form. The final section draws on descriptions of change from the interview participants including changes in skill and ethics, and debates as to the degree of change collaboration can affect.

8.1. Measures of change

The staff survey includes three indicators of change. These looked to how respondents thought their own practice changed while working in collaboration, how they saw their practice influencing others, and the difference between past and current scores of ethical practice before and while in a collaborative program. Together these indicators provided both personally perceived sense of change in themselves and others, and more objective

measures of practice change over time. The following sections set out the three indicators and how they were administered in the staff survey.

8.1.1. Perceived Change in Self

In question 12 of the staff survey, respondents were asked three questions in relation to their perceptions of self-change, which were designed as potentially one scale of perceived self-change. These attended to how they may have changed on entry to the program, how they changed over time and their confidence in a practice approach:

1. I felt I had to change my practice theory or way of working when I joined the program.
2. The longer I am in the program, the more certain I am that my current practice theory is the right way of working.
3. I find my practice changing and becoming more similar to other professions in the program.

To align responses to the three questions along a scale of 'definitely no perception of change' to 'a strong perception of change', question 1 and 3 used the five-point Likert Scale (1=Strongly disagree, 5= Strongly agree), while question 2, which asks about resisting influence and change, used a five-point Likert Scale (1=Strongly agree, 5= Strongly disagree). In doing so for all questions a score of 1 equated to 'definitely no change' while a score of 5 equated to 'definite change'. A score of 3 on these questions has been considered as the neutral point between change and no change, with 1-2 being strength of no change and 4-5 being strength of change. For question 2 and 3, 15 respondents did answer, while for question 1, 14 respondents didn't complete the question.

The internal consistency between these three questions was calculated using Cronbach's Alpha, in order to understand if they could work as reliable scale of perceived change in self. This showed there was acceptable internal consistency between question 1 and question 3, producing a Cronbach alpha coefficient of .606, while there was a lower, questionable coefficient using all three questions in the scale (.482). This suggests that for this cohort, respondents felt there was a difference between change in practice and certainty of practice, and that for some respondents increased change could be found alongside increasing certainty in practice rather than associated with less certainty of practice. It may be that this middle question was interpreted to mean certainty in a changed practice as well

as certainty in an unchanged practice. On this basis question 1 and 3 where joined to make a Perceived Self Change Score which ranged from 2 to 10. The scale was then recoded to a five-point Likert scale to ensure consistency across measures.

8.1.2. Influence on others

Respondents were also asked as an item of question 12, how strongly they agreed with the statement below on a 5-point Likert scale (1=Strongly disagree, 5=Strongly agree):

> 1. I can see other professions or disciplines in the program taking on board my practice theory or way of working.

As set out above for Perceived Change in Self, a score of 3 on this question was considered neutral between change and no change, with 1-2 being strength of no change in others and 4-5 being strength of observed change in others. In this item of question 12, 15 respondents did not complete the question.

8.1.3. Change in Ethic of Justice and Ethic of Care

To establish a change in Ethic of Justice and Ethic of Care oriented practice, the current scores of these scales and their individual elements (as set out in Chapter 5) were compared to the respondents' reporting of Ethic of Care and Ethic of Justice in a past non-collaborative workplace or program. These scores were used as past and current measures of their collaborative experience, with the difference between them a quantified increase in positive or negative change. Both scales and individual elements were assessed, establishing overall changes in practice ethics and if this change was concentrated in particular ethical elements. A key limitation of this calculation of change is the historical nature of the past measure. As this is not a true pre/post testing of the Ethic of Care and Ethic of Justice in different settings, these findings are more indicative perceptions of change, particularly for those who have been in collaborative programs for many years and for whom an experience of non-collaborative work would have been significantly in the past.

8.2. Findings of change

Across these three indicators there were varied findings which suggest that while respondents did report practice change, focused in particular elements of the Ethic of Care and Ethic of Justice, they also displayed a potentially conflicting sense of personal change as

opposed to observed change in others. The following sections set out the findings for each indicator based on the whole of study cohort.

8.2.1. Perceived Change in Self and Influence on Others

Using the Perceived Change in Self measure, respondents did not perceive change in their practice (*M*=2.73, *SD*=.98), scoring only just less than three suggesting this lack of change was not felt strongly (see Table 37).

Despite not having a strong sense of their own practice change, however, respondents did report a stronger sense of their participation in the collaboration having an influence on the professions around them.

On this scale respondents reported a level of agreement with the statement (*M*=3.40, *SD*=.82) with only 9.7% strongly disagreeing or disagreeing with the statement, compared to 43.1% of respondents strongly agreeing or agreeing with the statement (see Table 36).

	N	Mean	Std. Deviation
Perceptions of change scale[a]			
Perceived change in self	129	2.73	.98
Influence on others[a]			
Influence on others	129	3.40	.82
Change in Ethic of Care elements[b]			
Context	85	.58	2.22
Relationships	85	.87	2.14
Circumstance	83	.14	1.58
Equity	83	.34	1.22
Conciliation	85	.21	1.34
Change in Ethic of Justice elements[b]			
Specificity	86	.17	2.06
Rights	83	1.05	1.74
Rules	85	.31	1.27
Equality	83	.33	1.18
Adversarialism	85	.33	1.30
Change in Ethic of Care scale[b]			
Change in Ethic of Care	80	.38	1.12
Change in Ethic of Justice scale[b]			
Change in Ethic of Justice	79	.41	.91

[a] Likert scale 1-5; [b] Likert scale 1-7; difference in means between pre and post scores

Table 36: Variables of change from working in collaboration

The contradiction established in respondents' subjective perceptions of change, whereby they reported no personal change but did report an influence on others, indicates the value

of more objective measures of practice change, as measured by change in Ethic of Care and Ethic of Justice scores.

8.2.2. Change in Ethic of Justice and Ethic of Care

The study found that respondents reported an increased focus on both the Ethic of Care and Ethic of Justice in their practice as a result of working in collaboration (Ethic of Care: *M*=.38, *SD*=1.12; Ethic of Justice: *M*=.41, *SD*=.91) with strong increases in the Relationships (*M*=.87, *SD*=2.14) and Rights (*M*=1.05, *SD*=1.74) elements (see Table 36).

For the scales, a paired-samples t-test was conducted to evaluate the size and significance of this change. There was a statistically significant increase in both the Ethic of Justice and Ethic of Care scores from past practice to current practice (Ethic of Justice past *M*=5.23, *SD*=.91; current *M*=5.63, *SD*=.76, t(78)=-3.98, p<.000; Ethic of Care past *M*=5.34, *SD*=.97; current *M*=5.71, *SD*=.76, t(79)=3.05, p<.003) (see Table 37).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
			All			
Ethic of Justice scale	Pre n=79	Post n=79	.41 (.61, .20)	3.983 (78)	.000**	.17
	5.23 (.91)	5.63 (.76)				
Ethic of Care scale	Pre n=80	Post n=80	.39 (.63, .13)	3.052 (79)	.003**	.11
	5.34 (.97)	5.72 (.76)				
			Social Workers			
Ethic of Justice scale	Pre n=28	Post n=28	.06 (-.22, .35)	.464 (27)	.646	.01
	5.45 (.72)	5.51 (.62)				
Ethic of Care scale	Pre n=31	Post n=31	-.21 (-.61, .20)	-1.034 (30)	.309	.04
	5.87 (.67)	5.66 (.80)				
			Lawyers			
Ethic of Justice scale	Pre n=28	Post n=28	.46 (.12, .81)	2.778 (27)	.010*	.23
	5.37 (.92)	5.84 (.73)				
Ethic of Care scale	Pre n=29	Post n=29	1.03 (.66, 1.40)	5.684 (28)	.000**	.54
	4.90 (1.05)	5.93 (.58)				

* p<.05; ** p<.01; Likert scale 1-7

Table 37: Comparison of past and present scores of Ethic of Care and Ethic of Justice scales (paired t-test)

The eta squared statistics for the Ethic of Justice (.17) indicated a large effect size and the Ethic of Care (.11) indicated a medium effect size (see Table 37).

Considering the individual elements of the ***Ethic of Justice***, respondents showed an increase across all five elements with Rights seeing the largest change (*M*=1.05, *SD*=1.74) and Specificity seeing the smallest (*M*=.17, *SD*=2.06) (see Table 38).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
Ethic of Justice elements						
Specificity	Pre n=86	Post n=86	.17 (-.27, .62)	.783 (85)	.436	.01
	5.78 (1.67)	5.95 (1.25)				
Rights	Pre n=83	Post n=83	1.05 (.67, 1.43)	5.493 (82)	.000**	.27
	4.91 (1.75)	5.96 (1.12)				
Rules	Pre n=85	Post n=85	.31 (.03, .58)	2.216 (84)	.029*	.06
	5.46 (1.41)	5.76 (1.30)				
Equality	Pre n=83	Post n=83	.33 (.07, .58)	2.511 (82)	.014*	.07
	4.67 (1.59)	5.00 (1.53)				
Adverarialism	Pre n=85	Post n=85	.33 (.05, .61)	2.329 (84)	.022*	.06
	5.14 (1.51)	5.47 (1.35)				
Ethic of Care elements						
Context	Pre n=85	Post n=85	.58 (.10, 1.05)	2.398 (84)	.019*	.06
	5.40 (1.81)	5.98 (1.33)				
Relationships	Pre n=85	Post n=85	.87 (.41, 1.33)	3.746 (84)	.000**	.14
	4.02 (2.05)	4.89 (1.15)				
Circumstance	Pre n=83	Post n=83	.144 (-.20, .50)	.835 (82)	.406	.01
	5.63 (1.43)	5.77 (1.34)				
Equity	Pre n=83	Post n=83	.34 (.07, .60)	2.514 (82)	.014*	.07
	5.61 (1.40)	5.95 (1.14)				
Conciliation	Pre n=85	Post n=85	.21 (-.08, .50)	1.460 (84)	.148	.02
	5.84 (1.15)	6.05 (.97)				

* p<.05; ** p<.01; Likert scale 1-7

Table 38: Comparison of past and present scores of Ethic of Care and Ethic of Justice elements (paired t-test)

A paired-samples t-test was conducted to evaluate the impact of the moving to collaborative practice on the respondents' scores. There was a statistically significant

increase in Ethic of Justice scores from past practice to current practice for Rights (past *M*=4.92, *SD*=1.75; current *M*=5.96, *SD*=1.12, t(82)=5.49, p<.000), Rules (past *M*=5.46, *SD*=1.41; current *M*=5.76, *SD*=1.30, t(84)=2.21, p<.029), Equality (past *M*=4.67, *SD*=1.59; current *M*=5.00, *SD*=1.53, t(82)=2.51, p<.014*)* and Adversarialism (past *M*=5.14, *SD*=1.50; current *M*=5.47, *SD*=1.35, t(84)=2.33, p<.022). There was a change that was not statistically significant for Specificity (past *M*=5.78, *SD*=1.67; current *M*=5.95, *SD*=1.25, t(85)=.78, p<.436). The eta squared statistics for Rights (.27) indicated a large effect size, while the statistics for Rules (.06), Equality (.07) and Adversarialism (.06) indicated a moderate effect size, and the statistic for Specificity (.01) indicates a small effect size (see Table 38).

For elements of the ***Ethic of Care***, respondents showed an increase across all five with Relationships seeing the largest change (*M*=.87, *SD*=2.14) and Circumstance seeing the smallest (*M*=.14, *SD*=1.58) (see Table 38). A paired-samples t-test was conducted to evaluate the impact of the moving to collaborative practice on the respondents' scores. There was a statistically significant increase in Ethic of Care scores from past practice to current practice for Context (past *M*=5.40, *SD*=1.81; current *M*=5.98, *SD*=1.33, t(84)=2.40, p<.019), Relationships (past *M*=4.02*, SD*=2.05; current *M*=4.90, *SD*=1.51, t(84)=3.75, p<.000), and Equity (past *M*=5.61, *SD*=2.05; current *M*=5.95, *SD*=1.14, t(82)=2.51, p<.014*).* There was an increase that was not statistically significant for Circumstance (past *M*=5.63, *SD*=1.43; current *M*=5.77, *SD*=1.34, t(82)=.83, p<.406) and Conciliation (past *M*=5.84, *SD*=1.15; current *M*=6.05, *SD*=.97, t(84)=1.46, p<.148) (see Table 39). The eta squared statistics for Relationships (.14) indicated a large effect size, while Context (.06) and Equity (.07) indicated a moderate effect size, and Circumstance (.01) and Conciliation (.02) indicated a small effect size.

These findings suggest that across the study cohort, while respondents did not perceive change in themselves, they were aware of changes occurring in others around them. This change was also reflected in collaborative work having a moderate to strong impact on both the Ethic of Care and Ethic of Justice of staff, with the paired elements of Rights and Relationships showing the strongest increase. This was also a positive change, suggesting that working in collaboration strengthens rather than weakens both the Ethic of Care and the Ethic of Justice, and that for this cohort these two sets of practice ethics can exist simultaneously, as opposed to one cancelling the other out.

8.3. Influential factors in measures of change

While these measures are indicative of change across the entire study cohort, consideration of the different demographic, professional and program groups within the cohort suggests that working in collaboration produces change in some more than others.

The Influence on Others measure was consistently reported with no substantial or statistically significant variations across professions, program orientation and collaborative forms (see Appendix 8 for full calculations). Across the remaining two indicators of change, program experience and employment experience were also found to have no large or statistically significant influence on how survey respondent reported perceived or actual change (full calculations for these variables are set out in Appendix 8). Although it is worth noting that in Perceptions of Change in Self, those with 10+ years in the program (*M*=3.00, *SD*=1.01) and those with 1-4 years of professional experience (*M*=3.04, *SD*=.94) reported the highest levels of perceived change (see Table 39), which may be expected in groups with long exposure to collaboration and those with less exposure to traditional professional norms.

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Program employment length					
Less than 6 months	10	2.65 (1.03)	.739 (5, 107)	.569	.03
6 months – 1 year	28	2.86 (1.10)			
1-2 years	15	2.83 (1.20)			
2-5 years	26	2.58 (1.00)			
5-10 years	21	2.45 (.86)			
10+ years	13	3.00 (1.01)			
Professional experience					
Less than 1 year	7	2.78 (.91)	1.601 (5, 122)	.165	.06
1-4 years	28	3.04 (.94)			
5-9 years	32	2.80 (.93)			
10-14 years	21	2.74 (1.10)			
15-19 years	15	2.63 (1.06)			
20+ years	25	2.30 (.90)			

* p<.05; ** p<.01; Likert scale 1-5

Table 39: Comparison of Perceived change of self scale between variables (one-way ANOVA)

There were however, differences in the reports of change between different professions and program orientations and relationships between these change measures and reported

levels of collaborative relationships and collaborative form. The following sections detail the differences between groups and the relationship between these two change indicators and other variables.

8.3.1. Profession and program orientation

8.3.1.1. Perceived Change in Self

When considered by profession, the perception of change was more apparent in lawyers (*M*=2.97, *SD*=1.04) as compared to social workers (*M*=2.36, *SD*=.86) with lawyers approaching the neutral score of 3, however both professions still disagreed that there was change.

An independent-samples t-test was conducted to compare the Perceived Change Scale for lawyers and social workers (see Table 40). There was a statistically significant difference between lawyers (*M*=2.97, *SD*=1.04) and social workers (*M*=2.36, *SD*=.86; *t*(94)=-3.111, *p*=.002). The magnitude of the differences in the means (mean difference=-.61, 95% *CI:*-1.00 to -.22) was moderate (eta squared=.09).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
Perceived change in self	Social worker n=47	Lawyer n=49	-.61 (-1.00, -.22)	3.111 (94)	.002**	.09
	2.36 (.86)	2.97 (1.04)				

* p<.05; ** p<.01; Likert scale 1-5

Table 40: Comparison of perceived change in self between social workers and lawyers (independent t-test)

To further explore difference in this scale based on the two professions and three program orientations, one-way between-group analysis of variance was also conducted. There was a statistically significant difference in Perceived Change Scale scores for the six groups: *F*(5, 30)=2.34, *p*=.049 (see Table 42). Reaching statistical significance, the actual difference in mean scores between the groups was medium. The effect size, calculated using eta squared, was .12. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was lawyers in legal orientations (*M*=3.03, *SD*=1.02) who felt there was

some change and social workers in legal orientations (*M*=2.40, *SD*=.92) who more strongly felt there was not (see Table 41).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Profession and program orientation					
Social workers - legal orientations	30	2.40 (.92)	2.34 (5, 88)	.049*	.12
Social workers - social service orientations	13	2.38 (.71)			
Social workers - independent programs	2	1.25 (.35)			
Lawyers - legal orientations	29	3.03 (1.02)			
Lawyers - social service orientations	9	2.67 (1.00)			
Lawyers - independent programs	6	2.75 (1.44)			

* p<.05; ** p<.01; Likert scale 1-5

Table 41: Comparison of Perceived change on self scale between profession/orientation (one-way ANOVA)

While both professions felt they had not changed while working in socio-legal collaborations, this was felt more strongly by social workers, with lawyers in legally oriented organisations the most likely to admit any change in practice.

8.3.1.2. Change in Ethic of Care and Ethic of Justice scales

Reported Change in Ethic of Care and Ethic of Justice were also considered in relation to profession and program orientation, with lawyers showing increased change as compared to social workers and both professions responding differently to program orientation.

A paired samples t-test was conducted to evaluate the impact of collaboration for lawyers and social workers. There was a statistically significant increase in both the Ethic of Justice and Ethic of Care scores from past practice to current practice for lawyers (Ethic of Justice past *M*=5.73, *SD*=.92; current *M*=5.84, *SD*=.73, t(27)=2.778, p<.010; Ethic of Care past *M*=4.90, *SD*=1.05; current *M*=5.93, *SD*=.58, t(28)=5.684, p<.000). The eta squared statistics for both the Ethic of Justice (.23) and Ethic of Care (.54) indicated a large effect size (see Table 42). For social workers there was no statistically significant change in either the Ethic of Justice and Ethic of Care scores from past practice to current practice, however there was reported decrease in Ethic of Care scores (Ethic of Justice past *M*=5.45, *SD*=.72; current *M*=5.51, *SD*=.62, t(27)=.464, p<.646; Ethic of Care past *M*=5.87, *SD*=.67; current *M*=5.66,

SD=.80, t(30)=-1.034, p<.309). The eta squared statistics for the Ethic of Justice (.01) indicated a small effect size and the Ethic of Care (.04) indicated a small to medium effect size (see Table 42).

Independent-samples t-tests were also conducted to compare the Change in Ethic of Justice and Change in Ethic of Care scores for lawyers and social workers (see Table 42). For the Change in Ethic of Care there was a statistically significant difference in the scores for lawyers (*M*=1.03, *SD*=.97) and social workers (*M*=-.21, *SD*=1.11, *t*(58)=-4.56, *p*=.000, two-tailed). For the Change in Ethic of Justice there was no significant difference in the scores for lawyers (*M*=.46, *SD*=.88) and social workers (*M*=.06, *SD*=.73, *t*(54)=-1.84, *p*=.071, two-tailed). The magnitude of the social worker and lawyers' differences in the means for the Change in Ethic of Care (mean difference=-1.23, 95% *CI:*-1.76 to -.69) was large (eta squared=.26). The magnitude of the social worker and lawyer differences in the means for the Change in Ethic of Justice (mean difference=-.40, 95% *CI:*-.84 to .04) was moderate (eta squared=.06).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
Change in Ethic of Care	Social worker n=31	Lawyer n=29	-1.23 (-1.76, -.69)	-4.56 (58)	.000**	.26
	-.21 (1.11)	1.03 (.97)				
Change in Ethic of Justice	Social worker n=28	Lawyer n=28	-.40 (-.84, .04)	-1.84 (54)	.071	.06
	.06 (.73)	.46 (.88)				

* p<.05; ** p<.01; Likert scale 1-7

Table 42: Comparison of change in Ethic of Care and Ethic of Justice between social workers and lawyers (independent t-test)

To further explore difference in these scales based on the two professions and three program orientations, one-way between-group analysis of variance were also conducted. For the Change in Ethic of Care, there was a statistically significant difference in Change in Ethic of Care scores for the six groups: *F*(5, 54)=4.442, *p*=.002. Reaching statistical significance, the actual difference in mean scores between the groups was large. The effect size, calculated using eta squared, was .29 (see Table 43).

For the Change in Ethic of Justice, there was no statistically significant difference in Change in Ethic of Justice scores for the six groups: *F*(5, 40)=1.46, *p*=.22. Despite not reaching

statistical significance, the actual difference in mean scores between the groups was large. The effect size, calculated using eta squared, was .19 (see Table 43).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Change in Ethic of Care scale					
Social workers - legal orientations	22	-.30 (1.29)	4.442 (5, 54)	.002**	.29
Social workers - social service orientations	8	.05 (.46)			
Social workers - independent programs	1	-.20 (-)			
Lawyers - legal orientations	17	1.11 (.99)			
Lawyers - social service orientations	8	.67 (.80)			
Lawyers - independent programs	4	1.40 (1.24)			
Change in Ethic of Justice scale					
Social workers - legal orientations	19	.08 (.69)	2.284 (5, 55)	.060	.02
Social workers - social service orientations	8	.20 (.73)			
Social workers - independent programs	1	-1.40 (-)			
Lawyers - legal orientations	16	5.78 (.98)			
Lawyers - social service orientations	8	.03 (.68)			
Lawyers - independent programs	4	.90 (.53)			

* p<.05; ** p<.01; Likert scale 1-7

Table 43: Comparison of Change in Ethic of Care scale between variables (one-way ANOVA)

This would suggest that change in practice ethics is far more evident and larger for lawyers as compared to social workers. While there was less difference in how Ethic of Justice changed for lawyers and social workers, there was a significant difference between their movement in the Ethic of Care, with lawyers reporting a significant increase and social workers a decrease. This social work decrease would seem to be particularly evident in legally oriented programs, however unexpectedly for lawyers this setting produced higher increases in Ethic of Care than social service oriented programs.

8.3.1.3. Change in Ethic of Care and Ethic of Justice elements

When change in the separate elements of the ***Ethic of Justice*** are considered by profession, only social workers reported any decrease in the elements, being Specificity (mean decrease=-.29, *SD*=1.77) and Adversarialism (mean decrease=-.29, *SD*=1.24) (see Table 44).

Using a paired-samples t-test and eta squared statistic for these results however showed that while the decrease in Specificity (.03) was a small to moderate effect size and the decrease in Adversarialism (.06) was a moderate effect size, neither were statistically

significant. The largest effect sizes when considered by profession were for the increases reported by lawyers in Rights (.30), Rules (.25), and Adversarialism (.33), all of which were large and statistically significant (see Table 44).

	M (SD)		*Mean difference (95% CI)*	*t-statistic (df)*	*P- value*	*eta-squared*
		Social Workers				
Specificity	Pre n=31	Post n=31	-.29 (-.94, .36)	-.911 (30)	.369	.03
	6.32 (1.01)	6.03 (1.25)				
Rights	Pre n=29	Post n=29	.55 (-.03, 1.13)	1.947 (28)	.062	.12
	5.14 (1.46)	5.69 (1.31)				
Rules	Pre n=31	Post n=31	.13 (-.33, .59)	.571 (30)	.572	.01
	5.45 (1.41)	5.58 (1.45)				
Equality	Pre n=30	Post n=30	.10 (-.31, .51)	.501 (29)	.620	.01
	4.83 (1.49)	4.93 (1.36)				
Adverarialism	Pre n=31	Post n=31	-.29 (-.75, .17)	-1.30 (30)	.204	.06
	5.61 (1.38)	5.32 (1.37)				
		Lawyers				
Specificity	Pre n=31	Post n=31	-.13 (-.70, .96)	.318 (30)	.753	.00
	6.00 (1.80)	6.13 (.99)				
Rights	Pre n=30	Post n=30	1.10 (.45, 1.74)	3.485 (29)	.002**	.30
	5.23 (1.98)	6.33 (.76)				
Rules	Pre n=30	Post n=30	.63 (.21, 1.05)	3.072 (29)	.005**	.25
	5.50 (1.43)	6.13 (.97)				
Equality	Pre n=30	Post n=30	.43 (-.03, .90)	1.898 (29)	.068	.00
	4.63 (1.79)	5.07 (1.74)				
Adverarialism	Pre n=31	Post n=31	.87 (.41, 1.33)	3.855 (30)	.001**	.33
	4.81 (1.54)	5.68 (1.47)				

* p<.05; ** p<.01; Likert scale 1-7

Table 44: Comparison of past and present scores of Ethic of Justice elements by profession (paired t-test)

This decrease for social workers in Specificity and Adversarialism was evident across all three forms of program orientation, however more significant increases in Rights were reported in social service and legally oriented programs. For lawyers Rights increased significantly in legal and independent programs but decreased in social service oriented

settings. Specificity also increased in legal programs but decreased more substantially in social service orientations and independent programs (see Table 45).

	Specificity *Mean (SD)*	Rights *Mean (SD)*	Rules *Mean (SD)*	Equality *Mean (SD)*	Adversarialism *Mean (SD)*
Social workers - legal orientations (*n*=22)	-.22 (1.87)	.60 (1.43)	.05 (1.29)	.09 (.62)	-.27 (1.28)
Social workers - social service orientations (*n=8*)	-.13 (1.35)	.63 (1.84)	.38 (1.30)	.25 (1.91)	-.13 (1.13)
Social workers - independent programs (*n=1*)	-3.00 (-)	-1.00 (-)	.00 (-)	-1.00 (-)	-2.00 (-)
Lawyers - legal orientations (*n=19*)	.79 (2.62)	1.50 (1.89)	.78 (1.22)	.22 (1.31)	.89 (1.37)
Lawyers - social service orientations (*n=8*)	-1.00 (.93)	-.13 (.35)	.13 (.83)	.50 (1.07)	63 (1.06)
Lawyers - independent programs (*n=4*)	-.75 (.96)	1.75 (1.71)	1.00 (1.15)	1.25 (1.26)	1.25 (1.26)

Table 45: Change in Ethic of Justice elements for professions/program orientations

When considering change in the ***Ethic of Care*** by profession (see Table 46), only social workers saw a decrease in any of the Ethic of Care elements. Social workers saw a decrease in Context (mean decrease=-.52, *SD*=2.25), Circumstance (mean decrease=-.48, *SD*=1.63 and Conciliation (mean decrease=-.13, *SD*=1.23). Using a paired-samples t-test and eta squared statistic for these results showed that the social worker decrease in Context (.05) was a small to moderate effect size, their decrease in Circumstance (.08) was moderate and their decrease in Conciliation (.01) was only a small effect size, and none of these effects were statistically significant. Lawyers showed large effect sizes in their increases across all five elements, Context (.47), Relationships (.43), Circumstance (.19), Equity (.28) and Conciliation (.14), which were all statistically significant. This suggests working in collaboration had a far more significant influence on both the Ethic of Care and Ethic of Justice elements of lawyer over social worker practice.

These decreases for social workers were more evident when working in legally oriented programs with substantial decreases in Context, Circumstance and Conciliation as compared to social service oriented programs where only Context was decreased (see Table 47).

	M (SD)		Mean difference (95% CI)	t-statistic (df)	P- value	eta-squared
Social Workers						
Context	Pre n=31	Post n=31	-.52 (-1.34, .31)	-1.278 (30)	.211	.05
	6.26 (1.32)	5.74 (1.59)				
Relationships	Pre n=31	Post n=31	.10 (-.57, .76)	.297 (30)	.768	.00
	4.90 (1.81)	5.00 (1.57)				
Circumstance	Pre n=31	Post n=31	-.48 (-1.08, .11)	-1.652 (30)	.109	.08
	5.97 (1.11)	5.48 (1.50)				
Equity	Pre n=31	Post n=31	.00 (-.43, .43)	.000 (30)	1.000	.00
	6.03 (1.08)	6.03 (.87)				
Conciliation	Pre n=31	Post n=31	-1.30 (-.58, .32)	-.583 (30)	.564	.01
	6.19 (.83)	6.06 (1.03)				
Lawyers						
Context	Pre n=31	Post n=31	1.81 (1.10, 2.52)	5.186 (30)	.000**	.47
	4.45 (2.10)	6.26 (1.00)				
Relationships	Pre n=31	Post n=31	1.80 (1.03, 2.58)	4.780 (30)	.000**	.43
	3.06 (1.95)	4.87 (1.54)				
Circumstance	Pre n=30	Post n=30	.77 (.16, 1.38)	2.571 (29)	.016*	.19
	5.40 (1.69)	6.17 (.95)				
Equity	Pre n=29	Post n=29	.79 (.30, 1.28)	3.305 (28)	.003**	.28
	5.41 (1.59)	6.21 (1.08)				
Conciliation	Pre n=31	Post n=31	.58 (.05, 1.11)	2.221 (30)	.034*	.14
	5.61 (1.28)	6.19 (.98)				

* p<.05; ** p<.01; Likert scale 1-7

Table 46: Comparison of past and present scores of Ethic of Care elements by profession (paired t-test)

For lawyers the increased change in each element was greater when they were located in legally oriented programs as compared to social service oriented programs, with the exception of Circumstance where the change was greater in social service programs. Substantial increases were found in Context and Relationships across the program orientations (see Table 44).

	Context *Mean (SD)*	Relationships *Mean (SD)*	Circumstance *Mean (SD)*	Equity *Mean (SD)*	Conciliation *Mean (SD)*
Social workers - legal orientations (*n*=22)	-.68 (2.44)	.14 (2.12)	-.77 (1.74)	.00 (1.11)	-1.8 (1.40)
Social workers - social service orientations (*n=8*)	-.13 (1.89)	.00 (.76)	.38 (1.06)	.00 (1.51)	.00 (.76)
Social workers - independent programs (*n=1*)	.00 (-)	.00 (-)	-1.00 (-)	.00 (-)	.00 (-)
Lawyers - legal orientations (*n=19*)	2.21 (2.10)	2.16 (2.32)	.56 (1.20)	.71 (.99)	.84 (1.46)
Lawyers - social service orientations (*n=8*)	1.25 (1.49)	.88 (1.36)	.75 (2.12)	.38 (1.19)	.13 (1.36)
Lawyers - independent programs (*n=4*)	1.00 (1.83)	2.00 (2.16)	1.75 (2.36)	2.00 (2.16)	.25 (1.71)

Table 47: Change in Ethic of Care elements for professions/program orientations

This suggests a distinct difference between social workers and lawyers in relation to change. While social workers report that working in social service organisations whose orientation is aligned with their own practice mediates the change they experience, lawyers seem to experience the opposite where alignment increases their reports of change.

8.3.2. Collaborative form and collaborative relationships

8.3.2.1. Perceived Change in Self

While collaborative form was found to not have any large or statistically significant influence on Perceived Change in Self scores (see Appendix 8 for full calculation), there were variations based on scores of collaborative relationships. Measures of collaborative relationships using the AITCS showed a very weak negative correlation (r=-.155, n=114, p<0.100) between this and respondents' Perceived Change in Self score, which was not statistically significant (see Table 48). However, when these correlations are split into professions there is more distinction between them. Social workers have a weak to moderate negative correlation between their Perceived Change in Self score and the collaborative relationships scale (r=-.382, n=43, p<0.011) which is statistically significant. Lawyers have a much weaker negative correlation (r=-.112, n=42, p<0.480) but it was not statistically signficant (see Table 48).

	Perceived change in self Correlation coefficient (*p*-value)
All staff	-.155 (.100)
Lawyers	-.112 (.480)
Social workers	-.382 (.011)*
Social workers in legally oriented programs	-.558 (.002)**
Social workers in social service oriented programs	.364 (.222)
Social workers in independent programs	-1.00 (-)
Lawyers in legally oriented programs	-.233 (.243)
Lawyers in social service oriented programs	.218 (.572)
Lawyers in independent programs	-.624 (.185)

* p<.05; ** p<.01

Table 48: Correlation of collaborative relationships and perceived change in self [correlation coefficient (p-value)] in staff survey

When also considered by program orientation, socials workers in legal oriented programs reported a much stronger negative correlation between Perceived Change and collaborative relationships (r=-.558, n=28, p<0.002), while lawyers in social service oriented programs reported a weak positive correlation between Perceived Change and collaborative relationships (r=-.233, n=27, p<0.243) compared to lawyers in independently oriented programs reported a strong negative relationship between Perceived Change and collaborative relationships (r=-.624, n=6, p<0.185) (see Table 48).

This suggests that while lawyers and social workers may be working in programs with strong collaborative relationships, this does not necessarily mean that they perceive their practice to be changing in this environment, with social workers in legal settings particularly feeling the more collaborative the relationships of their program, the less their practice changes.

8.3.2.2. Change in Ethic of Justice and Ethic of Care

Both collaborative form and collaborative relationships were considered as potential influences on the change reported in both Ethic of Care and Ethic of Justice scales and their elements, with the findings suggesting that lawyers are more influenced by form in their practice change, while social workers are more influenced by relationships.

At a cohort level there was no significant differences across the five collaborative forms (see Table 49). Neither form nor relationships showed more than a weak correlation with change in either the scales or elements and only some of these weak correlations were found to be statistically significant (All collaborative relationships and changing Ethic of Care: r=.364, n=78, p<.001; Lawyers collaborative form and changing Ethic of Care: Tb=.316, *n*=29, *p*=.035) (see Table 50). There were also no significant differences between professions as groups in relation to these correlations, all were weak to very weak (see Appendix 8 for full calculations).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Change in Ethic of Care					
Networking	3	-.20 (1.39)	.604 (4, 74)	.661	.03
Cooperation	10	.22 (.43)			
Coordination	51	.39 (1.17)			
Coalition	6	.17 (1.72)			
Collaboration	9	.80 (.94)			
Change in Ethic of Justice					
Networking	3	.87 (1.53)	1.120 (4, 74)	.354	.06
Cooperation	10	.76 (1.07)			
Coordination	51	.25 (.89)			
Coalition	5	.64 (.64)			
Collaboration	9	.60 (.75)			

* p<.05; ** p<.01; Likert scale 1-7

Table 49: Comparison of Change in Ethic of Care scale between variables (one-way ANOVA)

Lawyers however did report some moderate to strong correlations in all three program orientations for collaborative form and in independent programs for collaborative relationships (see Table 50). The positive weak to moderate correlations between change in the Ethic of Care and collaborative form were found to be statistically significant (legally oriented: Tb=.401, *n*=4, *p*=.045; social service oriented: Tb=.653, *n*=4, *p*=.046).

	Change in Ethic of Care scale Correlation coefficient (*p*-value)	Change in Ethic of Justice scale Correlation coefficient (*p*-value)
Collaborative form		
All staff	.109 (.222)	-.003 (.975)
All Lawyers	.274 (.150)	.267 (.083)
All Social workers	.009 (.952)	.030 (.847)
Social workers in legally oriented programs	-.093 (.596)	-.200 (.300)
Social workers in social service oriented programs	.248 (.455)	.420 (.190)
Social workers in independent programs	-1.00 (-)	-1.00 (-)
Lawyers in legally oriented programs	.401 (.045)*	.259 (.216)
Lawyers in social service oriented programs	.653 (.046)*	.055 (.866)
Lawyers in independent programs	-.816 (.121)	-.816 (.121)
Collaborative relationships		
All – Staff survey	.364 (.001)**	.186 (.106)
All Lawyers – Staff survey	.274 (.150)	.368 (.054)
All Social workers – Staff survey	.350 (.058)	-.003 (.988)
Social workers in legally oriented programs	.436 (.048)*	.263 (.291)
Social workers in social service oriented programs	-.207 (.622)	-.274 (.512)
Social workers in independent programs	-1.00 (-)	-1.00 (-)
Lawyers in legally oriented programs	.407 (.057)	.406 (.118)
Lawyers in social service oriented programs	.160 (.705)	.327 (.429)
Lawyers in independent programs	-.797 (.203)	-.527 (.473)

* p<.05; ** p<.01

Table 50: Correlation of collaborative form and change variables by profession/program orientation in staff survey

Across the elements of Ethic of Care and Ethic of Justice all correlations were weak to very weak with some showing statistical significance. The exception to this was social workers who reported a moderate positive correlation between collaborative relationships and Relationships in the Ethic of Care (Tb=.556, *n*=29, *p*=.001) (see Tables 51 and 52).

This suggests that neither collaborative form nor collaborative relationships have a substantial influence on change in practice ethics. Lawyers in legally oriented and social service oriented programs however are more likely to report an increased Ethic of Care when in programs with more collaborative forms. For social workers the most influential factor would be collaborative relationships, where if these are strong, they are more likely to report an increase in the Relationship element of Ethic of Care, as opposed to the scale more broadly.

	Specificity Correlation coefficient (*p*-value)	Rights Correlation coefficient (*p*-value)	Rules Correlation coefficient (*p*-value)	Equality Correlation coefficient (*p*-value)	Adversarialism Correlation coefficient (*p*-value)
All					
Collaborative form	-.128 (.158)	-.167 (.073)	.004 (.962)	.057 (.556)	.057 (.546)
Collaborative relationships	.174 (.113)	.100 (.373)	.078 (.485)	-.077 (.496)	.155 (.161)
Lawyers					
Collaborative form	-.046 (.764)	.087 (.583)	.298 (.069)	.111 (.491)	.313 (.048)*
Collaborative relationships	.285 (.120)	.279 (.135)	.254 (.176)	-.001 (.995)	.157 (.400)
Social workers					
Collaborative form	.016 (.918)	-.306 (.053)	-.162 (.300)	.324 (.047)*	.037 (.813)
Collaborative relationships	.085 (.656)	.067 (.734)	-.053 (.782)	-.442 (.016)*	.117 (.538)

* p<.05; ** p<.01

Table 51: Correlations of Change in Ethic of Justice elements with other variables

	Context Correlation coefficient (*p*-value)	Relationships Correlation coefficient (*p*-value)	Circumstance Correlation coefficient (*p*-value)	Equity Correlation coefficient (*p*-value)	Conciliation Correlation coefficient (*p*-value)
All					
Collaborative form	-.038 (.673)	-.018 (.841)	.220 (.021)*	.063 (.514)	.165 (.084)
Collaborative relationships	.281 (.101)*	.285 (.009)**	.211 (.058)	.146 (.193)	.211 (.056)
Lawyers					
Collaborative form	-.118 (.435)	.079 (.599)	.352 (.032)*	.232 (.156)	.373 (.017)*
Collaborative relationships	.043 (.818)	.090 (.631)	.182 (.337)	.131 (.499)	.305 (.095)
Social workers					
Collaborative form	-.025 (.870)	-.156 (.312)	.120 (.442)	.084 (.599)	-.144 (.372)
Collaborative relationships	.312 (.093)	.556 (.001)**	.104 (.584)	-.061 (.748)	.113 (.551)

* p<.05; ** p<.01

Table 52: Correlation of Change in Ethic of Care elements with other variables

These statistical understandings of change suggest that although respondents to the staff survey perceived little change in themselves, lawyers in particular experienced significant increases in both the Ethic of Care and the Ethic of Justice from working in collaboration. The finding of having influence on others may be validated by lawyers showing an increase in the Ethic of Care and social workers an increase in the Ethic of Justice. For lawyers this influence did not reduce but also increased their traditional Ethic of Justice. For social workers, however, collaboration saw a decrease in their traditional Ethic of Care, with the elements of Rights and Relationships key in these reports of change.

The following section explores the descriptions of change from interview participants. While there are some descriptions of changes or influence on practice ethics, participants also set out changes in skill and knowledge, and how this come about through collaborative practice and training. Participants also provided context to the experience of less change, highlighting how collaboration may be the right fit for an existing practice ethic.

8.4. Descriptions of change

8.4.1. Change in skill development and knowledge

A number of interview participants observed that working in collaboration had improved particular skills or knowledge in systems. Lawyers were observed to have improved their ability to contain unwell clients and manage their behaviours (#A01), employ soft skills such as active listening (#A011), identify life stressors in clients (#A015), focus on empathy and relationships with clients rather than only legal outcomes (#A02), identity different roles and communication styles (#A06).

Similarly social service staff were described as increasing their legal skills and specific legal knowledge (#A015, #A016, #A017 #A018), increasing their understanding of privacy and confidentiality obligations (#A011, #A012 and #A014), becoming more focused on the issues clients have chosen to engage about (#A011), increasing levels of professionalism (#A02), increased understanding of the legal role and the complexity of the legal role (#A01, #A013 and #A020).

Some participants however distinguished between increasing knowledge and actual practice change. #A017 for example suggested:

> I probably got an increased understanding of how lawyers' practice, which is great. I don't think my actual practice as a counsellor has changed.

##A012 described changes increased skills and knowledge as:

> My practice has changed a bit, in that I'm not just focusing on legal solutions but probably more listening to what it is that the client wants and what are the broader array of interventions available that might deliver that for the client.

However, they also described a changed approach to practice which had also developed:

> Recently I was helping a client….there wasn't a lot of legal there but the whole process of coming and speaking to me and talking about what is going on at home and having someone listen to them can be therapeutic in itself…it is about being engaged in the messiness with someone.

This self-change however was not always viewed positively. #A014 a social worker, described their practice as being stifled when working in collaboration:

> I think I am more of a cautious worker here. I usually end up in jobs which are quite small organisations that have a lot of autonomy and a lot of room for creativity, and here I don't feel like that….I don't feel like there is a lot of room for creativity in the sense that I'm used to.

8.4.2. Change from training or influence

A number of participants described providing training to other staff in the collaboration and the change in practice that arose from that explicit skill or knowledge development. #A020 for example described the impact of training lawyers in how to run effective client conferences:

> From what I have heard it was really positive and the solicitors were really grateful to have that because they see through a legal lens and it's new for them to have that level of empathy and communication.

##A017 described combining role modelling and training as a way to influence legal practice:

> I think there has been a bit of a cultural shift, and I've been working really hard to role model that what we do makes a difference in the wellbeing of a client, which actually means they're going to be able to engage in the legal matter further. We've run some training for the lawyers, about family violence and trauma informed practice. They talked about the fact that they don't get any training about how you deal with listening to stories of really nasty violence long-term, and the effects of that violence on their clients - they weren't aware that trauma affects the ecology of development.

Other participants however described having influence over other staff mainly through the process of working together rather than explicit training. #A01 for example described this with containment skills developed by lawyers:

> We have had some new lawyers come in the last 6 months and watching them learn how to contain clients who are very unwell… their containment skills that they have picked up from us as well as their colleagues that perhaps we have brought in over time.

Similarly, #A011 suggested:

> There was a lot of learning by osmosis of that sort of thing, both the lawyers and the social workers.

Other participants recognised their own learning from the workplace such as #A016a who described:

> I've certainly learnt a lot more working with and watching those youth worker professionals…engaged with and offered me tips and advice…I think I'm a better community legal aid worker now than when I was when I came here three years ago.

8.4.3. Change in ethics or ethical priorities

Social workers also described how working in collaboration influenced how they would approach ethics or ethical decision making. #A018 described having to take into account the rules and obligations of lawyers when engaging with clients or reporting information to the police:

> When you're actually working in a team with lawyers you do have to work in a different way. You need to be aware of some of the limitations I guess and some of the rules. Conflict checks are the thing that springs to mind most obviously.

#A01 also suggested that working in a legal organisation means that legal ethics override their professional ethics:

> Ultimately where I stand with this at the moment is that I am obliged to follow what my management says. And that will override my professional obligations because I am employed in a legal setting.

They also suggested however that this could be moderated with supervision:

> However, I am also mindful of getting supervision from my own professional discipline to make sure that once a decision is made here that I am following what I should be doing.

Similarly, #A05 described having a more relaxed attitude to social work ethics as in the past they had made working with lawyers too difficult:

> It left a legacy of great problems. Where lawyers just weren't referring for a long time after that because they felt we were all too precious…I must say I do have a more relaxed view on it now, because I do feel the lawyer is driven by a desire to get the best legal outcome. Sometimes I do feel maybe I'm selling out some of my ethical values there….but I broadly take the view that people benefit from good legal outcomes.

#A05 also suggested that when a relaxed attitude is not taken that it can undermine the collaborative relationship:

> Some of my colleagues are more strict than that. Some of them just don't shift and they're not resolved and then there's a legacy of bitterness. I think people stop referring to that particular person or try to avoid that person.

The change in ethics was also seen as a positive by some social service participants and as a protection from burnout. #A020 suggested that being distanced from clients by legal ethics had kept them in system longer:

> I think it probably helps me stay in this system because it isn't about the victim, it is about the process….we can only give them so much and so many tools and resources. Maybe it helps me stay and not get too caught up and actually cope.

Other participants however suggest that it is legal ethics that can be shifted to allow for social work practice. #A06 described working around conflict of interest rules in order to make sure that clients were not excluded from social services:

> Those matters where we're aware of a conflict we will discuss whether a conflict is in fact a realistic option. There is a perceived conflict but there isn't really a conflict in terms of we've acted for this person's co-accused. They're not going to give evidence in relation to our client pleading guilty. You're helping this young girl find a house, to get them into a shelter. You've got to be pragmatic at some stage about those things and go "Look this is the issue".

#A018 also described how changes in ethics could be negotiated on a case by case basis so that no one profession was always changing to suit the other:

> We had one example where I was really concerned about the level of violence from her son. We had to have a discussion about "when as a social worker would I call the police because I was actually concerned about this person's safety?" We came to an agreement about that. Even as a social worker I am actually bound by a code of ethics…It was about "What do we do if this happens in the future? Can I call the police and meet my ethical obligations?" Even though as a lawyer they would not make that call, we talked about – under what circumstances?

8.4.4. Finding the right fit rather than change

Rather than change, some participants described working in collaboration as the form of practice that they had always done or been inclined, and as such did not see engaging in this form of practice as a change in their practice. ##A02 for example stated:

> So [it is the] first time for me to be in a collaborative practice but I've always been a collaborative practitioner I suppose, that is the only way to put it.

Other participants were very clear that their personal practice was one from a combined legal and social work basis, with collaborative programs as their natural place. #A011 described:

> I see the legal work I do as being informed by a critical social work approach….Through the advocacy work that I'm doing, even done on an individual level, I'm trying to get systemic change.

8.4.4.1. Collaboration as a reason not to change

Collaboration was also described as the reason why change was not occurring. Some participants suggested that having social service professionals in the program in particular,

allowed clients with social or emotional issues to be passed to social workers, with little learning or change taken up by the lawyers. #A03 for example suggested that while learning and change would be good, they were not sure if this was actually occurring:

> I don't know to be honest if that happens. I think sometimes 'social workers can work that out' or just make a referral.

#A020 also described case tasks such as delivering negative information in person to a client which came with high emotional responses, as being passed to social workers rather than lawyers having to deal with them:

> They are trying to abide by the idea that we give that information in person. They are trying to do that but then they're landing all the shit on us to go and deal with it…..The person might be so pissed off that they wouldn't look at anyone anymore. You'll always just make sure you offer the debrief. Often it is really hard, solicitors aren't comfortable with doing that.

Similarly, #A013 suggested some lawyers and other staff in the program utilised social workers so that they did not have to interact with clients who were upset or agitated:

> If they are really upset or threatening to kill themselves, then the will get me. Some of the lawyers identify that they are not good with emotions. I have one lawyer in particular I'm thinking about. Any sign of emotion, he will get me.

This however was seen as reflecting the ease of change in social workers as compared to lawyers:

> I think it's sometimes easier for a social worker to change a little bit how they work with a lawyer rather than the lawyer – unfortunately some lawyers aren't open and I think they won't. Like I talked about before, the lawyer who can't handle emotions in their client. He knows this about himself… he really values social workers support with clients.

8.5. SUMMARY

The quantitative and qualitative data presented in this chapter forms a consistent picture of change and perceptions of change across the study cohort. Consistent with the quantitative findings, in the interviews, lawyers were generally identified as changing more often or more as compared to social workers. Some social workers, however did discuss how their

ethics had changed and potentially been compromised by working in a collaborative setting, reflecting the statistical decrease in Ethic of Care reported. In interviews lawyers were described as developing the skills often associated with social workers such as active listening, empathy and understanding client behavioural change. In the context of practice ethics, these skills are those most associated with building and centralising relationships, the element of the Ethic of Care which saw significant increase for lawyers in the staff survey. Social workers, on the other hand were described as developing knowledge around legal systems and the legal role, knowledge of which may be associated with understanding and focusing on rights. This element of the Ethic of Justice did not see the most significant increase for social workers but the Ethic of Justice overall saw the most increase for this profession.

Alongside these descriptions of change, some participants also described the process of collaboration as stifling change. They suggested that by allowing lawyers, in particular, to pass on emotional or vulnerable clients and client interactions to social workers, this resulted in them not engaging in any practice change which would assist them to deal with these situations themselves. These descriptions may explain the variation in change scores, with not all staff survey respondents necessarily experiencing change due to how professions are able to negotiate and utilise other collaborating professions.

What the interview participants were able to provide, which was not included in the quantitative data, however, were descriptions of why this change occurred. Change was described as occurring for one of four reasons: explicit training provided in the collaboration; transference of skills by observation and osmosis; being required by the rules of the organisation; and finding a workplace that was a fit for a professional's natural practice inclination which wasn't available in previous workplaces. Training, osmosis and a natural fit were used to describe the process of change in lawyers, with training and osmosis identified as often working together. Change due to the rules of the organisation, however was only described by social workers in relation to legal organisations, with no descriptions of lawyers being required to change their practice due to the rules of a social service organisation. This too would seem to be supported by the quantitative data with social workers reporting a decrease in their Ethic of Care in legal organisations (possibly fitting in with the rules of a law firm) while lawyers still reported a growth in their Ethic of Justice in

social service organisations (not being required to change for the rules of a social service workplace).

The findings of this study as set out in the preceding four chapters, provide a detailed understanding of the current landscape of Australian socio-legal collaborations, the forms of collaboration occurring within them and the staff experiences of collaborative relationships and professional change. The following chapter discusses the implications of this landscape for future socio-legal collaboration practice and provide recommendations for the role of social work practice and leadership. It places the Australian socio-legal collaborations described here within existing theoretical constructs and proposes a new and specific model of practice to aid current and future programs.

Chapter 9: Discussion

The current Australian discourse in relation to socio-legal collaborations, is one dominated by law and lawyers, international contexts and developments, and the emergence of health justice partnerships as new and innovative practice. Unlike collaboration discourse in other sectors such as health and human services, it is also primarily inward looking, drawing conclusions and theoretical models from discussions of socio-legal collaborations here and internationally, rather than broader theoretical or conceptual understandings. The following chapter explores the challenges posed to both the current socio-legal discourse and wider theories of collaboration by this study, through examination of the key program elements setting, collaboration and professions. The findings of this study show that socio-legal collaborative practices are wide-spread across the country and beyond health settings and are more likely to involve and be influenced by social work staff and social work practice. Rather than a new Australian phenomenon they are in fact long standing, representing diverse practices and a source of Australian, and potentially indigenous, knowledge of collaborative practice. Using established theories of collaboration, professions and relational sociology, this chapter demonstrates how the commonalities and divergences between the findings of this study and the current discourse can be explained and understood. In doing so it suggests consideration of specific professions and profession-controlled settings are an important extension of broad collaboration theories, increasing their relevance for socio-legal contexts. Ultimately, this chapter suggests that, as a broad examination of the area, this study represents the first inclusive depiction of Australian socio-legal collaborations, and by utilising validated theories of collaboration, professions and social interaction, is able to present more practical and relevant understandings and tools with which to further advance sector expansion and research.

9.1. A growing force

This study has identified an Australia-wide expansion of socio-legal collaborations, with 67 programs currently working across all Australian states and territories, and 15 (22.4%) of these being established since 2014. Despite a predominance of city-based programs, this number also included 25 programs (37.3%) which offered rural or regional services,

suggesting a wide reach across the Australian population. In terms of type of issues tackled by these services, socio-legal collaborations are also providing a wide reach with both general and specialist programs servicing elder abuse (11 programs), domestic violence (7 programs) and another 31 programs across issues such as civil law (tenancy, poverty/debt), mental illness, and youth and women focused programs. When describing the benefits of collaboration and reasoning for this choice of service delivery, participants of the study widely agreed with the reasoning set out in past literature (Bell & Daly, 1992; Fiske & Kenny, 2004; Walsh, 2012), noting increased client empowerment, reduced referral fatigue, timely and accessible services and reduced staff burnout. The following sections, however take a more detailed exploration of the expansion reported in this study, questioning its implications in the context of policy and sector support for health justice partnerships, potential national disparities and their impacts and the role of policy as a potentially unstable foundation to sector growth.

9.1.1. Collaborations beyond health justice partnerships

The aim of this study was to understand, at its broadest, the engagement of legal and social services in advice-based collaborations, drawing on a range of existing programs and sector research (Ball et al., 2016; Curran, 2015b; Hyams, 2012; Noone, 2012). During the study, however, Health Justice Australia, as the peak body for health justice partnerships, emerged as a leading force in the area. After the completion of data collection in this study, HJA undertook its first census of the health justice landscape (Forell, 2018a). A subset of the broader population considered by this study, 48 specifically health justice collaborations were identified, with a very similar spread of programs across the Australian states and territories to this research (Forell, 2018a). In the current study programs were not asked to specifically identity themselves as health justice partnerships, however the findings do show that 12 programs had a specific connection to health. Within those 12 programs, three had a health-based host organisation such as a hospital or community health service, six employed lawyers along with nurses and doctors, six identified as being mental health-based programs and one identified health justice partnerships as the practice theory of the program. This number is much lower than the HJA census, however it is noted through the program recruitment process outlined in Chapter 4, that at least 17 of the programs identified by Health Justice Australia in their initial briefing paper to the census (Forell, 2017), also participated or were contacted in relation to this study. In accordance with the

confidentiality and anonymity assurances given to participants however, it is not possible to report this directly.

The large number of health justice partnerships identified in the HJA census as compared to this current study, demonstrates the value of peak representative bodies in maintaining connections and identifying programs within their remit. It is arguable that it was the establishment of HJA, and their focus on research (Gyorki, 2013; Noble, 2012) and supported sector innovation (Ball et al., 2016), which has in turn increased policy and sector support for these collaborations and resulted in significantly increased program numbers. HJA itself suggests that its role is to support both the effectiveness and expansion of partnerships including through "driving system change…with opportunities for lasting systems change through reforms to policy settings, service design and funding" (https://www.healthjustice.org.au/about). The surge in health-based collaborations certainly shows that funders and the sector value health justice partnerships, however the finding of the broader study detailed here suggests collaborations beyond health are also numerous and worthy of consideration as solutions to issues of access to justice and community wellbeing. While HJA clearly plays an important role supporting health-based collaborations, the difference in total program numbers between this study and the HJA census, demonstrates an opportunity for a more inclusive peak body to support the fifty-five programs outside of health identified in this study and which would not fall under the scrutiny or support of HJA.

Without a central base, socio-legal collaborations not in health settings run the risk of being the forgotten collaborations, side-lined in favour of health justice partnerships. HJA presents a successful model for centralised support of socio-legal collaborations. If extended to include collaborations beyond health it would provide the policy, research and practice support required to ensure a wider variety of programs are able to deliver effective collaboration models, and in doing so reducing the risk of referral fatigue or clients slipping through the gaps of disjointed service systems. Alternatively, using HJA as a model, a new peak body for socio-legal collaborations is proposed to support current programs and sector development. This study would be seen as the first comprehensive examination of the Australian landscape, providing a research foundation from which the body could commission and disseminate further studies and practice guidance.

9.1.2. A national expansion?

The current study identifies socio-legal collaborations occurring in each Australian state, however there is a clear predominance of programs in Victoria, New South Wales and Queensland. These states also reflect the locations of programs considered in the existing literature such as Walsh's examination of four programs located in Brisbane, Queensland (Walsh, 2012) and Victorian programs examined by Hymans (2012), Noone (2012) and Curran (2015b). While Queensland programs in this study sit just behind Victoria and New South Wales in overall numbers (QLD - 11, VIC - 25, NSW – 18) there is far more equivalence based on population per program (QLD – 451,400 population per program, VIC – 255,400 population per program, NSW – 439,700 population per program). These three states can be seen as leading the country in the development of socio-legal collaborative programs, making up 91.5% of programs Australia wide. Broader developments in the sector also centre on these states, such as the development of the Victoria/NSW based Health Justice Australia (https://www.healthjustice.org.au/about), the financial support of the Victorian Legal Services Board grants program (Ball et al., 2016), the promotion of social work trained executives in legal organisations such as Victoria Legal Aid (Victoria Legal Aid, 2018), policies such as the Queensland: an age-friendly community action plan (Department of Communities Disability Services and Seniors, 2017) and national strategies linked to population hubs such as the National Plan to Reduce Violence against Women and their Children 2010-2022 (Council of Australian Governments, 2010b), suggesting a symbiotic development of both programs and policy/community acceptance in these states. Continued monitoring of policy support and growth in other states, however will also be important if socio-legal collaborations as a true nation-wide development is to be sustained. While changing community and sector responses to these professions working together appears to be successful in Victoria, NSW and QLD, continued support and growth at a national level requires a more even developmental approach to ensure this form of service delivery is not just in the hands of communities in the eastern states.

Analysing program per population numbers however, also suggests that it is in fact programs in the Northern Territory which could be considered as having a more significant and widespread impact on client services, with each program servicing only 61,700 of population, 7 times less than NSW and 4 times less than Victoria. While many attempts were made to ensure the accuracy of the program numbers from the Northern Territory as

set out in Chapter 4, it is also worth noting that due to the lack of researcher connections with this area and the remoteness of program locations, it is possible that programs were missed in this study and that actual program numbers in the region are much higher. This would also seem evident from the data provided by participating programs in the Northern Territory which suggested that indigenous community engagement officers are the roles often collaborating with legal services. With the Closing the Gap in the Northern Territory: National Partnership Agreement (Department of Families, 2009) and the ten year implementation plans of the National Partnership Agreement on Stronger Futures in the Northern Territory (Department of Families, 2012) setting out the inclusion of these roles across multiple sectors, it would seem unlikely that the four programs found in this study represent the only collaborative programs between indigenous community engagement workers and lawyers in the region. Exploring the content and nature of socio-legal collaboration in Indigenous and Northern Territory programs would present a key area for future research. Research with these programs, beyond the very small numbers identified in this study, may provide an opportunity for the transference of indigenous knowledge of collaboration from this region to the broader socio-legal collaborative sector, as well as improving the accuracy of the Australian socio-legal landscape as presented here.

9.1.3. The politics of longevity

This study captured not only the number of programs across Australian states but also the nature of those programs and developments across issue areas. As a snapshot of the current sector, it would seem that domestic violence and seniors' rights/elder abuse-based programs have driven development, with domestic violence representing 13.4% of total programs and 28.6% of programs developed in 2015 and 2016. Seniors rights/elder abuse represented 16.4% of total programs, 63.6% of programs developed between 2006 and 2008 and 100% of programs developed in 2013. In contrast general programs were found to comprise 26.8% of total programs with the creation of programs occurring almost continually since 1976 except for the period between 1987 and 1996. This raises questions as to what is driving the current program development and the potential longevity of these new programs over time. Over 76% of programs in this study were found to be funded by federal and state government departments. While program expansion and policy support may suggest that collaboration has been incorporated to an essential element of service delivery where any legal and social issues intersect, it may also be that collaboration has

been specifically linked to current policy areas, such as family violence, child sexual abuse and elder abuse, rather than being more widely accepted. The danger of this position for sector expansion, is that when the specific policy areas are no longer of political importance it is likely that socio-legal collaboration as a concept may also dissipate. For example, the current redress scheme arising out of the response to the Royal Commission into Institutional Responses to Child Sexual Abuse, of which socio-legal collaborations are a part, is due to expire in 2027 (National Redress Scheme, 2018), at which time the collaborations may also end.

In this sense it is of note that such a high percentage of programs with longevity are also generalised programs and as such not tied to a policy area. This suggests that while socio-legal collaborations can and do have a life beyond the policy cycle, longevity in this space may be less linked to policy or funding but inherent in a collaborative attitude and approach taken to every issue area in which the program is practicing. As such imbedding socio-legal collaboration into the practice of both social work and law, as opposed to area specific policy, is more likely to drive further and more sustained collaborative developments. Should further census work be undertaken to understand the changing nature of the socio-legal landscape, examination of which newer programs driven by specific issue policy and funding continue into longevity will be central. While longevity of existing programs was considered in this study it was not possible to include programs which had begun but then ended before the census data was collected. The programs collected in this study however, will allow future research to consider which of the current programs have continued or have been disbanded, giving a more accurate understanding of longevity in particular areas of practice. As discussed above, this will also be important in the context of understanding the impact of current support for health justice partnerships. While longevity in the current study would seem to be unrelated to policy, the rise of Health Justice Australia has the potential to focus ongoing policy and funding consideration to programs located in health settings. Further longitudinal consideration will reveal the impact on non-health programs in terms of both numbers and longevity, and the potentially changing nature of who can access socio-legal collaborations in Australia.

9.2. Socio-legal as an independent form of collaboration

Measures and classifications of collaboration in this study were heavily drawn from existing collaboration literature, seeking to determine on scales of typology and effectiveness, where socio-legal collaborations sat and how they could be best understood. In doing so however, distinct differences have emerged between the socio-legal collaborations in this study and the more generalised literature. At an initial level this suggests that socio-legal collaborations, while informed by factors discussed in existing literature, sit outside current theoretical models.

The following sections set out how we can understand the differences which set socio-legal collaborations apart. It looks to extend existing understandings of socio-legal collaborations and collaboration in general by exploring the role of professions and the influence of particular professional combinations on the collaboration taking place. It is hoped this will steer socio-legal collaboration discourse towards a more outward rather than inwardly conceived foundation, assisting current programs through theory to understand the impact of organisational structures and professional dynamics, as well as promoting purposeful and evidence-based engagement with new program design. Furthering theoretical understandings, it seeks to elevate socio-legal collaborations beyond a policy concept or a radical, fringe approach to a formal, measurable and legitimised form of legal and social work practice.

9.2.1. Distinguishing the model elements of difference

As set out in Chapter 3, theories of collaboration typology suggest there are three key elements at play: process, relationships and structure. Collaborative processes (such as shared systems, case conferences or joint interviews) and collaborative relationships (demonstrating respect, trust, shared goals) are set out as interactive elements, with process being the key influencing factor and relational dynamics supporting collaborative processes. Organisational or program structures (such as interagency or team-based programs) are identified in the general theory but do not significantly change the interaction of the other two elements. Figure 8 in Chapter 3 set out the process/relationships focused model, showing a linear relationship between these two elements but with relationships a far more important consideration at the highly collaborative end of the typology. When this theoretical model is compared to the socio-

legal collaborations in this study however, it suggests that there are key differences setting socio-legal collaborations apart. While each of the three key elements are present in socio-legal collaborations, how they are brought together and interact are significantly different.

9.2.1.1. Independence of process and relationships in socio-legal collaborations

Using the linear relationship between collaborative processes and collaborative relationships in the general theoretical model, it would be expected that this study would also report strong positive correlations between process and relational factors, as measured by the 'Levels of Collaboration' typology (Frey et al., 2006) and the AITCS measure of relationships (Orchard et al., 2012). This would reflect highly collaborative relationships at the top end of the typology and weak collaborative relationships at the lower end. For respondents to the program census, there was no statistically significant difference between the AITCS scores for four of the five collaboration forms in the typology. Programs across the typology, from 'Cooperation', 'Coordination', 'Coalition' and 'Collaboration' forms, all reported positive collaborative relationships occurring between most and all of the time. The only significant difference was between these four and 'Networking' at the very bottom of the typology where positive collaborative relationships were rated as occurring rarely to occasionally. Respondents to the staff survey on the other hand, did report a statistically significant difference between all of the different collaborative forms however 'Coalition' reported the highest collaborative relationships with staff, as opposed to 'Collaboration' as would be suggested by the linear relationship espoused by existing theory.

The positive correlations which were established were not of the strength that may be expected according to theory, due to these variations at the top of the typology. Respondents to the program census reported a statistically significant positive correlation which was medium in strength, while respondents to the staff survey reported a statistically significant positive correlation which was only weak. There was also a distinction between lawyers and social workers in this regard, with lawyers reporting higher collaborative relationship scores in more collaborative forms, a relationship that was not evident for social workers. This suggests that while there may be a connection between process and relationships in this study, there is not an overly strong or consistent indication that where a program sits in relation to process is indicative of the level of positive collaborative relationships being experienced by those involved.

This level of connection was also evident in the views of interview participants. Process factors were raised by interview participants with issues of implementation, how practice and ethical boundaries are approached, and the importance of physical, personal and practice connection, expressed as important to their experiences. These were intertwined with descriptions of relationships, focused on the importance of power dynamics, respect and leadership. However, as Walsh (2012) and Craige and colleagues (1982) also found, the descriptions of collaborative processes did not align with more or less importance being placed on relational factors. Regardless of descriptions of process, interviewees placed significant importance on relational dynamics when describing their collaborative experience and the sense of collaboration they had from their program. For example, collaborative forms with high degrees of professional separation were also described as having very strong senses of collaboration based on collaborative relationships. Similarly, other participants described processes toward the top of the typology aimed at highly collaborative practice alongside feelings of not being trusted and valued, which in combination left them doubting the true collaborative nature of the program.

9.2.1.2. Centrality of relationships in socio-legal collaborations

This first element of distinction between collaboration theory and the findings of this study firmly shows that rather than being linearly related, process and relational dynamics are connected but distinct elements in this setting, often working independently. The distinction also speaks the second adjustment in the model whereby within socio-legal collaborations, relationships rather than process are most central to an overall sense of collaboration. While the relative importance of these two elements was not specifically tested in the quantitative elements of this study, the strength of collaborative relationships in a program, rather than process, did have an influence on practice change. For example, lawyers with over ten years professional experience prior to the collaboration reported far less change in ethic of care and ethic of justice scores, suggesting they have been strongly socialised during that time into traditional legal practice. However, when these experienced lawyers were located in programs which measured strongly on the AITC scale of collaborative relationships, their change in the ethic of care and ethic of justice was significantly increased. Interview participants also placed significantly more emphasis on relationships, including suggestions that being collaborative came down to the willingness of professions to engage with each other as a priority. Relationships and relational dynamics focusing on

respect and power, were also central to descriptions of culture in long standing programs and highlighted as the historical foundation of the collaboration. The time required to develop collaborative relationships and culture was nominated by many participants as the key to a successful program, rather than the initial changes to process and structure. Participants of long-standing programs highlighted how these relationships, developed over time, support collaboration while similarly participants of much younger programs have highlighted the lack of relationships and reliance on process as factors which have held back true collaboration.

9.2.1.3. The importance of structure in socio-legal collaborations

The third area of distinction between the general theoretical model and the data from this study is the role played by structure. In general theories the choice of team-based versus interagency structure does not equate to differences in process or relational factors, suggesting that while structure is of note, it is not necessarily of central importance. The findings of this study also support separating out structure and seeing it as an independent element. Interviewees described structures which were not only interagency or team-based structures, but also extended this to include to a combination or middle ground, named in this study as multi-disciplinary units (professional units within a team which act like separate entities). As with the general theory, none of these descriptions of structure led to consistent descriptions of process, suggesting separation and independence between the two elements. Participants in multi-unit structures, for example equally described very different processes ranging from professions seeing clients together, to allowing case conferencing, to separated files and service provision.

The difference in this study which challenged the general theory, however, was the significant importance placed upon structural choices as the key way in which questions of legal ethics, particularly legal professional privilege, were managed and the resulting influence on collaborative relationships. The importance of structure is a key feature of existing descriptive literature such as the work of Castles (Castles, 2008), St. Joan (St. Joan, 2001) and Bryant (Bryant, 1993), all of which identify structure and legal ethics as key considerations when undertaking collaborative socio-legal work. In this study however, interview participants also gave concurrent attention to both structure and process. Choices in structure did not dictate choices in process, however they would seem to influence the

ease or difficulty of taking them up. For example, in programs where the multi-unit structure left social workers and lawyers unable to see clients together due to concerns about legal professional privilege, case conferences often still took place, mitigating this separation. In these cases, additional focus was also placed on developing professional relationships and a culture of collaboration in the program through formally stated program missions, flat pay structures between professions and naming programs by client group rather than preferencing either of the collaborating professions or service sectors.

To advance understandings of how socio-legal collaborations are working in practice, specific consideration of structure will be an important element of future research. Including structure as a separate quantitative measure, in order to establish the validity of these findings and the legitimacy of alternative structures such as outreach and student clinics as outlined by Health Justice Australia (Forell, 2018a) will be an important step toward further clarity. Greater consideration of the interaction between structure and process will also provide further validation of the use of measures such as 'Levels of Collaboration' (Frey et al., 2006) used in this study. While the qualitative data of this study would seem to agree with the separation of structure and process in the general model, the relative importance placed on structure as compared to the general model, may have led to participant confusion when answering the typology/process questions in the study surveys. As participants were unable to separate out structure from process, it may be that their answers include a desire to reflect both rather than a specific focus on process. This may explain for example the high number of 'Coordination' programs reported using this measure, as these could reflect programs with separated structures but highly connected process, with participants choosing a middle ground based on shared resources but only some shared decision-making. Likewise, the low number of 'Coalition' programs could reflect participants not willing to nominate themselves as 'Collaborations' due to separated structures while still essentially having a 'Collaboration' level of process.

9.3. An explanation for difference: A professional context to collaboration

The failure of generalised theories of collaboration to accurately reflect the structure, form and experience of socio-legal collaborations, suggests collaboration theory on its own may not provide a comprehensive understanding of these types of programs. A key distinction

which may explain this is the unique combination of two distinct professions and professional practices in the socio-legal collaboration space. In this study lawyers and social workers were found to be the most common professions employed in socio-legal collaborations, with over a third of programs identifying that they only employed these two professions. However, the context of specific interacting professions, and the social and relational dynamics that might arise has not, as yet, translated into general theories or been considered in current socio-legal literature. The work of Health Justice Australia for example, refers only to health partners rather than to specific professions in collaboration (Forell, 2018a), and yet in this study eight of the twelve health programs identified specifically employ social workers, suggesting a social work/lawyer relationship in potentially two thirds of health justice collaborations.

While it is certainly true that authors considered organisational, leadership and interpersonal factors (Auschra, 2018; Bronstein, 2003; Mulvale et al., 2016; Orchard et al., 2012; Scott, 2005), all of which could potentially give rise to questions of the influence of professions, the specific consideration of how professional culture, practice and socialisation may impact a collaboration is not fully explored. The findings of this study support a more detailed examination of professions in the socio-legal collaboration context and acknowledgement of the centrality of social work, a perspective which has been missing since the early literature of authors such as Sloane (1967), Smith (1970) and Phillips (1979).

The following sections use theories of professions and Bourdieu's relational sociology to explore the interaction of lawyers and social workers in this study, and to in turn expand a more nuanced understanding of socio-legal collaborations and collaborations more generally. They set out how professional interactions can be understood through Bourdieu's concepts of habitus, capital and field, identifying a uniquely socio-legal dynamic where lawyers and social workers are at once both dominant and dominated within collaborations. Understanding this nuance provides foundational support to the continued employment and leadership of social work in socio-legal collaborations. It highlights the central role this profession plays in socio-legal collaborations and gives voice and validity to what are at times conflicting perceptions of the social work role.

9.3.1. A particular partnership: the nature of these professions

Theories of professional socialisation (Bogo & Wayne, 2013; Miller, 2013; Shuval, 1980) and professional habitus (Bourdieu, 1977; Everett, 2002), suggest that each profession develops within it an unwritten identity based on personal, educational and workforce socialisation. Many authors argue that through the law school experience, law students are explicitly taught to focus the elements of the ethic of justice such as legal ethics, the rights of clients and adversarialism (Daicoff, 2004). Implicitly, it is suggested, they are taught to understand themselves as experts and leaders in law and in the community more widely (Daicoff, 1997; Palermo & Evans, 2005; Taylor, 2006). Social work authors, on the other hand, have highlighted the ethic of care, with a focus on context, relationships and conciliation (Hyams et al., 2013; Meagher & Parton, 2004; Stanger, 1996). It is suggested by some that social workers are implicitly socialised to step away from expertise (to allow the client not the worker to be the expert) and to work across sectors, at times leaving leadership to others rather than declaring leadership themselves in interdisciplinary settings (Bogo & Wayne, 2013; Taylor, 2006).

These elements of professional habitus were evidenced in this study. Lawyers and social workers showed equally medium to high commitment to their professions (unaffected by prestige as an antecedent). Both lawyer and social worker participants identified that before entering into their socio-legal collaborations, their professional practice aligned with these concepts of their profession. Social workers in the study reported higher ethic of care scores (M=5.87) than ethic of justice scores (M=5.45) and lawyers reported higher ethic of justice scores (M=5.26) than ethic of care scores (M=4.83). The standard deviation spread of scores, however, suggests social work has a more consistent alignment to the ethic of care and ethic of justice across the professional group (ethic of care SD=.67; ethic of justice SD=.71), compared to lawyers whose alignments were more varied (ethic of care SD=1.11; ethic of justice SD=.98). Unfortunately, it is not possible to accurately compare these findings to 'traditional' law or social work or larger representative groups in the professions. While theoretically the ethic of care/ethic of justice dichotomy has been utilised as descriptions of practice and values by both professions, no empirical or consistent measure could be found for it in either social work or law. It is unclear therefore, if these findings of socialised practice or professional habitus prior to collaboration are a true reflection of legal or social work professions, or if they reflect a group of practitioners whose habitus was

already amenable to socio-legal collaborations and which may have in turn led them to their current program. Further research and empirical understandings of legal and social work practice would increase the accuracy of these and any future assessments of practice, professional habitus and the influence collaborative settings.

The recognition of who is actually collaborating through the understanding professional habitus and socialisation is important in its own right, but it is also central to Bourdieu's concepts of capital and field explored in the following sections. The capital professions bring to fields through these processes gives understanding to how and why they interact and change in different settings. Fields and the value of capital within those fields is of particular importance when considering collaborative relationships and dynamics, as the roles each profession plays in a program and the importance of specific professions such as social work goes to the heart of the socio-legal collaboration model.

9.3.2. The influence of legal and social service fields: interacting capital and rules

Bourdieu's construct of field suggests that there are spheres of interaction in society in which particular attributes are valued over others and in which there exists an unwritten set of rules based on these assertions of value (Bourdieu, 1977). In the context of socio-legal collaborations, it is possible therefore to view programs as either located within a wider field due to their orientation as legal or social service and as such subject to the rules of that field, or potentially fields unto themselves by being independent and creating their own set of capital values and rules. The attributes of value in a field are set out as forms of capital (social, economic, cultural etc) which can accumulate through habitus and professional socialisation (Bourdieu, 1977; Everett, 2002).The dominant and dominated (in this case dominant and dominated professions), then contest the rules of the field, establishing position based on how the field values the capital that each profession brings.

The findings of this study suggest that while program orientations may lead most programs to sit within wider social service or legal fields, socio-legal collaborations actually exist as their own sub-field, with a unique set of capital value and field rules to which professions respond. These are separated along process/structure and relationship lines, and in doing so directly support the act of collaboration by allowing both lawyers and social workers to take dominant/dominated positions in aspects of collaboration which align to their professional

practice. Similar to calls for law and social work practice to be seen as adjuncts to each other (Sheehan, 2010, p. 6), the socio-legal collaborations of this study would seem to negate the dominated role as an indicator of passivity (Madden, 2003), but rather a role which can sit alongside dominance.

In many ways this study would support the perception of lawyers as dominant, holders of social capital that is of value in any field and outweighing that of social workers as a profession. Lawyers report higher prestige in relation to their profession than social workers. Lawyers were also reported as the most influential across all programs, despite 41.8% of programs being outside of the legal field. The dominance of lawyers, however, is particularly pronounced in relation to process and structure, with legal field rules being central in these decisions. In legal based programs, social workers were more willing to try and change their capital, adapting to legal processes and capital rules of the legal field by taking a position of doxa and accepting as natural their dominated positions. A number of interview participants stated they were willing to relinquish their social work ethical obligations due to the legal field in which the program sat, similar to the concerns expressed by social work authors (Sheehan, 2010). It was accepted as self-evident and reasonable that legal ethics should dominate social work ethics with the rationality being "well it is a law firm". Lawyers in social service settings, on the other hand, took on hysteresis responses to non-legal processes, often looking to alter the rules of those fields to suit their own capital. In an interview a lawyer ##A02 for example, described a program where she was the only lawyer in the wider context of a community service provider. Assertion of social capital as a lawyer and adjusting the rules of the field was evident in her description of the program which ensured that legal constructs and processes were dominant to the exclusion of the wider organisation. Further, her descriptions of collaborating staff as "not having professional or tertiary backgrounds…so the legal training and the professional practices side of that are able to enhance the professionalism of the social service workers", reinforced the dominant/dominated relationship she had created within the collaboration.

For ethic of care and ethic of justice components aligned to process and structure, such as 'Circumstance/Rules', 'Equity/Equality' and 'Conciliation/Adversarialism', lawyers showed increases across all elements and in all program orientations. In collaborative settings, this showed lawyers had developed their capacity to align with processes influenced by social work but in doing so they also asserted even more strongly their alignment and focus on

legal processes. In contrast, social workers in legally oriented programs showed a decrease in the process/structure elements of the ethic of care, reducing their focus on social work processes when in legal settings. This would suggest that in the realm of process and structure, where issues of professional ethics are played out, social workers were far more likely to take a dominated role, adjusting their own capital for the field, while lawyers took on the dominant roles, adjusting the rules of the field to meet their capital and even extending that capital in line with the adjusted field rules.

In the context of relationships, however it was social work and social work capital that was more dominant. This study showed that the largest changes lawyers made to their practice were focused on relationships, increasing the emphasis they placed on the ethic of care overall by 21.3%, increasing 'Relationships' by 43.6% and increasing 'Context' by 36.4%. This suggests a hysteresis response to field rules in collaborations which value relationships and the social work oriented ethic of care. Comparatively, social workers whose practice was already aligned reported a very small increase in the focus on 'Relationships' (0.2%). This indication of strong relational field rules was also evident in descriptions of conflict between collaborative and traditional legal practice in the study interviews. It was suggested for example that in situations where lawyers did try to assert their traditional capital and perspectives around relationships, this led to a diminishing of the program to the point where it was no longer collaborative at all.

In splitting process/structure and relationship field rules, the study also evidenced a strengthening of legal advocacy, ameliorating the concerns of Anderson and others (Anderson et al., 2007; Weinstein, 1999), that legal practice development in this direction could only mean abandonment of legal fundamentals. Unlike the work of Weinstein (1999) and Faller and Vandervort (2007) which suggest a polarised distinction between these practice perspectives, this study supports the observation of legal practice enhanced by social work collaboration (Forgey et al., 2001), demonstrating that for lawyers, holding both ethic of care and ethic of justice considerations is possible, and that in doing so rather than 'soft-peddling' their advocacy, lawyers are in fact enhancing the focus they put on the 'zealous advocate' approach (Parker & Evans, 2007). This study would support an understanding of the work of Gilligan (1982) as two co-existing scales of practice, rather than as a linear continuum between care and justice. As advocated by social work authors (Forgey et al., 2001; Sheehan, 2010), rather than moving along the continuum, participants

in this study showed that they can be influenced in both their ethic of care and ethic of justice perspectives, with one not necessarily diminishing the other, as they reflect different field rules which can be met in dominant/dominated positions simultaneously by both professions.

These understandings of professions in collaboration, through the lens of Bourdieu and professional socialisation, provide clear insights for the professional groups identified in this study. While the analysis here reflects the specific professions at play (rather than those less evident in the current study), the theoretical concepts remain of equal relevance to potential collaborators, such as Indigenous community engagement officers as discussed previously, who were not captured by the study. Further comparative research is required to understand how the professional habitus observed here may differ or align with collaborations undertaken largely by other professions. There is the clear potential for diversity of professional habitus in future research, including that formed professionally and culturally in capital and fields settings such as remote indigenous or culturally and linguistically diverse communities. Indigenous community engagement officers for example, may or may not be social workers or part of a defined profession, however they are likely to bring alternative cultural capital and be negotiating fields dominated by non-indigenous professions and the capital rules of a legal field as discussed above. Further research and analysis in this area will not only expand understandings of a cultural dimension to collaborations but test the model of socio-legal collaborations set out below as a culturally and professionally inclusive or exclusive construct.

Understanding the nuances of dynamics, as set out above, is particularly important when considering the use of the socio-legal collaboration model. While the model described below sets out the interacting elements of collaborations, putting the model in to practice requires not just understanding the elements but understanding who takes up those elements and the underlying professional dynamic that may be a play in how those elements are taken up.

9.4. A working Model of Socio-Legal Collaborations

Based on a foundation of collaboration theory and the distinctions outlined above, the data collected in this study suggests a working model of socio-legal collaborations as set out below in Figure 25. The model incorporates the three components of socio-legal collaborations identified in this study (structure, form and relationships), with structure and form brought together due to their mutual consideration of integration despite their independence as concepts.

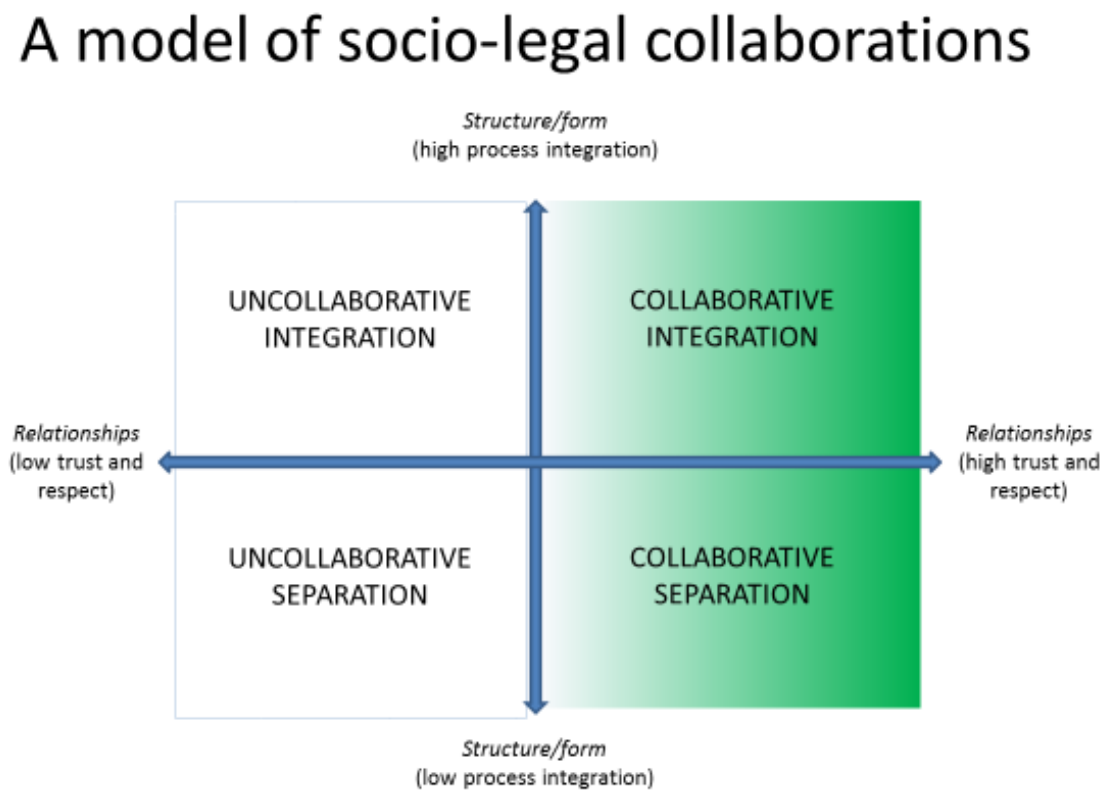

Figure 25: Model of socio-legal collaborations

The model is separated into four quadrants based on high or low levels of trust and respect in collaborative relationships, and high or low levels of process integration in choices of structure and form. It is the element of relationships, however which is central to how programs and the staff within them perceive of collaboration, and which has also been made central to the model. Based on the findings of this study, choices of form or structure do not necessarily reflect a more collaborative program, rather it is the nature of

collaborative relationships, trust and respect which distinguish the collaborative quadrants on the right from the uncollaborative quadrants on the left. The left quadrants reflect programs which may be completely separated or very integrated in their structure and form, but which due to the lack of collaborative relationships, remain uncollaborative in nature. Conversely the right quadrants reflect programs with similar variations in integration but who through collaborative relationships based on high levels of trust and respect retain collaborative function and intent. Applying this model to the findings of this study would suggest that that the programs identified by program census and staff survey respondents and those described by interview participants are represented across each of the quadrants described in this model.

9.4.1. Collaborative integration

The collaborative integration quadrant represents programs where staff suggest there are collaborative relationships on the AITCS measure (Orchard et al., 2012) and the program takes a form such as Collaboration, Coalition and Coordination on the 'Levels of Collaboration' model (Frey et al., 2006). According to the study findings this quadrant represents 70.2% of programs identified in the program census, with 50.0% of staff survey respondents also nominating that their program fit this quadrant. Interviewee descriptions of programs however would suggest that while a number of programs include respectful and trusting relationships, it is less common to combine this with high degrees of integration. Only participants ##A012 and ##A18 described programs with a "consensus decision-making" or "seamless" integrated form which was also based on strong relationships and management respect.

9.4.2. Collaborative separation

The collaborative separation quadrant describes programs where although the form they have taken is lower on the 'Levels of Collaboration' model (Frey et al., 2006), their AITCS measure (Orchard et al., 2012) remains reflective of collaboration. This quadrant is a distinct departure from general collaboration theory and distinguishes socio-legal collaborations. The study found that 19.3% of program census respondents and 6.5% of staff survey respondents felt their program fit this quadrant. This quadrant, as opposed to collaborative integration, was supported most strongly by interviewee descriptions of programs, where less collaborative forms were chosen so as to formalise the separation between professions

(generally in order to maintain legal ethics), however there remained an intention for collaboration and this was driven by the trusting and respectful relationships between staff. Participant ##A016 for example described legal staff as needing to be in control of the processes or structures in the program and to have separation from the work of social services, but also described relationships based on respect, suggesting that these respectful relationships enhanced the separation and ensured "people don't step on people's toes".

9.4.3. Uncollaborative integration

The uncollaborative integration quadrant describes a group of programs where despite being based on more collaborative forms on the 'Levels of Collaboration' model (Frey et al., 2006), the lack of trusting or respectful relationships within the staff group renders them uncollaborative. In the study findings only 3.5% of respondents to the program survey identified their program in this way, however 23.9% of staff survey respondents felt their program fit this quadrant. Uncollaborative integration was also evident in the descriptions of interview participants with some such as ##A014 describing programs which should be collaborative because of their form but which, due to management not encouraging or supporting legal staff to engage in and foster collaborative relationships, were felt to be uncollaborative.

9.4.4. Uncollaborative separation

The uncollaborative separation quadrant describes programs which are both low on the 'Levels of Collaboration' model (Frey et al., 2006) and lack trusting or respectful relationships amongst the staff group. Overall this is the smallest quadrant in the study, representing 7.0% of program census respondents and 11.9% of staff survey respondents. This quadrant also had a more limited reflection in the descriptions of interview participants. It does however include programs where as with collaborative separation, decisions have been made to formally separate professions, however alongside this decision there has been limited support for trusting or respectful relationships and as such collaborative relationships have also not been attained. Participant ##A01 for example described legal and social work groups as being separated by the legal management of the program but on top of this management disrespecting the social service work undertaken, with the work "underutilised, undervalued, disrespected and not understood".

Using the lens of Bourdieu this model depicts socio-legal collaborations as a sub-field, which through the independence of the structure/form and relationship elements, allows both collaborating professions to take leadership in different elements without these assertions of domination overpowering the collaboration as a whole. In this model the legal profession can be the dominant decision-maker in process and structure demanding separation or integration, however by separating and centralising relationships, this dominance need not extend to the whole collaboration with relational field rules valuing social work capital and providing a dominant position for the profession in the building of relationships based on trust and respect.

Such a model is also able to incorporate the variety of perspectives in both law and social work. For lawyers looking to work from a therapeutic jurisprudence or holistic lawyering perspective (six such programs were identified in this study), the two collaborative quadrants can be the space in which cross-disciplinary practice (working with the knowledge of another discipline), can be expanded into direct working relationships and a 'closing of the gap in problem solving techniques' (Hyams et al., 2013, p. 167) between lawyers and social workers. Similarly, social work can reject law as a directive through the negotiation of integration, holding both an ethic of care and an ethic of justice as part of comprehensive practice , but still work with lawyers in collaborative relationships that ensure clients have full exposure to the perceived benefits of bringing these areas together. In both cases, lawyers and social workers can negotiate the level of collaborative process or structure from which they are comfortable, while still pursuing collaborative relationships and development of interdisciplinary practice.

The model outlined above, however, is intended not just as a theoretical depiction of current socio-legal collaborations in Australia but as a tool for current and developing programs to understand the nature and intended and unintended outcomes of their program design. Using this model and the empirical measures attached to it, programs will be able to conduct both health checks of their current situation and assessments of potential design options in relation to new program objectives.

9.4.5. A collaboration health check

Findings of this study suggest that while there is no one set of processes or structures most ideal or common in socio-legal collaborations, the key is the process of negotiating and

agreeing to processes and structures which meet practice and ethical needs but which are also employed in a context of supported collaborative relationships. As such, a Collaboration Health Check is proposed as both an articulation of current status and a negotiation tool, creating opportunity for discussion over differences between lawyers and social workers, staff and managers. As the study findings indicate, staff in programs are not always aligned with managers in their assessment of relationships and form. With almost a quarter of respondents to the staff survey suggesting they are in uncollaborative integrated programs compared to only 3.5% in the program census, this group of programs in particular are likely to find this health check process particularly beneficial. A proposed Collaboration Health Check document with questions, recorded results and discussion points is set out in Figure 26.

It is suggested that program staff, managers and other relevant stakeholders be asked to score the program against each of the three elements of the model: structure, process/form and relationships. These elements are based on the measures utilised in this study (Frey et al., 2006; Orchard et al., 2012) with modifications to reflect the limitations and applicability of the measures to this cohort. The process/form element for example reflects four rather than five forms of program as set out in Frey and colleagues (2006), accommodating the lack of take up of voted decision-making, the possible confusion from including relational factors such as trust in a description of form and possible confusion from use of the term collaboration as the highest level on the 'Levels of Collaboration' scale which has been replaced with Integration. The structure element draws on the findings from interview participants that there is a distinction between structure and process. In the health check it is separated from process/form, as this allows questions as to the levels of integration in each and how these as statements of integration interact at a practical level.

The question in relation to relationships has been consolidated to one question based on the important of trust and respect as found across the study. The original measure (Orchard et al., 2012) included 10 questions which would have produced a complexity of data inappropriate for a health check of current or emerging socio-legal collaborations. It attends to four themes of relational dynamics being power, respect, trust and cooperation. While different interviewees placed different levels of significance on each of the elements, the validation of the Orchard measure undertaken in this study, showed that as a scale each of the elements were aligned and correlated, with none of the individual elements derailing the

overall score of relational dynamics. On this basis the question, for purposes of the model and a program health check, was simplified to trust and respect, also allowing questions of power and cooperation which have the potential to be confused with process to be removed.

Using a scale of 1 to 7 as used in Orchard, a combined question of relationships is set out in the Collaboration Health Check in Figure 26. In this study, interview participants also placed significant importance on role of program leadership and management when negotiating processes and structures and supporting collaborative relationships. Leaders who were engaged and active in collaborative relationships themselves were reported as central to establishing those collaborative relationships across the program. On this basis two measures of relationships were included in the health check, between management and staff and within the staff group.

Discussion points are also attached to both the relationship and structure/process/form elements of the heath check. These questions draw attention to differences between relationship scores, how well individuals have scored collaborative relationships compared to program expectations and how different individuals may understand the structures, processes and forms within a program. They are intended as prompts for those administering the health check and questions which may be relevant for individuals or staff groups to consider.

Figure 26: Collaboration health check card

Collaboration Health Check

Relationships: between staff and managers

1	2	3	4	5	6	7

The relationship between staff and managers is based on trust and respect (1: strongly disagree, 7: strongly agree)

Relationships: within the staff group

1	2	3	4	5	6	7

The relationships within the staff group is based on trust and respect (1: strongly disagree, 7: strongly agree)

Discussion points

1. Have individuals identified differences between relationships with staff and relationships with managers? Why?
2. Are these relationships as strong as expected?

Program structure

Interdisciplinary team *Individuals employed in same program*
Multiple disciplinary unit *Disciplinary units employed in same program*
Inter-agency *Employed in different agencies*

Process/Form

Integration	*We are part of one system, engage in frequent communication and consensus is reached on all decisions.*
Coordination	*We share information and resources, engage in frequent communication and participate in some shared decision-making.*
Cooperation	*We provide information to each other, engage in formal communications and make decisions independently of each other.*
Networking	*There is little communication between professions and we make all decisions independently of each other.*

Discussion points

1. Are these the intended structures, process/form of the program?
2. Does structure support process/form?
3. Are strong manager/staff relationships supporting choices of structure, process/form?

The Collaboration Health Check will make it possible to generate assessments of each program from both individual and group perspectives. Using a combined relationship score for staff and managers (out of a total of 14), the relationships score can be plotted (see Figure 27) with scores under 7 being indicative of increasing disagreement that there is trust and respect and scores over 8 being indicative of increasing agreement that there is trust and respect.

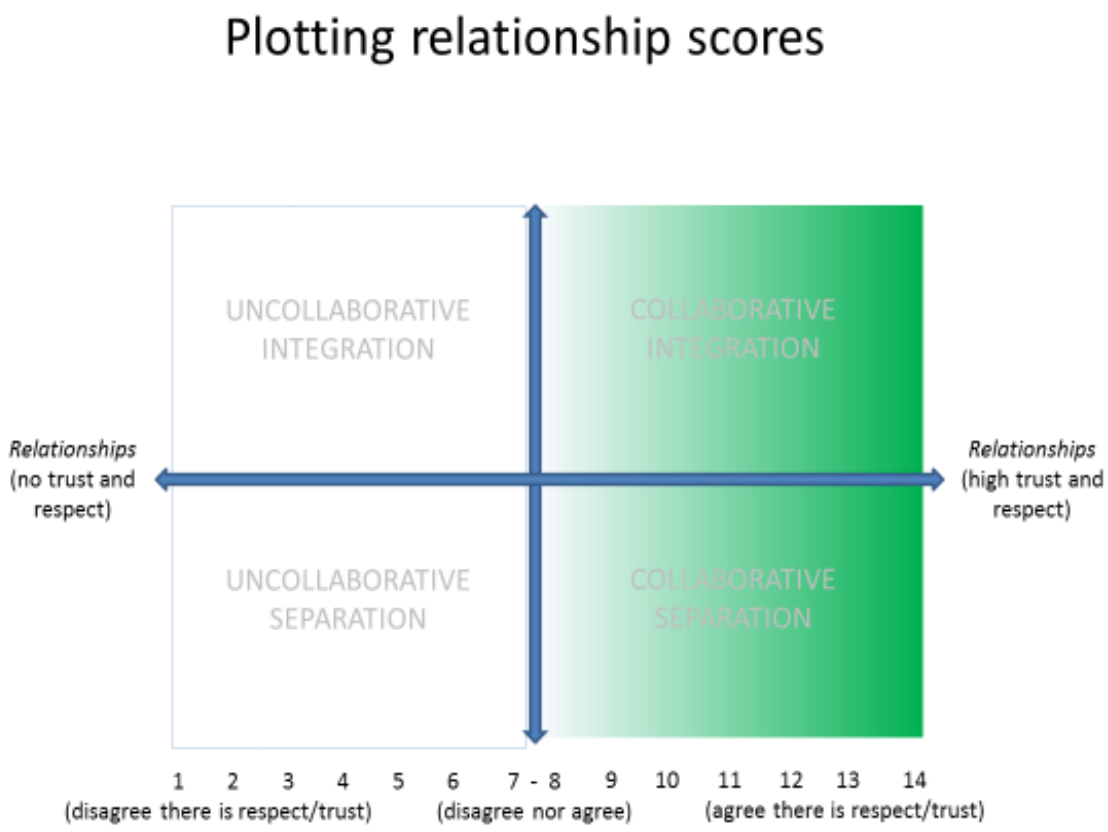

Figure 27: Graphically presenting relationships results

The choices of process/form in the health check results can also be plotted for each individual showing the level of process/form integration they believe a program has (see Figure 28). While structure is also an indicator of integration, in the health check the choice of structure is retained separately and as the basis for discussion point questions to ensure the independent role it plays in the model is retained. As suggested in the study highly

integrated interdisciplinary teams are not always indicative of programs with Integration forms and as such combining these in the graphical use of the health check below is not appropriate.

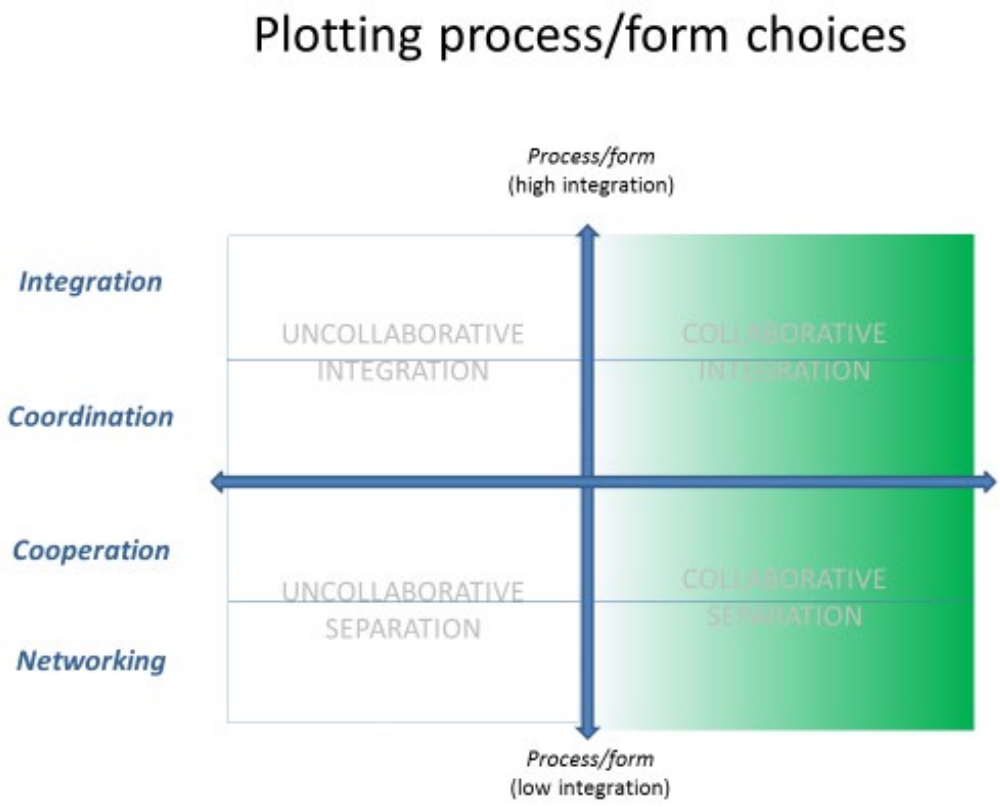

Figure 28: Graphically presenting process/form results

Plotting these elements of the health check for each individual will then provide a graphical indication of program as a whole and how individuals potentially differ or are aligned in their assessment of the program (see Figure 29). It also fosters consideration of how process or structure may be relied upon to develop collaborative relationships rather than distinctly attended to. For example, if staff are separated in processes or structures then more active development of collaborative relationships may be required. Conversely in programs of highly connected or enmeshed structures and processes, it will be important for programs not to rely solely upon these in order to develop collaborative relationships but to also foster these relationships outside of process or structural choices.

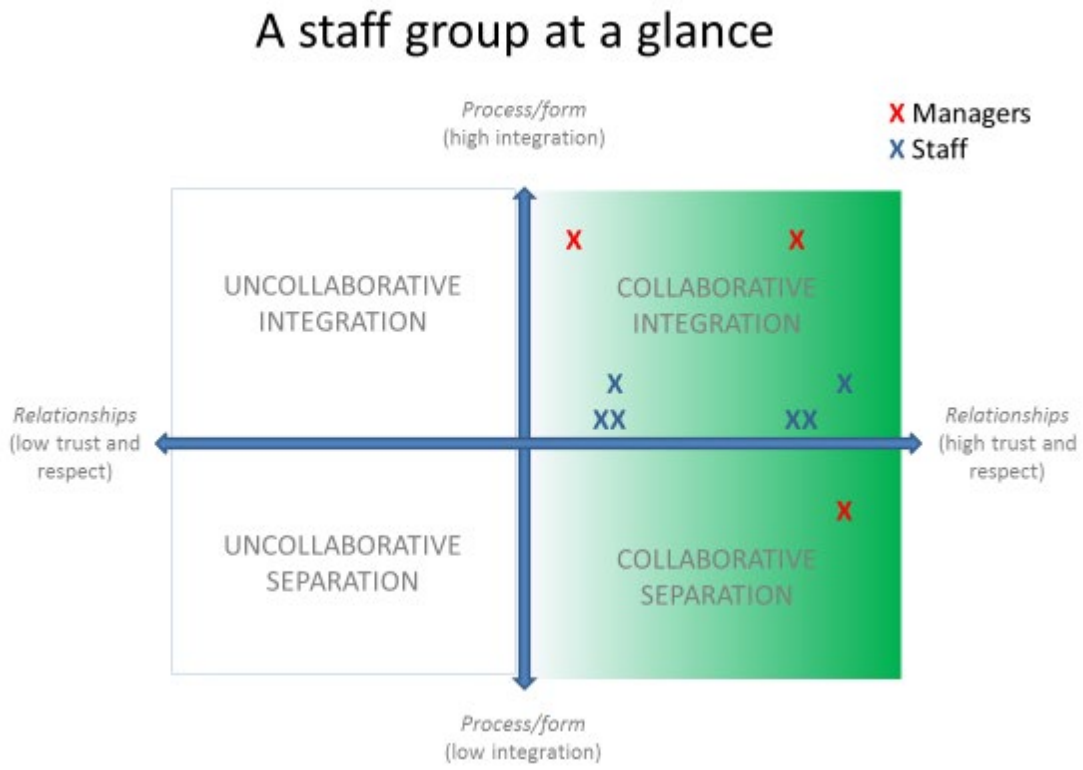

Figure 29: A graphical representation of a program health check

A central use for this health check however will be to internally assess each collaboration, including validating the assessments of staff against those of managers. As set out in Chapter 7, managers would seem to be more willing to align their judgements of process and structure with that of relationships, giving high relationship scores when they scored high on process typology and low scores when process typology scored low. While this may be due to managers being more aware of process as opposed to collaborative relationships, this may also be suggestive of managers being more likely to rely upon and assume structure and process produce relationships rather than considering and investing in them as a separate element. Staff on the other hand produced far weaker correlations between process and relationships, suggesting a higher degree of independence between these elements for staff. Utilising the model as a health check for programs, will allow a comparison between management and staff assessment of the program and their collaborative relationships, and a point of discussion to explore the differences. Rather than letting issues of poor collaborative relationships fester in individual staff members, such as

the experience of a number of participants in this study, such a health check can be used to address inconsistencies between staff and manager relationships and staff and manager perceptions of the program, accurately identify where those inconsistencies are located.

This model and tool also provides a common nomenclature (in both the specific forms and structures and more generally the four quadrants) for socio-legal collaborations, allowing more accurate comparisons between programs and program outcomes in future research and practice. Providing a common language around socio-legal collaborations will assist researchers, policy and program developers to ensure that there is an accurate understanding of what is being compared, produced or requested.

9.4.6. Creation and strategic planning

The model of socio-legal collaborations outlined above also has applicability for program creation and strategic planning. In setting out the three key elements, their interaction and relative importance in the collaborative process, the model allows program creators and stakeholders to be clear in all aspects of their decision-making. Rather than letting design choices stop with structure or process, this model keeps program creators focused on the importance of relationships, and how the choices of structure or process made may support or hinder collaborative relationships and ultimately collaborative outcomes.

Strategic planning use of this model of socio-legal collaborations also provides potential funders and policy advisors with a roadmap for successfully collaborate programs. Until now policy directives or funding opportunities have given little detail as to what a collaboration may look like or be formed. In assessing applications for funding or setting out policy directions calling for socio-legal collaborations, this model will provide guidance to assess different forms or structural choices. Rather than dictating one form or structure over another, this model allows programs to look different in their design, while still keeping them focused on collaborative relationships, and therefore ultimately increase the likelihood of success in this sector.

Acknowledging the orientation, structure and processes of programs and the possible challenges faced by different staff groups relationally and in practice change, will assist program planners to anticipate and mediate potential issues of implementation. For example, in this study lawyers with more than ten years of experience are less likely to show increases in either the ethic of care or the ethic of justice unless supported by strong

collaborative relationships. These collaborative relationship in turn are enhanced by the inclusion of social workers and attention being given to experiences of power, professional dominance, professional respect and connection. Similarly, the question of orientation suggests that when social work is brought into legal settings, lawyers are likely to show the greatest increase in their ethic of justice and ethic of care, however when lawyers are brought into social service settings this lawyer change is less and social workers may experience a decline their ethic of care. Using this model for program creation, keeps implementation factors such as legal and social service settings and staff recruitment choices central to expectations of how program design may influence program success.

The split between process/structure and relationships in the model also highlights the importance of providing and supporting leadership in both of these elements. Social workers taking on explicit leadership roles in programs with a focus on relationship and relational skill development will be a key way in which programs can be enhanced. Interviewees have already reported that social workers took on key roles in vicarious trauma support and counselling, and interdisciplinary training with other staff, suggesting they were actively developing relationships across the staffing body outside of any joint client work that may be undertaken. Acknowledging and promoting social work leadership in these areas will be an important next step to support the collaborative model. This requires social workers to have a strong sense of professional identity and the evidence base to their practice, so that this can be share explicitly through leadership, training and joint work. Support for leadership in both process/structure and relationships also requires support at higher levels in the program and wider organisation, with transparent articulation of the leadership roles lawyers and social workers are taking in a collaboration. The model and the findings from this study cannot assure programs of positive or successful client outcomes as this is beyond the scope of the research, however utilisation of the model can ensure that programs are making purposeful choices in relation to collaboration and that the professional collaboration itself is supported to be as strong, positive and successful as possible.

9.5. Social work leadership in the socio-legal discourse

Despite the significance of social work in the socio-legal collaborations explored in this study, the voice of social work remains limited in the socio-legal collaboration discourse and

in leadership within the sector. A significant grant of funding for health justice partnerships ($2.6 million for 8 programs) in 2014 came from the Victorian Legal Services Board (Ball et al., 2016) and of the literature identified in Chapter 2, much is authored by lawyers or appears in law journals (Clutterbuck, 2007; Curran, 2005; Galowitz, 1999; Hyams et al., 2013; Noone, 2012; Phillips, 1979) or if social work is involved it is as a co-author (Boys, Quiring, Harris, & Hagan, 2015; Fiske & Kenny, 2004; Forgey et al., 2001) or in the form of a jointly trained lawyer/social worker now working as a legal academic (Stanger, 1996; Walsh, 2012). The following sections set out both the opportunities and challenges for social work in this context. Drawing on the analysis above which outlines social work as a profession of influence and central to the socio-legal collaboration model, the following sections outline the opportunities for social work to make powerful and meaningful contributions to research and policy, and to take a key role in sector leadership, reflective of their roles in collaborative programs.

9.5.1. A place for social work in a collaborative future: the health-justice conundrum

Assertion of the role and importance of social work in socio-legal collaborations needs to be of central importance to the social work profession, particularly in the context of the emerging dominance of the health justice movement. This movement, while strongly acknowledging the health partners and health settings involved, is focused on the innovation of legal service delivery. Health Justice Australia itself was established through funding from a private law firm charitable fund and a community legal service/pro bono legal network, with testimonials on their websites all coming from legal organisations and nineteen of the twenty-one resources listed in 'What we know about health justice partnerships' authored by lawyers and found in legal journals (https://www.healthjustice.org.au/resources). This legal focus poses a number of key challenges for the social work profession as the health justice innovation moves forward and builds momentum in the socio-legal discourse.

As discussed in Chapter 2, being based on the social determinants of health, health justice partnerships divide the collaboration between health professions and justice professions, placing law on the side of the social and other professions including social work on the side of health. In the literature surrounding health justice partnerships the health professions

discussed and participating are far more likely to be doctors and nurses, with lawyers providing the 'social' practice. This, however, would seem to be the traditional role of social workers in health settings, with social work being located within the health setting to ensure patients are able to address social issues which are a result of, or which are impeding their health recovery (Beddoe & Pockett, 2018). This displacement of social work in health justice partnership models and literature, however is not supported by the findings of this study. In this context it is important that further research interrogates the actual roles played by social work in health justice partnerships, establishing for example if the social works in these programs acts as a conduit between the 'social' brought by lawyers and social work's existing understanding of the 'social' in health settings, or if another role is played altogether.

The discrepancy between current discourse and actual participation as established in this study, may also be representative of a setting in which the two professions which lead the health and legal fields, doctors and lawyers, also dominate the literature and surrounding policy/practice discussions, as evidenced by the volume of works considering doctor/lawyer collaboration (Klein et al., 2013; Retkin, Brandfield, Lawton, & Zuckerman, 2007). The danger for social work in health justice partnerships and more broadly, is that if the discourse is left to doctors on behalf of health or lawyers on behalf of the social, then the valid contribution made by social work and set out in this study is negated and undermined. As set out in this study, social workers not only participate in socio-legal collaborations but bring essential elements of their practice to the collaborative setting which support lawyers to participate and develop in this form of practice. Understanding the role of social work within health justice partnerships specifically and giving professional voice to that role will be an essential avenue for further research and industry development. Just as social work in health settings is the focus for a number of national and state-based practice groups through the Australian Association of Social Workers ("Practice Groups," n. d.), acknowledgement of social work in socio-legal collaboration settings including health, will provide additional professional support to those working in these setting and playing such influential roles.

9.5.2. Opportunities and obligations for practice leadership

The quietness of the social work voice is not only an issue for the health justice setting, but is also of concern more widely, particularly when contrasted to the strong voices of law and psychology in areas such as therapeutic jurisprudence, the comprehensive law movement and non-adversarial justice. Despite the significant influence social work would seem to have in socio-legal collaborations and the strongly relational nature of their practice which is fundamental to supporting the collaborative nature of programs outlined in the model above, the role of social work is still lessened and negated in other ways. As set out in the findings of this study, in socio-legal collaborations social work represents the largest social service profession by volume and is of key influence over other professions including law. A number of managerial roles are held by social workers, and they come with significant professional experience and are paid at a very similar rate as other professions including lawyers. However, in contrast they are also more likely to be part time over full time compared to lawyers, are far fewer in volume compared to lawyers, are more likely to be working in legal settings as opposed to social service or health settings and are perceived as less influential and less prestigious within the collaborations. These lessening and negating factors run the risk playing into wider debates and insecurities about the social work profession and undermining the existing leadership and influence that is evident in this study. Perceptions that social work is considered secondary or must fit within dominant practices when undertaken in established fields, is a common deliberation in social work literature (Ashcroft et al., 2018; Delavega et al., 2019), but one that must be resisted (Sheehan, 2010). Being unable to articulate what it is that social work does or what specifically the practice brings to interdisciplinary work is a failing of the profession that has been long contemplated and argued (Delavega et al., 2019; Flexner, 2001).

Likewise, in socio-legal collaborations, despite influence being evident, if social work is not able to articulate this influence or describe how and why their form of practice is fundamental to collaborative processes for lawyers, then the success of this form of practice will charge on without the input of social work and the 'innovative developments' that it presents will be claimed by others. While this study identified six therapeutic jurisprudence programs, of which five included social work as the key profession collaborating with law, social work has yet to take up a leadership role in therapeutic jurisprudence discourse which is currently dominated by lawyers. According to their website, no social workers are as yet

on the board of the International Society of Therapeutic Jurisprudence and in the three editions of the flagship journal *The International Journal of Therapeutic Jurisprudence* begun in 2016, no articles by social workers were included, while criminologists, nurses and psychologists authored five papers and lawyers or law students the remaining 21 (https://www.intltj.com/leadership; https://www.intltj.com/publications). Leadership in the broader sector of socio-legal collaborations is key for social work. At a program level it ensures that social work practice is not sacrificed to legal outcomes for individual clients. Across the sector however, leadership has the capacity to secure endorsement of reciprocal and mutually beneficial relationships between professions and reinforce the centrality and importance of ongoing developments in social work practice.

9.6. Study strengths and limitations

The study represented in this thesis is a broad and inclusive examination of socio-legal collaborations. It is the first of its kind undertaken in Australia and represents the most accurate picture of the growing socio-legal landscape at this time. Rather than being limited to geographical locations, particular programs or settings such as health, it sought to be as inclusive as possible, allowing participants to determine location, professions, collaborative forms and program structure. It utilises theory and validated measures of theoretical concepts to provide a strong foundational base to the findings. Using a mixed-methods approach it was able to quantitatively test programs and staff in the current landscape against the theories and work of others, while also allowing participants to discuss and describe programs in their own words, providing further detailed insights on these concepts and insights unique to the current Australian landscape.

Despite this the study also presents a number of limitations which should be of consideration in further research. As the first Australian census of socio-legal programs, the researcher made every attempt using the researcher's knowledge of networks, professional bodies and snowballing recruitment, to identify all programs within the landscape. However as there is currently no specific peak body or formal support networks, it is not possible to say that the census presented here is a truly accurate picture of all Australian socio-legal collaborations. As acknowledged earlier, the Northern Territory in particular presents a key potential deficit in the programs included. In terms of study design, the convergent parallel model of simultaneous qualitative and quantitative streams also meant that key unexpected

findings in either stream could not be verified or considered further in the other. For example, the articulation of structure and the relative importance of relationships over process from the participant interviews could not be included or tested specifically in the program census or staff survey. There were also limitations in relation to the validated measures available for some theoretical concepts. While the concept of the ethic of care and ethic of justice have been used extensively by law and social work, and as such have relevance for a study of this kind, there are as yet no measures or collected data which could form a baseline for the findings documented here. The study also presents a model of socio-legal collaborations based on the findings as subject to these limitations. As such it is not possible to compare an equivalent group of collaborative programs dominated by alternative professions such as psychologists and lawyers to understand if the model developed is representative of socio-legal collaborations or collaborations between social workers and lawyers specifically.

These limitations however are largely the product of this being the first attempt at understanding this broad landscape and in doing so the limitations highlight a number of avenues for further research, examination and sector development. Sector support through an inclusive peak body will assist further research to accurately identify programs. This will also be assisted by the nomenclature proposed in this study, as self-identification is likely to be easier and more consistent using a common language. The model of socio-legal collaborations proposed in this study also provides a structure from which collaborative elements and their interactions can be explored. While such a full exploration was not possible in this study as many interactions were unknown, now that they have identified, future research will be able to drive a far more accurate and detailed understanding of socio-legal collaborations from this foundational base.

Chapter 10: Conclusion

Socio-legal collaborations are a growing force in Australia and a key policy and sector response to access to justice, the social determinants of health and the interaction of legal and social issues in the lives of vulnerable Australians. This study provides a detailed explanation of where they can be found, the areas they are working in and the professions involved. The critical contribution of this study, however, is in its development of a socio-legal collaboration model based on established theories of collaboration and professions. It is through this model that the nature of collaborative interaction and what is actually occurring within socio-legal collaborations can be understood. It is this model which articulates the unique social work/lawyer interaction and the centrality of social work practice to successful implementation of collaborative intent, expanding theories of both socio-legal collaborations and collaborations in general. Unlike predictions of the past however (Parsloe, 1981), it does not evidence a merging of social work and legal practice. Instead it is a model specifically attuned to allowing both independence and integrated development of different profession practices, with space for leadership from both.

Programs not following this model and particularly where social work and its role in relationship development is not supported, were seen as less successful and of less value to clients. However, when working within the model, when lawyers have ability to make process and structure work for their ethical obligations as they see them, and social workers are able to support and foster collaborative relationships, programs are perceived as highly successful and an obvious way in which services across the social/legal divide should be delivered. The use of this model has clear practice implications for social work and other professions working within the socio-legal sector. It provides a practical way to move forward with strategic planning and sector development, and highlights for social work in particular the opportunity to be take-up leadership in the sector in both practice and theory development.

From a policy perspective the volume of programs, previously unquantified, demonstrates the existence of a strong sector, be it one which lacks central coordination. This suggests that furthering collaborative and integrated policy models should not simply be a matter of

creating new programs but should also be one of understanding, celebrating and supporting those already in existence.

This however is just the first step in examining socio-legal collaborations. The key to further research will be investigating their impact on client outcomes and the client experience. With this study as a foundation, future research needs to take the model and the nomenclature of variations within it, to compare and contrast how clients within these programs experience and benefit from collaborative service delivery. Collaborative relationships are central to the overall feeling of collaboration with a program, however is it these relationships or the structure and processes chosen in programs that ultimately influence the client experience? Further understanding of how clients conceive of 'client outcomes' will also be an important avenue for further research. In collaborative settings it may not just be the legal outcomes or the social outcomes which matter to clients. The area has the potential to develop a new set of socio-legal outcomes, articulated by clients receiving services within these socio-legal collaborations. While the findings of this study suggest staff and managers welcome well-functioning collaborations, it is ultimately the impact on clients and client outcomes that should drive future developments in the sector.

This call to further research and sector development, however is one that should, like socio-legal collaborations themselves, engage with both sides of the collaboration. Lawyers have taken up a strong place in this discourse already and as such it is not enough for social work to rely upon the current involvement of the profession in collaborative programs as evidence and support for a continued social work role. It is incumbent upon the profession to take up the leadership opportunities on offer in sector development and research, placing the profession and the model articulated here in which they are critical, at the centre of socio-legal collaboration development.

Social work theory and practice has the capacity to become the articulated foundation of socio-legal collaborations and an equal voice in the current legally dominated discourse. By utilising the model set out in this study and the evidentiary understanding that it provides, it is hoped that the sector will see a further expansion, beyond health and issues of current policy importance, to a level of acceptance across the social service, health and legal fields.

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Appendix 1:
Examples of Victorian programs

Examples of current programs in Victoria include:

West Heidelberg Community Legal Service/Banyule Community Health www.communitylaw.org.au/clc_westheidelberg (est. 1975)

Alfred Hospital/Maurice Blackburn www.maruiceblackburn.com.au (est. 2014)

Loddon Campaspe Community Legal Centre/Bendigo Health www.lcclc.org.au (est. 2013)

Royal Women's Hospital/Inner Melbourne CLS www.imcl.org.au (est. 2012)

Asylum Seeker Resource Centre www.asrc.org.au (est. 2001)

InTouch www.intouch.asn.au (est. 2012)

First Steps www.firststepprogram.org (est. 2000)

Homeless Persons Clinic www.justiceconnect.org.au (est. 2014)

International Social Services www.iss.org.au (est. 2013)

Front Yard/Youthlaw www.youthlaw.asn.au (est. 2001)

Seniors Rights Victoria www.seniorsrights.org.au (est. 2009)

Goulburn Valley Community Legal Centre www.gvclc.org.au (est. 2015)

Appendix 2:
Program census online screen shot

Census of socio-legal collaborations

Participant Information

You have been invited to participate in a research study titled 'Understanding the role of social work in Australian practice-based socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice'.

The census will take approximately 10 minutes to complete. The census asks questions in relation to the area your program works in, the professions or disciplines involved and the ways in which your staff collaborate.

The first question of the census asks for the name of your program. The only reason we are asking this question is to ensure that individual programs do not participate in the census multiple times and that the data collected is as accurate as possible. The name of the program will be removed from the rest of your census answers and will not be attached or linked to any of the census data.

The Participant Information Sheet, which was attached to your email or which can be found at sociallegalcollaborations.wordpress.com, provides further information in relation to the research, potential risks and benefits, and confidentiality.

Please acknowledge that you have read the Participant Information Sheet, before consenting to participate in this research by completing the census.

* 1. I acknowledge that I have read the Participant Information Sheet, and I consent to participating in this research.

- ◯ Yes
- ◯ No

Census of socio-legal collaborations

You have selected that you have NOT read the Participant Information Sheet and you do NOT consent to participating in this researcher. Thank you for your time.

If this is not the case and you have read the Participant Information Sheet and do consent to participate, please select the PREV button to return to the start of the census.

Census of socio-legal collaborations

Program Name

2. What is the name of your program?

(This information is for the purposes of eliminating duplicated programs in the census, and will not be attached or linked to the rest of the census data.)

Census of socio-legal collaborations

About the program

3. In which state or territory is your program located?

4. Is your program located in a capital city, a regional centre or rural location? (Choose all appropriate)

- [ ] Capital City
- [ ] Regional Centre
- [ ] Rural

5. What are the key areas of focus for the program? (choose all appropriate)

- [ ] There is no focus area - it is a general and varied program
- [ ] Homelessness
- [ ] Domestic violence
- [ ] Drug and alcohol misuse
- [ ] Mental illness
- [ ] Refugee and immigration
- [ ] Criminal law
- [ ] Family law
- [ ] Civil law
- [ ] Other (please specify)

6. Does the program provide services for a particular client group? (choose all appropriate)

- [ ] Variety of clients in a general and varied program
- [ ] Seniors
- [ ] Youth and children
- [ ] Women
- [ ] Men
- [ ] CALD communities
- [ ] Other (please specify)

7. Is the program based on a particular theory or way of working, and if so what is it? (eg, strengths-based practice, therapeutic jurisprudence)

Please specify

8. In what year did the program begin?

* 9. Does your program exist independently or does it sit within a larger host organisation?

- ( ) Independent program
- ( ) Part of a host organisation

Census of socio-legal collaborations

About the program (cont)

10. What type of organisation is your program's host organisation?

- ◯ Private law firm
- ◯ Public legal organisation (eg, Legal Aid)
- ◯ Hospital
- ◯ Community mental health service
- ◯ Community welfare service
- ◯ Domestic violence support service
- ◯ Other (please specify)

Census of socio-legal collaborations

About the program (cont.)

11. Who is the key decision maker in relation to funding allocations within the program?

- ◯ Our funders
- ◯ The host organisation
- ◯ The program management
- ◯ The project team
- ◯ Other (please specify)

12. Who decides the staff structure of the program, including which professions are required?

- ◯ Our funders
- ◯ The host organisation
- ◯ The program management
- ◯ Other (please specify)

* 13. What are the sources of funding for the program? (choose all appropriate)

- ☐ Government department
- ☐ Philanthropic organisation
- ☐ Private donations
- ☐ Community organisation
- ☐ The host organisation
- ☐ Other (please specify)

Census of socio-legal collaborations

About the program - government funding

14. Please specify which government department your program receives funding from.

Census of socio-legal collaborations

About the program staff

15. Which of the following professions are employed in your program?

- [ ] Lawyers
- [ ] Legal assistants
- [ ] Social workers
- [ ] Psychologists
- [ ] Nurses
- [ ] Counsellors
- [ ] Support workers
- [ ] Doctors
- [ ] Other (please specify)

16. How many staff does your program employ?

Number of legal staff (lawyers and legal assistants)	
Number of general administration staff	
Number of other professionals	

17. The program is predominately staffed by:

- ◯ Women
- ◯ Men
- ◯ There is an equivalent number of male and female staff

Collaboration in the program

18. Which of these statements best describes how different professions or disciplines in your program work together?

- ◯ Staff from different professions or disciplines engage in little communication and make decisions independently of each other.
- ◯ Staff from different professions or disciplines provide information to each other, they engage in formal communication and make all decisions independently of each other.
- ◯ Staff from different professions or disciplines share information and resources, they engage in frequent communication and participate in some shared decision-making.
- ◯ Staff from different professions or disciplines share ideas and resources, they engage in frequent and prioritised communication and all staff have a vote in decision-making.
- ◯ Staff from different professions or disciplines feel part of the one system, they engage in frequent communication characterised by mutual trust and consensus is reached on all decisions.

19. Thinking about how staff in your program work together, how strongly do you agree or disagree with these statements?

When we are working as a team, all of my team members…..

	Strongly agree	Agree	Neither agree not disagree	Disagree	Strongly disagree
share the power with each other	○	○	○	○	○
help and support each other	○	○	○	○	○
respect and trust each other	○	○	○	○	○
are open and honest with each other	○	○	○	○	○
make changes to their functioning based on reflective reviews	○	○	○	○	○
strive to achieve mutually satisfying resolution for differences of opinion	○	○	○	○	○
understand the boundaries of what each other can do	○	○	○	○	○
understand that there are shared knowledge and skills between professionals	○	○	○	○	○
create a cooperative environment amongst members	○	○	○	○	○
establish a sense of trust among the team members	○	○	○	○	○

Collaboration in the program (cont)

20. How do you think collaborative practice in your program could be improved?

21. Is there anything you personally could you do to improve the collaborative practice in your program?

Census of socio-legal collaborations

About you

22. What is your job title in the program?

23. What is your current profession?

- ◯ Lawyer
- ◯ Legal assistant
- ◯ Social worker
- ◯ Psychologist
- ◯ Nurse
- ◯ Counsellor
- ◯ Support worker
- ◯ Doctor
- ◯ Other (please specify)

24. Do you have previous training or experience in any other professions? (choose all that are appropriate)

- ☐ Lawyer
- ☐ Legal assistant
- ☐ Social worker
- ☐ Psychologist
- ☐ Nurse
- ☐ Counsellor
- ☐ Support worker
- ☐ Doctor
- ☐ Other (please specify)

25. What is your gender?

- Female
- Male
- Other

Census of socio-legal collaborations

The end

26. The aim of this study is to, as accurately as possible, map the provision of collaborative socio-legal programs across Australia. To do this we are asking our survey participants to list any programs of this kind that they are aware of, so they can be included in the study.

Do you know of any other practice-based (rather than court based), collaborations between legal and social services? Please list.

27. If you would like to receive the summary report for this research at its completion, please provide your email address:

Email Address

If you have any queries in relation to this survey or the wider study, please do not hesitate to contact the researcher, Jennifer Donovan at jdonovan@student.unimelb.edu.au.

Thank you for completing this survey.

Appendix 3:
Staff survey online screen shot

Working in socio-legal collaborations

Participant Information

You have been invited to participate in a research study titled 'Understanding the role of social work in Australian practice-based socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice'.

This survey will take approximately 20 minutes to complete. It asks questions in relation to how you currently practice in the program you work for, how the different professions or disciplines work together and how you feel collaboration could be improved.

The Participant Information Sheet, which was attached to your email or which can be found at sociallegalcollaborations.wordpress.com, provides further information in relation to the research, potential risks and benefits, and confidentiality.

Please acknowledge that you have read the Participant Information Sheet, before consenting to participate in this research by completing the survey.

* 1. I acknowledge that I have read the Participant Information Survey, and I am consenting to participate in this research.

- ◯ Yes
- ◯ No

You have checked that you have NOT read the Participant Information Sheet and are NOT willing to participate in this research. If this is the case, thank you for your time.

If you have read the Participant Information Sheet and are do consent to participating in this research please press the PREV button to restart the survey. Thank you.

Working in socio-legal collaborations

About the program

2. In which state or territory is your program located?

3. Is your program located in a capital city, a regional centre or rural location? (Choose all appropriate)

- [ ] Capital City
- [ ] Regional Centre
- [ ] Rural

4. What are the key areas of focus for the program? (Choose all appropriate)

- [ ] There is no focus area - it is a general and varied program
- [ ] Homelessness
- [ ] Domestic violence
- [ ] Drug and alcohol misuse
- [ ] Mental illness
- [ ] Refugee and immigration
- [ ] Criminal law
- [ ] Family law
- [ ] Civil law
- [ ] Other (please specify)

5. Does the program provide services for a particular client group? (Choose all appropriate)

- [ ] Variety of clients in a general and varied program
- [ ] Seniors
- [ ] Youth and children
- [ ] Women
- [ ] Men
- [ ] CALD communities
- [ ] Other (please specify)

Working in socio-legal collaborations

Your profession or discipline

6. What is your current profession or discipline?

- ◯ Lawyer
- ◯ Legal assistant
- ◯ Social worker
- ◯ Psychologist
- ◯ Nurse
- ◯ Counsellor
- ◯ Support worker
- ◯ Doctor
- ◯ Other (please specify)

7. How many years have you worked in this profession or discipline?

8. Do you have previous training or experience in any other professions or disciplines? (Choose all appropriate)

- [ ] No
- [ ] Lawyer
- [ ] Legal assistant
- [ ] Social worker
- [ ] Psychologist
- [ ] Nurse
- [ ] Counsellor
- [ ] Support worker
- [ ] Doctor
- [ ] Other (please specify)

Your profession or discipline (cont)

9. The following questions relates to how you feel about your profession or discipline, for example nursing, law or social work.

Thinking about your *current profession or discipline,* at the present time, how strongly do you agree or disagree with these statements:

	Strongly agree						Strongly disagree
I would be very happy to spend the rest of my career in this profession	○	○	○	○	○	○	○
I enjoy discussing my profession or discipline with people outside it	○	○	○	○	○	○	○
I really feel as if the profession's or discipline's problems are my own	○	○	○	○	○	○	○
I think that I could easily become as attached to another profession or discipline as I am to this one	○	○	○	○	○	○	○
I do not feel like 'part of the family' in my profession or discipline	○	○	○	○	○	○	○
I do not feel 'emotionally attached' to this profession or discipline	○	○	○	○	○	○	○
This profession or discipline has a great deal of personal meaning for me	○	○	○	○	○	○	○
I do not feel a strong sense of belonging to my profession or discipline	○	○	○	○	○	○	○

10. Cont.

When thinking about your *current profession or discipline*, how strongly do you agree or disagree with these statements:

	Strongly agree				Strongly disagree
People in my community think highly of my profession/discipline	○	○	○	○	○
It is considered prestigious in the community to be a member of my profession/discipline	○	○	○	○	○
My profession/discipline is considered to be one of the best	○	○	○	○	○
People from other professions/disciplines look down at my profession/discipline	○	○	○	○	○
Parents would be proud to have their children join my profession/discipline	○	○	○	○	○
My profession/discipline does not have a good reputation in the community	○	○	○	○	○
A person seeking to advance their career in the area where I currently work (eg, homelessness, criminal law etc) should down play their association with my profession/discipline	○	○	○	○	○
When programs in the area where I currently work (eg, homelessness, criminal law etc) are recruiting new staff, they do not want staff from my profession/discipline	○	○	○	○	○

Working in socio-legal collaborations

Your practice in the program

11. Is your practice in this program based on a particular theory or way of working, and if so what is it? (eg, strengths-based practice, therapeutic jurisprudence)

Please specify

12. Thinking about your practice when working in the program, how strongly do you agree or disagree with each of these statements?

	Strongly agree				Strongly disagree
I felt I had to change my practice theory or way of working when I joined the program.	○	○	○	○	○
The longer I am in the program, the more certain I am that my current practice theory is the right way of working.	○	○	○	○	○
I find my practice changing and becoming more similar to other professions in the program.	○	○	○	○	○
I can see other professions or disciplines in the program taking on board my practice theory or way of working	○	○	○	○	○

Working in socio-legal collaborations

Your experience of the program

13. The following question relates to how you feel about the program you are working in.

Thinking about your *program*, at the present time, how strongly do you agree or disagree with these statements:

	Strongly agree						Strongly disagree
I would be very happy to spend the rest of my career in this program	○	○	○	○	○	○	○
I enjoy discussing my program with people outside it	○	○	○	○	○	○	○
I really feel as if this programs problems are my own	○	○	○	○	○	○	○
I think that I could easily become as attached to another program as I am to this one	○	○	○	○	○	○	○
I do not feel like 'part of the family' in my program	○	○	○	○	○	○	○
I do not feel 'emotionally attached' to this program	○	○	○	○	○	○	○
This program has a great deal of personal meaning for me	○	○	○	○	○	○	○
I do not feel a strong sense of belonging to my program	○	○	○	○	○	○	○

* 14. Does your program exist independently or is it sit within a larger host organisation?

- ○ Independant program
- ○ Part of a host organisation

Working in socio-legal collaborations

Your experience in the program (cont)

15. What type of organisation is your program's host organisation?

- ◯ Private law firm
- ◯ Public legal organisation (eg, Legal Aid)
- ◯ Hospital
- ◯ Community mental health service
- ◯ Community welfare service
- ◯ Domestic violence support service
- ◯ Other (please specify)

16. The following question relates to how you feel about the host organisation your program sits within.

Thinking about the program's *host organisation*, at the present time, how strongly do you agree or disagree with these statements:

	Strongly agree						Strongly disagree
I would be very happy to spend the rest of my career in this organisation	○	○	○	○	○	○	○
I enjoy discussing my organisation with people outside it	○	○	○	○	○	○	○
I really feel as if this organisations problems are my own	○	○	○	○	○	○	○
I think that I could easily become as attached to another organisation as I am to this one	○	○	○	○	○	○	○
I do not feel like 'part of the family' at my organisation	○	○	○	○	○	○	○
I do not feel 'emotionally attached' to this organisation	○	○	○	○	○	○	○
This organisation has a great deal of personal meaning for me	○	○	○	○	○	○	○
I do not feel a strong sense of belonging to my organisation	○	○	○	○	○	○	○

Working in socio-legal collaborations

* 17. Have you had previous roles which were *not* in collaborative programs between social services and legal assistance?

- ◯ No, this is my first job
- ◯ No, I have only worked in collaborations between social services and legal assistance
- ◯ Yes

Working in socio-legal collaborations

Working with different professions

Questions on this page describe a range of elements, which different professionals or disciplines may find important when working with clients.

18. Thinking about what was important to you in your *previous roles* (that were *NOT* in collaborations between social services and lawyers), how strongly would you have agreed or disagreed with the following statements:

	Strongly agree						Strongly disagree
My main role was to assist with the issue or problem that the client had presented	○	○	○	○	○	○	○
My main role was to understand the range of issues impacting the client, not just the one they had asked for assistance with	○	○	○	○	○	○	○
My central concern was how the rights of my clients had been impacted by a decision or action	○	○	○	○	○	○	○
My central concern was how my client's relationships with family, friends and the wider community had been impacted by a decision or action	○	○	○	○	○	○	○
I relied on my understanding of general rules, standards and principles, when making decisions or providing advice	○	○	○	○	○	○	○
I relied on my understanding of the individual circumstances at hand, when making decisions or providing advice	○	○	○	○	○	○	○

	Strongly agree						Strongly disagree
I preferred decisions based on equality between individuals	○	○	○	○	○	○	○
I preferred decisions based on equity, acknowledging of the differences between individuals	○	○	○	○	○	○	○
It was important to me that I argued my point of view with colleagues who disagree, so that a robust decision could be reached	○	○	○	○	○	○	○
It was important to me that I took on board the views of my colleagues so we could work toward an agreed approach	○	○	○	○	○	○	○

19. Thinking about what is important to you *currently* when working with clients, how strongly do you agree or disagree with the following statements:

	Strongly agree						Strongly disagree
My main role is to assist with the issue or problem that the client has presented	○	○	○	○	○	○	○
My main role is to understand the range of issues impacting the client, not just the one they have asked for assistance with	○	○	○	○	○	○	○
My central concern is how the rights of my clients have been impacted by a decision or action	○	○	○	○	○	○	○
My central concern is how my client's relationships with family, friends and the wider community have been impacted by a decision or action	○	○	○	○	○	○	○

	Strongly agree						Strongly disagree
I rely on my understanding of general rules, standards and principles, when making decisions or providing advice	○	○	○	○	○	○	○
I rely on my understanding of the individual circumstances at hand, when making decisions or providing advice	○	○	○	○	○	○	○
I prefer decisions based on equality between individuals	○	○	○	○	○	○	○
I prefer decisions based on equity, acknowledge the differences between individuals	○	○	○	○	○	○	○
It is important to me that I argue my point of view with colleagues who disagree, so that a robust decision can be reached	○	○	○	○	○	○	○
It is important to me that I take on board the views of my colleagues so we can work toward an agreed approach	○	○	○	○	○	○	○

Working in socio-legal collaborations

Working with different professions (cont.)

20. When thinking about working in this program, how influential do you consider staff from the following professions or disciplines to be:

	Not at all influential						Extremely influential	N/A
Lawyers	○	○	○	○	○	○	○	○
Legal assistants	○	○	○	○	○	○	○	○
Social workers	○	○	○	○	○	○	○	○
Psychologists	○	○	○	○	○	○	○	○
Nurses	○	○	○	○	○	○	○	○
Counsellors	○	○	○	○	○	○	○	○
Support workers	○	○	○	○	○	○	○	○
Doctors	○	○	○	○	○	○	○	○
Other	○	○	○	○	○	○	○	○

Other (please specify)

21. Is there a language or the jargon of one profession or discipline which is particularly important for all staff in the program to understand and use?

- ○ Lawyers
- ○ Legal assistants
- ○ Social workers
- ○ Psychologists
- ○ Nurses
- ○ Counsellors
- ○ Support workers
- ○ Doctors
- ○ No, I don't find it useful
- ○ Other (please specify)

22. How successful do you feel you are at understanding and using this profession or discipline's language?

23. Are there systems and procedures of one profession or discipline which are particularly important for all staff in the program to understand and use?

- Lawyers
- Legal assistants
- Social workers
- Psychologists
- Nurses
- Counsellors
- Support workers
- Doctors
- No, I don't find it useful
- Other (please specify)

24. How successful do you feel you are at understanding and navigating these systems or procedures?

Working in socio-legal collaborations

Collaboration in the program

25. Which of these statements best describes how different professions or disciplines in your program work together?

- ◯ Staff from different professions or disciplines engage in little communication and make decisions independently of each other.
- ◯ Staff from different professions or disciplines provide information to each other, they engage in formal communication and make all decisions independently of each other.
- ◯ Staff from different professions or disciplines share information and resources, they engage in frequent communication and participate in some shared decision-making.
- ◯ Staff from different professions or disciplines share ideas and resources, they engage in frequent and prioritised communication and all staff have a vote in decision-making.
- ◯ Staff from different professions or disciplines feel part of the one system, they engage in frequent communication characterised by mutual trust and consensus is reached on all decisions.

26. This question relates to the different types of collaborative relationship you may have with the other professions or disciplines in your program.

For each of the following statements, please select professions or disciplines who work with you in this way.

	N/A	Lawyers	Legal assistants	Social workers	Psychologists	Nurses	Counsellors	Doctors	Other
Staff from different professions or disciplines engage in little communication and make all decisions independently of each other	☐	☐	☐	☐	☐	☐	☐	☐	☐
Staff from different professions or disciplines provide information to each other, they engage in formal communication and make all decisions independently of each other.	☐	☐	☐	☐	☐	☐	☐	☐	☐

	N/A	Lawyers	Legal assistants	Social workers	Psychologists	Nurses	Counsellors	Doctors	Other
Staff from different professions or disciplines share information and resources, they engage in frequent communication and participate in some shared decision-making.	☐	☐	☐	☐	☐	☐	☐	☐	☐
Staff from different professions or disciplines share ideas and resources, they engage in frequent and prioritised communication and all staff have a vote in decision-making.	☐	☐	☐	☐	☐	☐	☐	☐	☐
Staff from different professions or disciplines feel part of the one system, they engage in frequent communication characterised by mutual trust and consensus is reached on all decisions.	☐	☐	☐	☐	☐	☐	☐	☐	☐

Other (please specify)

27. Thinking about how staff in your program work together, how strongly do you agree or disagree with these statements?

When we are working as a team, all of my team members....

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
share the power with each other	○	○	○	○	○
help and support each other	○	○	○	○	○
respect and trust each other	○	○	○	○	○
are open and honest with each other	○	○	○	○	○
make changes to the way they work based on review from the team	○	○	○	○	○
strive to achieve mutually satisfying resolution for differences of opinion	○	○	○	○	○
understand the boundaries of what each other can do	○	○	○	○	○
understand that there are shared knowledge and skills between professionals	○	○	○	○	○
create a cooperative environment amongst members	○	○	○	○	○
establish a sense of trust among the team members	○	○	○	○	○

Collaboration in the program (cont)

28. How do you think collaborative practice in your program could be improved?

29. Is there anything you personally could you do to improve the collaborative practice in your program?

Working in socio-legal collaborations

About you

30. What is your age?

- ◯ 18 to 24
- ◯ 25 to 34
- ◯ 35 to 44
- ◯ 45 to 54
- ◯ 55 to 64
- ◯ 65 to 74
- ◯ 75 or older

31. What is your gender?

- ◯ Female
- ◯ Male
- ◯ Other

32. Is there a particular issue or practice area in which you have worked the most during your career?

- ◯ No, I have a a general and varied practice
- ◯ Homelessness
- ◯ Domestic violence
- ◯ Drug and alcohol misuse
- ◯ Mental illness
- ◯ Refugee and immigration
- ◯ Criminal law
- ◯ Family law
- ◯ Civil law
- ◯ Other (please specify)

33. Which of these professions or disciplines do you socialise with or are part of your social circle, outside of the workplace? (Choose all relevant)

- [ ] Lawyer
- [ ] Legal assistant
- [ ] Social worker
- [ ] Psychologist
- [ ] Nurse
- [ ] Counsellor
- [ ] Support worker
- [ ] Doctor

34. What is your job title in the program?

35. Is this a senior or supervisory role?

- ◯ Yes
- ◯ No

36. How long have you worked in the program?

- ◯ Less than 6 months
- ◯ 6 months - 1 year
- ◯ 1 - 2 years
- ◯ 2 - 5 years
- ◯ 5 - 10 years
- ◯ 10 years +

37. Do you work full-time or part-time in the program?

38. What is your current weekly salary from *the program* (equivalent annual income is in brackets) before tax?

- ◯ $1-$199 ($1-$10,399)
- ◯ $200-$299 ($10,400-$15,599)
- ◯ $300-$399 ($15,600-$20,799)
- ◯ $400-$599 ($20,800-$31,199)
- ◯ $600-$799 ($31,200-$41,599)
- ◯ $800-$999 ($41,600-$51,999)
- ◯ $1,000-$1,249 ($52,000-$64,999)
- ◯ $1,250-$1,499 ($65,000-$77,999)
- ◯ $1,500-$1,999 ($78,000-$103,999)
- ◯ $2,000-$2,499 ($104,000-$129,999)
- ◯ $2,500+ ($130,000+)

Working in socio-legal collaborations

The end

39. The aim of this study is to, as accurately as possible, map the provision and experience of collaborative socio-legal programs across Australia. To do this we are asking our survey participants to list other any programs of this kind that they are aware of, so they can be added to the study.

Do you know of any other practice-based (rather than court based), collaborations between legal and social services? Please list.

40. If you would like to receive the summary report for this research at its completion, please provide your email address:

41. Invitation to participate in interviews

A further stage of this research will include conducting one-on-one interviews with staff of socio-legal collaborations, to further explore the issues in this survey.

If you would be interested in participating in an interview please email the researchers at jdonovan@student.unimelb.edu.au or register your interest on the research website sociallegalcollaborations.wordpress.com

Alternatively you can provide your email address here and the researchers will contact you.

If you have any queries in relation to this survey or wider study, please do not hesitate to contact the researcher, Jennifer Donovan on jdonovan@student.unimelb.edu.au.

Thank you for completing this survey.

Appendix 4:
Semi-structured interview questions and themes

Semi-structured interview questions

Describing the collaboration

1. Can you describe your experience of working with other professions in this program?
2. How is work in this program different to other programs you have worked with?
3. Can you describe if legal and social service staff have engaged in any joint training, and if so the nature of that training?

Professions in collaboration

4. How well do you feel you and your profession fits into the program, and why?
5. How well do you feel social work fits into the program, and why?
6. How well do you feel you and your profession fits into the program's host organisation (if there is one), and why?
7. How well do you feel social work fits into the program's host organisation (if there is one), and why?
8. How well supported and embedded do you feel the program is within the social service or legal system?
9. How well supported and embedded do you feel the program is within its host organisation (if there is one)?
10. What has been the uptake of the program by clients and by other staff and services in terms of referrals?

The experience of collaboration

11. How well respect do you feel your profession is in the program?
12. Has working with other professions influenced the way in which you approach your work?
13. Do you think you or your profession participating in the program, has had an influence on other professions and the way they practice?
14. How closely connected do you feel to your profession or discipline?

Why collaboration?

15. What do you think are the benefits to both clients and staff of delivering services in a collaborative program?
16. What do you think are the pitfalls to both clients and staff of delivering services in a collaborative program?
17. How do you think collaboration could be improved in the program? And what could you personally do to improve it?

Appendix 5:
Plain language statements

Program census

Plain Language Statement

Department of Social Work

Project:

Understanding the role of social work in Australian based, socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice.

Ms Jennifer Donovan (PhD student) Email: jdonovan@student.unimelb.edu.au
Dr. David Rose (Responsible Researcher) Email: drose@unimelb.edu.au
Tel: +61 3 8344 9421
Prof. Marie Connolly (Co-researcher) Email: marie.connolly@unimelb.edu.au
Tel: +61 3 9035 4513

Introduction

You are invited to participate in the above project, which is being conducted by Jennifer Donovan (PhD student), Dr David Rose and Prof. Marie Connolly (supervising researchers) of the Department of Social Work at The University of Melbourne. Your name and contact details have been provided to this study as you currently manage a collaborative socio-legal program.

Purpose of the research

The aim of this study is to investigate the socio-legal collaborations currently on offer in Australia and the influence of this way of working on the practice of the professions involved in them. This research has been approved by the University of Melbourne, Human Research Ethics Committee.

What will I be asked to do?

Should you agree to participate, you will be asked to contribute by completing an online survey. The survey asks questions in relation to the area your program works in, the professions or disciplines involved and the ways in which they collaborate. It is not anticipated that completing the survey will cause you any discomfort or inconvenience, however if you do find any of the questions unsettling or embarrassing you simply do not have to answer them. You can skip questions or choose not to participate in the survey at any stage.

How long is my participation expected to take?

We estimate that the time required will be approximately 10 minutes. The total time required of you would not exceed 15 minutes.

How will my confidentiality be protected?

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, subject to any legal requirements. The survey asks for your program name. This is to ensure that we don't duplicate programs and the census of socio-legal collaborations is as accurate as possible. Your program name, your name, and your contact details will be kept unlinked and separated from any data that you supply. All the data supplied will be kept in a password-protected computer file. The data will be kept securely in the Department of Social Work for 5 years from the date of publication, and may be destroyed after this time.

Do I have to take part?

Participation is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

What happens after the project is finished?

The results of the research will form a core component of the student researchers PhD thesis. It is possible that the results will be published in journal papers and presented at academic conferences. No identifying details will be disclosed in the published findings of this research or to any other party. A brief summary of the research findings will be made available to you, at your request. Please contact the researchers if you wish to have this provided.

Where can I get further information?

If you would like more information about the project, please contact the researchers; Jennifer Donovan jdonovan@student.unimelb.edu.au; Dr David Rose drose@unimelb.edu.au, or Prof. Marie Connolly marie.connolly@unimelb.edu.au.

What if I have any concerns about the project?

Should you have any concerns or complaints about the conduct of the project, please contact Ms Kate Murphy, Manager, Human Research Ethics - Office for Research Ethics and Integrity, the University of Melbourne VIC 3010. Tel: +61 3 8344 2073 or HumanEthics-complaints@unimelb.edu.au.

How do I agree to participate?

By completing the survey, you will be agreeing to participate in this research. If you do not wish to participate please do not complete the survey.

Staff survey

Plain Language Statement

Department of Social Work

Project:

Understanding the role of social work in Australian based, socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice.

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Dr. David Rose (Responsible Researcher) Email: drose@unimelb.edu.au
Tel: +61 3 8344 9421
Prof. Marie Connolly (Co-researcher) Email: marie.connolly@unimelb.edu.au
Tel: +61 3 9035 4513

Introduction

You are invited to participate in the above project, which is being conducted by Dr David Rose (Supervisor) and Jennifer Donovan (PhD student) of the Department of Social Work at The University of Melbourne. Your name and contact details have been provided to this study as you currently work for a collaborative socio-legal program.

Purpose of the research

The aim of this study is to investigate the socio-legal collaborations currently on offer in Australia and the influence of this way of working on the practice of the professions involved in them. This research has been approved by the University of Melbourne, Human Research Ethics Committee.

What will I be asked to do?

Should you agree to participate, you will be asked to contribute by completing an online survey. It asks questions in relation to how you currently practice in the program you work for, how the different professions or disciplines work together and how you feel collaboration could be approved. It is not anticipated that completing the survey will cause you any discomfort or inconvenience, however if you do find any of the questions unsettling or embarrassing you simply do not have to answer them. You can skip questions or choose not to participate in the survey at any stage.

How long is my participation expected to take?

We estimate that the time required will be approximately 20 minutes. The total time required of you would not exceed 30 minutes.

How will my confidentiality be protected?

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, subject to any legal requirements. Your responses will not be attached to any of your identifying information and if any of your comments are reproduced in publications or presentations they will attributable to a pseudonym. Your name and contact details will be kept in a password-protected computer file, separate from any data that you supply. The data will be kept securely in the Department of Social Work for 5 years from the date of publication, and may be destroyed after this time.

Do I have to take part?

Participation is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

What happens after the project is finished?

The results of the research will form a core component of the student researchers PhD thesis. It is possible that the results will be published in journal papers and presented at academic conferences. No identifying details will be disclosed in the published findings of this research or to any other party. A brief summary of the research findings will be made available to you, at your request. Please contact the researchers if you wish to have this provided.

Where can I get further information?

If you would like more information about the project, please contact the researchers; Jennifer Donovan jdonovan@student.unimelb.edu.au; Dr David Rose drose@unimelb.edu.au, or Prof. Marie Connolly marie.connolly@unimelb.edu.au.

What if I have any concerns about the project?

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How do I agree to participate?

By completing the survey, you will be agreeing to participate in this research. If you do not wish to participate please do not complete the survey.

Interviews

Plain Language Statement

Department of Social Work

Project:

Understanding the role of social work in Australian based, socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice.

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Dr. David Rose (Responsible Researcher) Email: drose@unimelb.edu.au
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Tel: +61 3 9035 4513

Introduction

You are invited to participate in the above project, which is being conducted by Jennifer Donovan (PhD student), Dr David Rose and Prof. Marie Connolly (supervising researchers) of the Department of Social Work at The University of Melbourne. Your name and contact details have been provided to this part of the study by you, directly, at the completion of the staff survey or via the research website.

Purpose of the research

The aim of this study is to investigate the socio-legal collaborations currently on offer in Australia and the influence of this way of working on the practice of the professions involved in them. This research has been approved by the University of Melbourne, Human Researcher Ethics Committee.

What will I be asked to do?

Should you agree to participate, you will be asked to contribute by participating in an interview, which will be recorded by the researcher. In the interview you will be asked questions in relation to your experience of collaborative practice in your program. You will be provided with the questions before the interview takes place.

How long is my participation expected to take?

We estimate that the time required will be approximately 1 hour. The total time required of you would not exceed 1.5 hours.

How will my confidentiality be protected?

We intend to protect your anonymity and the confidentiality of your responses to the fullest possible extent, subject to any legal requirements. The recording and transcript

of your interview will not be attached to any of your identifying information and if your comments are reproduced in publications or presentations they will attributable to a pseudonym. Your name and contact details will be kept in a password-protected computer file, separate from any data that you supply. The data and audio recordings will be kept securely in the School of Social Work for 5 years from the date of publication, and may be destroyed after this time.

Do I have to take part?

Participation is completely voluntary. Should you wish to withdraw at any stage, or to withdraw any unprocessed data you have supplied, you are free to do so without prejudice.

What happens after the project is finished?

The results of the research will form a core component of the student researchers PhD thesis. It is possible that the results will be published in journal papers and presented at academic conferences. No identifying details will be disclosed in the published findings of this research or to any other party. A brief summary of the research findings will be made available to you, at your request. Please contact the researchers if you wish to have this provided.

Where can I get further information?

If you would like more information about the project, please contact the researchers; Dr David Rose drose@unimelb.edu.au, or Jennifer Donovan jdonovan@student.unimelb.edu.au.

What if I have any concerns about the project?

Should you have any concerns or complaints about the conduct of the project, please contact Ms Kate Murphy, Manager, Human Research Ethics - Office for Research Ethics and Integrity, the University of Melbourne VIC 3010. Tel: +61 3 8344 2073 or HumanEthics-complaints@unimelb.edu.au.

How do I agree to participate?

If you would like to participate in this project, please indicate that you have read and understood this information by completing the accompanying consent form and returning it in the envelope provided or bringing it to your interview.

Appendix 6:
Interview consent form

THE UNIVERSITY OF MELBOURNE

Department OF SOCIAL WORK

Consent form for persons participating in a research project

PROJECT TITLE:
Understanding the role of social work in Australian practice-based, socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice.

Name of participant:
Name of investigator(s): Jennifer Donovan, David Rose, Marie Connolly

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.

2. I understand that after I sign and return this consent form it will be retained by the researcher.

3. I understand that my participation will involve an *interview* and I agree that the researcher may use the results as described in the plain language statement.

4. I acknowledge that:

   (a) the possible effects of participating in the *interview* have been explained to my satisfaction;

   (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;

   (c) the project is for the purpose of research;

   (d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements;

   (e) I have been informed that with my consent the *interview will be audio-taped and I understand that audio-tapes* will be stored at University of Melbourne and will be destroyed after five years;

   (f) my name will be referred to by a pseudonym in any publications arising from the research;

   (g) I have been informed that a copy of the research findings will be forwarded to me, should I agree to this.

I consent to this ***interview*** being audio-taped — ☐ **yes** ☐ **no** (please tick)

I wish to receive a copy of the summary project report on research findings — ☐ **yes** ☐ **no** (please tick)

Participant signature: Date:

Appendix 7:
Ethics approval

THE UNIVERSITY OF MELBOURNE

MELBOURNE SCHOOL OF HEALTH SCIENCES

19 April 2016

Dr D.J. Rose
Social Work
The University of Melbourne

Dear Dr Rose

I am pleased to advise that the School of Health Sciences Human Ethics Advisory Group has approved the following Minimal Risk Project.

Project title:	**Understanding the role of social work in Australian socio-legal collaborations: An explanatory study of disciplinary influence in an emerging practice.**
Researchers:	**Dr D J Rose, J Donovan, Prof M Connolly**
Ethics ID:	**1646536**

The Project has been approved for the period: **19-Apr-2016 to 31-Dec-2016.**

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

(a) **Limit of Approval:** Approval is limited strictly to the research as submitted in your Project application.

(b) **Amendments to Project:** Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Advisory Group for further consideration and approval before the revised Project can commence. If the Human Ethics Advisory Group considers that the proposed amendments are significant, you may be required to submit a new application for approval of the revised Project.

(c) **Incidents or adverse effects:** Researchers must report immediately to the Advisory Group and the relevant Sub-Committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.

(d) **Monitoring:** All projects are subject to monitoring at any time by the Human Research Ethics Committee.

(e) **Annual Report:** Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.

(f) **Auditing:** All projects may be subject to audit by members of the Sub-Committee.

Please quote the ethics registration number and the name of the Project in any future correspondence.

On behalf of the Ethics Committee I wish you well in your research.

Yours sincerely

Prof Nicola Santamaria - Chair
School of Health Sciences Human Ethics Advisory Group

Melbourne School of Health Sciences
The University of Melbourne, Victoria 3010 Australia
T: +61 3 8344 4171 **F:** +61 3 8344 5391
W: http://healthsciences.unimelb.edu.au/

Appendix 8:
Change statistics

1. Perceived Change in Self

1.1 Perceived Change in Self and program and employment experience

The Perceived Change in Self Score was found to be relatively consistent across the length of staff employment in the program and overall professional experience. A one-way between-group analysis of variance was conducted to further explore difference in this scale based on employment in the program. There was no statistically significant difference in Perceived Change Scale scores for the six groups: F(5, 107)=.74, p=.60. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .03. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was less than 6 months (M=2.65, SD=1.03) and 10+ years (M=3.00, SD=.82) who tipped over into agreeing, although very weakly, that there was change.

A one-way between-group analysis of variance was also conducted to further explore difference in this scale based on professional experience. There was no statistically significant difference in Perceived Change Scale scores for the six groups: F(5, 122)=1.60, p=.17. Despite not reaching statistical significance, the actual difference in mean scores between the groups was medium. The effect size, calculated using eta squared, was .06. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was 1 – 4 years (M=3.04, SD=.94) who agreed there was change and 20+ years (M=2.30, SD=.89) who more strongly agreed there was not. This suggests that neither experience in the program or experience in the profession were factors producing a significant effect on Perceived Change.

1.2 Perceived Change in Self and collaborative form

When perceived change is assessed across the different collaborative forms, the mean Perceived Change score ranged from in Collaboration at the lowest (M=2.23, SD=.92) and in Networking at the highest (M=3.14, SD=.85).

To further explore the relationship between the Perceived Change Scale and collaborative form, one-way between-group analysis of variance was conducted. There was no

statistically significant difference in Perceived Change scores for the five groups: F(4, 110)=1.23, p=.30. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .04. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score between Networking (M=3.14, SD=.85) who agreed there was change and Collaboration (M=2.23, SD=.92) who reported there was not.

The relationship between Perceived Change and collaboration form was also investigated using Kendall's tau-b correlation coefficient. There was a weak negative correlation between Perceived Change and collaboration form (Tb=-.142, n=115, p=.064) which was not found to be statistically significant. When these correlations are split for profession, there was also a weak negative correlation between Perceived Change and collaboration form for lawyers (Tb=-.170, n=42, p=.181) and social workers (Tb=-.082, n=44, p=.515). When also considered by profession and program orientation, a key difference can be seen between lawyers and social workers in social service oriented programs. In this setting lawyers report a stronger negative correlation between Perceived Change and collaboration form (Tb=-.449, n=9, p=.142), while social workers report a medium positive correlation between Perceived Change and collaboration form (Tb=.350, n=13, p=.165) in this setting.

1.3 Perceived Change in Self and commitment

Weak negative correlations were evidenced for each form of commitment for both social workers and lawyers. However, when split by profession, both professions showed their strongest negative correlation with commitment to program (social workers r=-.160, n=46, p<0.287; lawyers r=-.280, n=45, p<0.062), although neither were statistically significant. This was also evident across all program orientations, except social workers in social service oriented programs whose largest negative correlation was with commitment to profession (r=-.328, n=8, p<0.274). This suggests that as commitment rises, perceived change may slightly reduce. As would be expected, this reduction in change is most strongly associated with commitment to profession where commitment to a professional practice would seem to strengthen that practice against collaborating influences. Individual professions however also suggested that commitment to their program may also provide a similar insulating factor against change.

2. Influence on others

2.1 Influence on others and profession and program orientation

Respondents of different professions and in different program orientations all reported very similar means on this scale, with both social workers or lawyers agreeing they were having an influence on others. An independent-samples t-test was conducted to compare Influence on Others for lawyers and social workers. There was no significant difference in influence on others for lawyers (*M*=3.33, *SD*=.77) and social workers (*M*=3.47, *SD*=.83; *t*(94)=-.735, *p*=.464). The magnitude of the differences in the means (mean difference=-.12, 95% *CI:*-.45 to .21) was small (eta squared=.01) (See Table i).

To further explore difference in this scale based on the two professions and three program orientations, one-way between-group analysis of variance was also conducted. There was no statistically significant difference in Influence on Others scores for the six groups: *F*(5, 83)=.286, *p*=.91 (using Welch robust test of equality of means). Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .04. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was lawyers in independent orientations (*M*=2.83, *SD*=1.17) who were the only group who saw no influence and social workers in legal orientations (*M*=3.5, *SD*=.78) who agreed they were influencing others.

2.2 Influence on others and program and employment experience

The relationship between program and employment experience, and Influence on Others was considered. A one-way between-group analysis of variance was conducted to explore difference in this scale based on employment in the program. There was no statistically significant difference in Influence on Others scores for the six groups: *F*(5, 107)=.80, *p*=.55. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .04. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was less than 6 months (*M*=3.00, *SD*=1.05) and 2-5 years (*M*=3.58, *SD*=.64) (see Table i).

	n	*M (SD)*	*F-* statistic *(df1, df2)*	*P-* value	*eta-squared*
Profession – program orientation					
Social workers - legal orientations	30	3.50 (.78)	.286 (5, 8.599)	.909	.04
Social workers - social service orientations	13	3.38 (.77)			
Social workers - independent programs	2	3.50 (2.12)			
Lawyers - legal orientations	29	3.41 (.78)			
Lawyers - social service orientations	9	3.44 (.53)			
Lawyers - independent programs	6	2.83 (1.17)			
Program employment length					
Less than 6 months	10	3.00 (1.05)	.797 (5, 107)	.554	.04
6 months – 1 year	28	3.39 (.83)			
1-2 years	15	3.53 (.64)			
2-5 years	26	3.58 (.64)			
5-10 years	21	3.43 (.93)			
10+ years	13	3.31 (1.03)			
Professional experience					
Less than 1 year	7	3.00 (.58)	1.573 (5, 39.365)	.190	.04
1-4 years	28	3.29 (.76)			
5-9 years	32	3.56 (.76)			
10-14 years	21	3.29 (1.15)			
15-19 years	15	3.37 (.62)			
20+ years	25	3.40 (.76)			
Collaborative form					
Networking	7	3.14 (1.07)	1.524 (4, 110)	.200	.05
Cooperation	14	3.00 (.68)			
Coordination	72	3.50 (.80)			
Coalition	7	3.71 (.29)			
Collaboration	15	3.47 (.24)			

* p<.05; ** p<.01; Likert scale 1-5

Table i: Comparison of Influence on others between variables (one-way ANOVA)

A one-way between-group analysis of variance was also conducted to further explore difference in this scale based on professional experience. There was no statistically significant difference in Influence on Others scores for the six groups: $F(5, 122)=1.57$, $p=.19$ (using Welch robust test of equality of means). Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .04. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was Less than 1 year ($M=3.00$, $SD=.58$) and 15-19 years ($M=3.67$, $SD=.62$).

2.3 Influence on others and collaborative form

To explore the relationship between the Influence on Others scale and collaborative form, one-way between-group analysis of variance was conducted. There was no statistically significant difference in Perceived Change scores for the five groups: $F(4, 110)=1.52$, $p=.20$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .05. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score between Cooperation ($M=3.00$, $SD=.68$) and Coordination ($M=3.50$, $SD=.80$) (see Table i).

The relationship between Influence on Others and collaboration form was also investigated using Kendall's tau-b correlation coefficient. There was a weak positive correlation between Influence on Others and collaborative form (Tb=.158, $n=115$, $p=.056$) which was not found to be statistically significant. When this correlation is split for profession, lawyers show a weak positive correlation between Influence on Others and collaborative form (Tb=.188, $n=42$, $p=.178$) which was not found to be statistically significant, while social workers show a very weak negative correlation between Influence on Others and collaborative form (Tb=-.026, $n=44$, $p=.848$) which was not found to be statistically significant.

2.4 Influence on others and collaborative relationships

A very slight negative correlation was found with collaborative relationship (r=-.013, n=114, p<.888) suggesting only slightly that there may be a sense that stronger collaborative relationships resulted in less Influence on Others. This, however. was not statistically significant.

When this correlation is split by profession, both lawyers (r=.077, n=42, p<.629) and social workers (r=-.005, n=43, p<.973) show very weak correlations between collaborative relationships and Influence on Others, neither of which were statistically significant. Lawyers showed a very weak to negligible correlation with collaborative relationships across all three orientations, being positive in social service oriented organisations (r=.015, n=9, p<.970), and negative in independent and legally oriented organisations (independent r=-.095, n=5, p<.880; legal r=-.057, n=27, p<.777), these were not statistically significant.

3. Change in Ethic of Care and Ethic of Justice

3.1 Change in Ethic of Care and Ethic of Justice scales by program and employment experience

A one-way between-group analysis of variance was conducted to explore difference in Change in Ethic of Justice and Change in Ethic of Care based on employment in the program. For the change in ***Ethic of Justice*** there was no statistically significant difference in scores for the six groups: $F(5, 71)=.55$, $p=.74$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .04. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was 6 months-1 year ($M=.59$, $SD=.96$) and 10+ years ($M=.09$, $SD=.88$). For the change in ***Ethic of Care*** there was no statistically significant difference in scores for the six groups: $F(5, 72)=.24$, $p=.95$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .02. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was 1-2 years ($M=.62$, $SD=1.47$) and 10+ years ($M=.20$, $SD=1.13$).

A one-way between-group analysis of variance was also conducted to further explore difference in Change in Ethic of Care and Change in Ethic of Justice based on professional experience. There was no statistically significant difference in change in ***Ethic of Justice*** scores for the six groups: $F(5, 72)=1.15$, $p=.37$ (using Welch robust test of equality of means). Despite not reaching statistical significance, the actual difference in mean scores between the groups was moderate. The effect size, calculated using eta squared, was .08. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was Less than 1 year ($M=1.10$, $SD=1.64$) and 15-19 years ($M=.14$, $SD=.73$). There was no statistically significant difference in change in ***Ethic of Care*** scores for the six groups: $F(5, 73)=.488$, $p=.75$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .03. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score was 5-9 years ($M=.55$, $SD=1.13$) and 20+ years ($M=.08$, $SD=1.25$).

3.2 Change in Ethic of Care and Ethic of Justice scales and Commitment

Commitment to profession showed a weak negative correlation (r=-.182, n=79, p<0.108) to Change in Ethic of Care and a very weak negative correlation (r=-.077, n=78, p<0.504) to Change in Ethic of Justice, which were not statistically significant. ***Commitment to program*** showed a weak positive correlation (r=.215, n=78, p<0.059) to Change in Ethic of Care and no correlation (r=.000, n=77, p<0.997) to Change in Ethic of Justice, which were not statistically significant. ***Commitment to organisation*** showed a weak positive correlation (r=.203, n=63, p<0.110) to Change in Ethic of Care and a weaker positive correlation (r=.026, n=63, p<0.853) to Change in Ethic of Justice, which were not statistically significant.

When considered by profession, similarities to the general cohort were reported by social workers and lawyers for change in Ethic of Care. Differences, however were found for change in Ethic of Justice. Social workers showed negative correlations between Change in the Ethic of Justice and all three forms of commitment (profession r=-.005, n=27, p<0.978; program r=-.323, n=27, p<0.100; organisation r=-.069, n=28, p<0.737), with the strongest being with commitment to program, in contrast to the general cohort. Lawyers however had positive correlations between all three forms of commitment and Change in Ethic of Justice (profession r=.123, n=28, p<0.532; program r=.347, n=27, p<0.076; organisation r=.290, n=18, p<0.243), with the strongest also being with commitment to program, supporting the general cohort.

In social service orientations lawyers reported negative correlations between change in the Ethic of Justice and commitment to profession (r=-.145, n=8, p<0.732) and commitment to organisation (r=-.432, n=7, p<0.333), and between change in Ethic of Care and commitment to organisation (r=-.245, n=7, p<0.583), while in independent orientations they also reported negative correlations between change in Ethic of Justice and commitment to profession (r=-.159, n=4, p<0.841) and commitment to program (r=-.406, n=4, p<0.592), and between change in Ethic of Care and commitment to program (r=-.711, n=4, p<0.289). Social workers on the other hand seemed less influenced by different orientations with the exception of social workers in social service settings who reported a strong negative correlation between change in Ethic of Care and commitment to program (r=-.855, n=8, p<0.007).

3.3 Change in Ethic of Care and Ethic of Justice elements and Commitment

Commitment to profession, program and organisation were assessed across change in the five elements of the Ethic of Care and Ethic of Justice. For ***Ethic of Justice***, the only correlation which was statistically significant was between commitment to profession and Specificity for lawyers, no other stronger or significant relationships were found (r=.359, n=31, p<.047).

For ***Ethic of Care***, the correlations are also all weak to very weak. The cohort as a whole showed statistically significant, weak negative correlations between commitment to profession and Circumstance (r=-.218, n=82, p<.049), weak positive correlations between commitment to program and Conciliation (r=.343, n=83, p<.001), and weak positive correlations between commitment to organisation and Context (r=.271, n=68, p<.026). Social workers also showed statistically significant, weak negative correlations between commitment to profession and Circumstance (r=-.380, n=30, p<.038) and weak positive correlations between commitment to program and Conciliation (r=.387, n=30, p<.034).

3.4 Change in Ethic of Care and Ethic of Justice scales and Collaborative form

To explore the relationships between the change in Ethic of Care and change in Ethic of Justice scales and collaborative form, one-way between-group analysis of variance were conducted. There was no statistically significant difference in change in ***Ethic of Care*** scores for the five groups: $F(4, 74)=.60$, $p=.66$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was small. The effect size, calculated using eta squared, was .03. Post-hoc comparisons using Tukey HSD test indicated that the most significantly different mean score between Networking ($M=-.20$, $SD=1.39$) and Collaboration ($M=.80$, $SD=.94$).

There was no statistically significant difference in change in ***Ethic of Justice*** scores for the five groups: $F(4, 73)=1.12$, $p=.35$. Despite not reaching statistical significance, the actual difference in mean scores between the groups was moderate. The effect size, calculated using eta squared, was .06. Post-hoc comparisons using Tukey HSD test indicated that the

most significantly different mean score between Cooperation (*M*=.76, *SD*=1.07) and Coordination (*M*=.25, *SD*=.89).

The relationships between Change in Ethic of Care and Change in Ethic of Justice, and collaboration form were also investigated using Kendall's tau-b correlation coefficient. There was a weak positive correlation between Change in Ethic of Care and collaborative form (Tb=.109, *n*=79, *p*=.222) which was not found to be statistically significant. There was a very weak negative correlation between Change in Ethic of Justice and collaborative form (Tb=-.003, *n*=78, *p*=.975) which was not found to be statistically significant.

When split by profession, these correlations show that lawyers as opposed to social workers, reported a much stronger relationship between collaborative form and Change in the Ethic of Care (Tb=.316, *n*=29, *p*=.035) which was statistically significant and Change in the Ethic of Justice (Tb=.267, *n*=28, *p*=.083) which was not statistically significant. These relationships for social workers, however, are very weak (Change in Ethic of Care Tb=.009, *n*=31, *p*=.952; Change in Ethic of Justice Tb=.030, *n*=28, *p*=.847).

Positive correlations are evident for lawyers in both legal and social service oriented programs, however lawyers in independent programs reported strong negative correlations between collaborative form and Change in Ethic of Care (Tb=-.816, *n*=4, *p*=.121) and Change in Ethic of Justice (Tb=-.816, *n*=4, *p*=.121). Conversely social workers in legal orientations reported weak negative correlations between collaborative form and Change in Ethic of Care (Tb=-.093, *n*=22, *p*=.596) and Change in Ethic of Justice (Tb=-.200, *n*=19, *p*=.300) but much stronger positive correlations when in social service oriented programs (Change in Ethic of Care Tb=.248, *n*=8, *p*=.455; Change in Ethic of Justice Tb=.420, *n*=8, *p*=.190).

3.5 Change in Ethic of Care and Ethic of Justice elements and Collaborative form

The relationships between collaborative form and change in the five elements of the Ethic of Justice and the Ethic of Care were also considered.

Change in the Ethic of Justice elements showed very weak to little correlation with collaborative relationships, ranging from Rights (Tb=-.167, n=82, p<.073) to Equality (Tb=.057, n=82, p<.556) and Adversarialism (Tb=.057, n=84, p<.546), none of which were statistically significant. Lawyers however reported a statistically significant positive

relationship between collaborative form and change in Adversarialism (Tb=.313, n=31, p<.048), while social workers reported a statistically significant negative relationship between collaborative form and change in Equality (Tb=-.319, n=29, p<.039).

Change in each element of the Ethic of Care showed a weak correlation to collaborative form with the positive correlation for Circumstance (Tb==.220, n=82, p<.021) being the strongest and statistically significant. Lawyers reported statistically significant correlations to collaborative form for Circumstance (Tb=.352, n=30, p<.032) and Conciliation (Tb=.373, n=31, p<.017), however social workers reported all very weak correlations, none with statistical significance.

3.6 Change in Ethic of Care and Ethic of Justice scales and Collaborative relationships

The influence of collaborative relationships was also assessed in relation to changing Ethic of Care and Ethic of Justice scales and elements.

Change in Ethic of Care showed a weak positive correlation with collaborative relationships (r=.364, n=78, p<.001) that was statistically significant. For the Change in Ethic of Justice however the correlation was a weaker positive correlation (r=.186, n=77, p<.106) which was not statistically significant. When split for lawyers and social workers, lawyers showed a stronger positive correlation (r=.368, n=28, p<.054) with Change in Ethic of Justice compared to a very weak negative correlation (r=-.003, n=27, p<.988) for social workers. Both professions showed similar weak positive correlations for the Change in Ethic of Care (lawyers r=.274, n=29, p<.150; social workers r=.350, n=30, p<.058). None of these results were shown to be statistically significant.

For social workers program orientation was particularly influential in these relationships, with stronger positive correlations with Change in Ethic of Care (r=.436, n=21, p<.048) which was statistically significant and Change in Ethic of Justice (r=.263, n=18, p<.291) when in legally oriented programs, and weak negative correlations to Change in Ethic of Care (r=-.207, n=8, p<.622) and Change in Ethic of Justice (r=-.274, n=8, p<.512) when in social service oriented programs.

3.7 Change in Ethic of Care and Ethic of Justice elements and Collaborative relationships

Each element of the Ethic of Care showed a positive but very weak correlation between change and collaborative relationships ranging from Equity (r=.146, n=81, p<.193) to Relationships (r=.285, n=83, p<.009), Relationships and Context (r=.281, n=83, p<.010) being statistically significant. Lawyers had no statistically significant correlations to collaborative form, however social workers showed a stronger Relationships correlation (r=.556, n=30, p<.001).

The Ethic of Justice elements also showed very weak to little correlation with change and collaborative relationships, ranging from Equality (r=-.077, n=81, p<.496) to Specificity (r=.174, n=84, p<.113), none of which were statistically significant. Lawyers again had no statistically significant correlations to collaborative form, however social workers show a weak to moderate negative correlation with Equality (r=-.442, n=29, p<.016) which was statistically significant.