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Et al.

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Understanding and Addressing the Legal Needs of Refugees

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Disclosure

We have no actual or potential conflict of interest in relation to this program/presentation.
Background

- Community Legal Aid, non-profit poverty law firm helps low income families and elders to access basic needs such as safety net benefits, safe and affordable housing, freedom from violence through legal care, and fairness. CLA fights housing and employment discrimination.

- Medical Legal Partnership Family Advocates of Central Massachusetts was founded in 2003 to address the negative social determinants of health that can be reduced through legal care. Medical partners are community health centers, UMass Medical School and UMass Memorial Pediatrics.

- Spike in request for legal service from refugees led to this collaboration, hoping to better define areas of concern and identify interventions at population level.
Goal = reduce barriers
impeding access to public benefits and housing for
Worcester’s growing and diverse refugee population

Strategy = improve understanding

advocacy
• individual and
• systemic levels

training
• refugees and
• those who serve them
Project Methodology

**Mixed methods:**

- Legal case review
- Observation and outreach
- Focus groups

**Inter-professional engagement of learners:**

- Medical student summer assistant
- Law student assistant
- Community health coalition assistant
Case review: who is seeking service?

Refugee cases seen:
- Southeast Asian countries (n=9)
  - Bhutan
  - Burma
  - Cambodia
  - Vietnam
- Central African countries (n=9)
  - Chad
  - Congo
  - Ghana
  - Uganda/Kenya
- Middle Eastern countries (n=15)
  - Egypt
  - Iraq
  - Jordan
- Other (n=5)
  - Guatemala
  - Unknown

CLA seeing increasing numbers of refugees seeking services which could be addressed from systems level approach.
Legal issues presented

- MassHealth: 31%
- Financial assistance: 37%
- Domestic relations: 12%
- Housing: 12%
- Other: 8%

Within Financial assistance:

- TAFDC: 16
- SNAP: 13
- SSI: 2
- EAEDC: 4
- General: 2
Source of problem

- Private party: 17%
- Agency delay: 15%
- Agency error: 19%
- Client delay in compliance: 13%
- Client failure to respond to notice: 28%
- Client failure to re-apply: 8%
Service provided/ closing of case

- Advice and counsel: 31%
- Negotiated settlement without litigation: 4%
- Limited action: 6%
- Referred after legal assessment: 2%
- Insufficient merit to proceed: 9%
- Client withdrew/did not return: 2%
- Admin agency decision: 4%
- Court decision: 36%
- Remains open: 2%
Issues discovered in outreach

- Legal needs often appear in community group settings post-resettlement period

- Lack of awareness in refugee community about language access rights and resources available at CLA

- Lack of awareness in provider communities about medical-legal partnership and resources available at CLA

- CLA concerned that its intervention is not reaching target population and that its community education programs were not effectively supporting refugee community
Focus groups in progress

- Two of three completed
- Data confirm what we learned in case review
- Details being obtained about where flaws appear in which systems
- Needs for training and coalition building among providers are being identified and explored
Change in Practice at CLA

- Training models modified
- Systemic advocacy priorities identified
  - Housing
  - Safety Net Benefits
  - Need to coordinate with other refugee service providers (health and social needs)
- Deepened relationship with UMass Medical School
- Advocacy enhanced through stronger understanding of issues facing each refugee community
Next Steps

- Coalition building to expand MLP presence in health centers and relationships with providers of refugee services, including resettlement agencies, nonprofits and community health centers

- Better integration of medical-legal education for health-care and legal learners through multi-disciplinary methodology