



The outcomes of community legal education: a systematic review

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Abstract: *This paper reports on a systematic review of research into the effectiveness of face-to-face community legal education (CLE). Due to the very limited availability of research into the effectiveness of CLE (whether CLE causes certain outcomes, over and above other influences) the paper also draws some comparative lessons from the literature on the effectiveness of health education, since this field has a much greater body of methodologically rigorous outcome-focused research.*

Only two CLE studies, both from North America, met the tight criteria for this review. These two studies provide evidence that CLE – in these cases, education classes for divorcing parents – can change participants' behaviour in the short to medium term. Looking more broadly, the health education literature suggests that community education may be more effective in producing changes in knowledge and shorter-term, simpler changes in behaviour versus longer-term, more complex behaviours. The review also highlighted some of the factors which may influence the effectiveness of CLE.

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What is CLE?

CLE (also known as public legal education (PLE) in some other countries) has been conducted in the legal sector in NSW and elsewhere for over 30 years. In the *Guidelines for the Management of Community Legal Education Practice*, the Australian National Community Legal Education Advisory Group defines CLE as:

... the provision of information and education to members of the community on an individual or group basis, concerning the law and legal processes and the place of these in the structure of society. The community may be defined geographically or by issue. (Combined Community Legal Centres Group (CCLCG) 2004, p.9)

In its broadest sense, CLE includes not only face-to-face education activities, but also the provision of legal information and education in any format – for example, legal education resources such as factsheets, booklets and DVDs. However, this review focused only on CLE which included a component of face-to-face activity.

CLE may be conducted on a broad range of legal topics, ranging from family law to copyright to credit/debt issues.

CLE targets either community members who are perceived to be at risk of or who are already facing legal issues and/or non-legal workers who work with these community members. These workers are an important ‘first port of call’ for socially and economically disadvantaged people with legal problems (Clarke & Forell 2007, p.1; see also Coumarelos et al. 2012, p.109). CLE programs are generally conducted either by legal organisations, or non-legal organisations that have an interest in legal issues or whose clients may have specific legal issues (e.g. domestic violence support services, tenancy services). Some are conducted as standalone programs, whilst others are components of broader programs covering various other activities, for example, the distribution of written education materials, legal advice and assistance or policy work.

The aims of CLE

CLE is a key strategy in the legal assistance sector in Australia and is included as a component of preventative legal services in the *National Partnership Agreement on Legal Assistance Services* (Council of Australian Governments 2010, p.4).

In general, the aim of CLE is to educate community members about the law and legal processes in order to assist them to resolve their legal problems most effectively and participate in law reform. However,

the goals articulated for different CLE programs and strategies vary considerably, ‘from the very general – for example, awareness raising – to the highly specific – such as equipping users to carry out specific actions to solve a particular problem’ (PLEAS Task Force 2007, p.14).

The *Guidelines for the Management of Community Legal Education Practice* set out four goals for CLE, which encapsulate the key aims of CLE described in the literature in Australia (Cox 2002) and overseas (Barry et al., 2012). These goals are to:

- *Raise the awareness of the community of the law and legal processes.*
- *Increase the ability of the community to understand and critically assess the impact of the law and the legal system on themselves in society generally and in relation to particular sets of circumstances.*
- *Improve the community’s ability to deal with and use the law and the legal system.*
- *Create a climate for participating in or influencing the law-making process and for pursuing law reform, through collective action where appropriate. (CCLCG, 2004)*

The PLEAS Taskforce in the UK further expands upon the higher level aims of public (or community) legal education as including:

helping citizens to better understand everyday life issues, making better decisions and anticipating and avoiding problems. ... PLE is the tool we need to achieve legal capability. (PLEAS Task Force, 2007 p.9)

This concept that the ultimate underlying aim of CLE is to produce legally capable and empowered citizens is a key theme in the literature both in Australia (Community Development and Legal Education Working Group (CDLEWG) 2010, p.12–13; Ferrari & Costi 2011, p.2) and overseas (Asian Development Bank 2009, p.9–10; Barry et al. 2012), even if this terminology is not explicitly used. This concept also highlights that CLE is not simply about providing legal *information*, but also legal *education* that ‘encourages a critical understanding of the law and the legal system and allows an assessment of its impact or usefulness’ (CDLEWG 2010, p.12). As Balmer et al. (2010, p.7) point out, CLE is:

... not about teaching every person about the detailed contents of the law. It is about being able to recognise a legal issue and knowing how to deal with it.

CLE aims to achieve changes in participants’ awareness, knowledge, understanding of legal rights and legal issues, skills and confidence, and to increase their understanding of how and when they need legal support (PLEAS Task Force 2007, p.9).

Purpose of this systematic review

The purpose of the systematic review was to locate, assess and synthesise the best available research evidence on the *effectiveness* of CLE. The Law and Justice Foundation of NSW has previously argued that in the context of evaluating legal assistance services, effectiveness means demonstrating a causal link between an activity and an outcome – that is, the activity directly increases the likelihood that a positive outcome will occur and that it does so independently of the effects of other concurrent factors which may also potentially have this effect (Digiusto 2012, pp. 1-2). Therefore, to demonstrate the effectiveness of CLE, research studies would need to demonstrate that CLE causes a change in participants' knowledge, skills and motivation to act, and/or ideally, it causes a change in their actual behaviour.

Specifically, we investigated what research evidence there was available that showed CLE initiatives:

- improved participants' knowledge about the law, legal issues, legal processes or sources of assistance
- increased participants' skills and motivation to take action to resolve their legal issues (including seeking the right sources of assistance)
- changed participants' behaviour e.g. to take action to address their legal problem
- improved participant outcomes
- were cost effective.

It should be noted that there may be a range of aspects other than effectiveness that can be useful to evaluate for an activity such as CLE – for example,

it can also be useful to evaluate why it succeeded or how well it was received by clients (see Digiusto 2012, p.1). While these are very valuable questions, they are beyond the scope of this particular review.

Methodology

Systematic reviews are a method for identifying and synthesising research evidence in the literature to answer a specific question. They are common in the health field and they are increasingly being used in a variety of social policy fields. Systematic reviews use a thorough, systematic and transparent search process to identify relevant literature and clear criteria to assess the relevance and quality of the literature reviewed, in order to synthesise findings to inform decision making. A full description of the review process is provided in Appendix 1.

An important first step in a systematic review is to clearly define the inclusion criteria for the review. For the purpose of this review, we defined CLE (the intervention of interest) as education which has a primary legal focus and is provided face to face, either one-on-one or to a group (e.g. lecture style or as interactive workshops, role plays, legal theatre), either in person or via teleconference. The intervention had to be legal *education* as distinct from legal advice (i.e. tailored to the particular person's situation) (Gander 2003, p.4). The CLE could have a primary focus on one or multiple legal issues. To separate CLE from school based education, we only included studies of education programs for adult community members or workers who support community members.

THE SMALL NUMBER OF STUDIES INCLUDED IN THE REVIEW

Across all sectors, it is common for systematic reviews to include very few studies. The small number of included studies results from both tightly defined research questions and limitations in the research identified. This is particularly the case for research undertaken of strategies in complex social settings, where rigorous outcome focused research is extremely challenging. The fact that this review only includes two studies on the effectiveness of CLE, both from North America, must be understood in this context.

More specifically, this review firstly only focused on studies which had assessed effectiveness using the tight definition of this term set out in Digiusto (2012), that is, studies which sought and were able to demonstrate that CLE *caused* an outcome. To demonstrate effectiveness in these terms takes a particular methodology that, due to the expertise and expense required, is not frequently used in the legal assistance sector.

Second, of the few studies that examined the outcomes of CLE, many fell short of the methodological standard required to establish effectiveness (as defined above) or did not provide enough information to assess whether or not the appropriate method had been used. Further, some studies were methodologically sound in some ways, but not others. For instance, they may have been able to identify outcomes, but not link them in a causal way to the CLE program, over and above other influences. Again, we stress the very real difficulties in evaluating the effectiveness of CLE due to factors such as the often short-lived nature of the intervention and challenges developing appropriate measures to adequately capture impacts on effectiveness (see Allmark et. al., 2012). Finally, it is important to note that a lack of definitive evidence demonstrating that CLE is effective does not necessarily mean that CLE is not effective, but rather that the quality of research studies have not allowed for a conclusion at this time.

The search was also limited to published and unpublished Australian and international studies reported in English between 2000 and 2012. The studies were then further assessed to select only studies that evaluated the *outcomes* of community legal education (as defined above) and included outcome related data.

The 30 studies that met all of the above inclusion criteria regarding relevance to the scope of the review were then appraised for their methodological appropriateness. Studies were assessed regarding the following questions:

- Was the data/evidence collection methodology appropriate given the (apparent) questions or topics?
- Was the data/evidence collection methodology appropriately executed given the (apparent) questions or topics?
- Were the data reporting and data analysis procedures appropriate for an effectiveness study, and adequate to avoid significant bias?

Studies that did not have a sufficient description of either the CLE program, research methodology or the results were also excluded, as relevance and appropriateness could not be assessed. Table 1 summarises the process for selecting the CLE studies to be included in the review (see Appendix 1 for more detail).

Appraisal of the health education literature

Given the limited amount of literature relating to the effectiveness of CLE, and the greater culture of evaluation in the health field, we also collected a body of literature relating to health education in which effectiveness evaluation is more routinely practiced. We focused on systematic reviews and meta-analyses, since these studies had already assessed the appropriateness of the methodology employed. It was felt that there could be useful lessons for the CLE field from another sector, although it is acknowledged that there may be differences between the sectors which could have an influence on the impact of education.

TABLE 1: SUMMARY OF PROCESS FOR SELECTING STUDIES

Stage	Action
Initial search	160 studies identified, using the search terms for the project (see Appendix 1)
Broad search against search criteria	Initial cull on relevance identified 47 studies which appeared to be relevant to the study. These were entered into an Endnote database.
Appraisal — scope	47 studies reviewed by the primary reviewer against project inclusion criteria.
Appraisal of studies against inclusion criteria for the project	30 studies met all of the inclusion criteria as being within the scope of the study, 17 studies excluded on scope
Appraisal — methodological appropriateness Appraisal of studies against methodological appropriateness criteria	<div style="text-align: center;"> <p>STAGE 1 Initial appraisal of the 30 relevant studies by the primary reviewer of their methodological appropriateness to answer the study questions using the specified criteria</p> <pre> graph TD S1[STAGE 1: Initial appraisal of the 30 relevant studies by the primary reviewer of their methodological appropriateness to answer the study questions using the specified criteria] --> E1[15 studies excluded as clearly not meeting the assessment criteria] S1 --> S2[STAGE 2: Stage 2: 15 studies which were closer to the appropriate methodology assessed by a second (and in some cases a third) researcher] S2 --> E2[13 studies excluded as not meeting the assessment criteria] S2 --> S3[2 studies which met the criteria as using an appropriate methodology selected for inclusion in the systematic review. Assessment of evidence quality conducted] </pre> </div>

The search process for this literature is set out in Appendix 1. The 21 systematic reviews of literature were appraised for relevance, and then for methodological appropriateness. Cochrane systematic reviews² were assumed to be of sufficient methodological appropriateness for inclusion. Non-Cochrane reviews were assessed using the AMSTAR assessment tool for systematic reviews. The papers included scored a minimum of 5 points out of 11 using this tool, in all cases meeting what were assessed here as the most critical criteria relating to methodological quality.³

Fourteen papers were included in the study.

Findings

Of the CLE studies originally identified, only two were included in the review following an appraisal of each study on relevance and methodological appropriateness (see inset text box on page 3 and Appendix 1 for more detail).

The included studies

The two studies included in the review were of overseas court-affiliated Divorcing Parent Education (DPE) programs, which aim to help divorcing parents deal with the emotional and legal aspects of separation and divorce, and issues relating to children. One study is an evaluation of the impact of a Canadian program (Ellis and Anderson 2003) on the use of court resources. The other is a meta-analysis (which synthesises results) of 19 US and Canadian studies (Fackrell et al. 2011). This study assessed the impact of these programs on relitigation, and four relationship/conflict factors i.e. co-parenting conflict, parent-child relationships and parental discipline, and child well-being (i.e. child behaviour issues, adjustment to divorce). The programs and the studies are described in more detail in Table 2.

Given that CLE covers such a broad range of legal areas, it is perhaps surprising that both studies included in our review related to one specific CLE topic. One reason for this may be that participation in CLE on this issue is more controlled or regulated (because it is mandated or recommended by a court) than is typically the case. It is therefore more amenable to identifiable, rigorous and objective measures (e.g. relating to use of court resources and relitigation), which are a major challenge for most CLE programs.

2 Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognised as the highest standard for assessing outcomes in evidence-based health care.

3 These criteria were: was an 'a priori' design provided, was a comprehensive literature search performed; were the characteristics of the included studies provided; was the scientific quality of the included studies assessed and documented; and was the scientific quality of the included studies used appropriately in formulating conclusions.

Key findings

Is CLE effective in changing participants' behaviour and outcomes?

The two studies provide evidence about whether CLE changes participants' behaviour and improve participant outcomes. The studies found that CLE on this topic changed participants' behaviour in positive ways and improved their outcomes, on most of the measures assessed.

Ellis and Anderson (2003) found that at the 12 month follow-up period, program participants in their Canadian divorce education program used fewer court resources — that is, they had fewer case conferences and mentions, and finalised their cases sooner than non-participants. In addition, the average number for each of these measures was lower for the participants versus non-participants and all these differences were highly statistically significant (p.178-179).

Fackrell et al.'s (2011) meta-analysis of 19 American and Canadian studies concluded that, taking into account all five factors examined (relitigation and four relationship/conflict factors), there was a moderate effect size from the divorce education programs studied. That is, those who participated in the programs were around 50% better off on the measures used than those who did not (p.113). This moderate effect size also held when the four relationship/conflict factors (i.e. co-parenting conflict, parent-child relationships, parental discipline, and child well-being) were examined individually. Fackrell et al. (2011, p.113) observed that this effect size is similar to that found for psycho-educational parenting programs and substance abuse prevention programs, which are often run by or affiliated with the courts.

When Fackrell et al. (2011, p.112) analysed a measure of use of court resources (relitigation), they did not find a statistically significant effect however the effect of DPE programs was in the same positive direction as found by Ellis and Anderson (2003). As Ellis and Anderson's study used a 12 month follow-up period, the above findings can be taken as evidence of short to medium term outcomes. Only four of the 19 studies analysed by Fackrell et al. (2011) used a follow-up period longer than this.

What factors influence how effective a CLE program is?

The two studies provide some evidence about the factors which influenced the effectiveness of their CLE program. These studies indicated that:

- *Number of hours of education.* Short programs can be just as effective as more intensive CLE programs. Fackrell et al. (2011, p.112, p. 115) found that there was no statistically significant difference in the effect of what are called 'minimal dosage' programs (between 1-3 hours of education) versus 'higher

TABLE 2: SUMMARY OF STUDIES INCLUDED IN THE REVIEW

Study	Program details, aim, location and dates	Research question relevant to effectiveness of CLE	Method	Main findings relating to the effectiveness of CLE	Key limitations in addressing the effectiveness of CLE
<p>Ellis and Anderson 2003, <i>The impact of participation in a parent education program for divorcing parents on the use of court resources: an evaluation study</i></p>	<p>Ontario, Canada, 1998</p> <p>A study of the impact of the court-mandated Family Information Sessions (FIS) program operating in a family court for divorcing parents.</p>	<p>What was the impact of the program on the use of court resources?</p>	<p>A quasi-experimental method, where findings were compared for two random samples of divorcing parents with dependent children selected sequentially whose petitions for divorce were filed in 1998:</p> <ul style="list-style-type: none"> Treatment group (FIS): 100 parents who participated in the FIS program whose files were opened 6 months after the program started. The program was mandated by the court, and almost all parents mandated to go did attend. Comparison group (non-FIS): 100 parents whose files were opened 6 months immediately before the FIS program started. <p>The use of court resources was measured by the number of motions filed, the number of case conferences the parties participated in, and the number of days their case remained active before a judgement was made, at the follow-up period 12 months later.</p> <p>Participants' level of understanding of the information presented to them in the FIS was measured by their self-reported levels of understanding in the post-FIS survey.</p>	<p>At the 12 month follow-up period, FIS program participants had used less court resources on all three of the measures used compared to the non-FIS participants:</p> <ul style="list-style-type: none"> FIS participants participated in fewer case conferences, filed fewer motions, and had their cases terminated in a significantly shorter period of time, compared to the non-participants. The average number for each of these measures was also lower for the FIS versus non-FIS group, and all these differences were highly statistically significant. <p>Participants who reported a higher level of understanding of the information presented to them in the FIS did not use less court resources than those reporting less understanding.</p>	<ul style="list-style-type: none"> To reach totally conclusive findings, ideally a Randomised Controlled Trial (RCT) would have been conducted, involving random allocation to treatment and control groups, but this was not possible. However the authors conclude that this was the best approximation in the circumstances. Although use of court resources is a legitimate measure for this type of program, since one of its aims is to reduce the use of court resources, it is arguably a rather blunt measure of behaviour change. A fairly short follow-up period (12 months), since results may have been different with a longer follow-up period. Participants' understanding of the information in the FIS was self-assessed after the session, rather than independently assessed (e.g. with a pre and post survey). It may therefore not necessarily be accurate.

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Fackrell, Hawkins and Kay 2011, <i>How effective are court-affiliated divorcing parents education programs?</i> A meta-analytic study.	United States, 1992-2008 A meta-analysis of 19 evaluations (16 from the US and 3 from Canada) of Divorcing Parent Education Programs (DPEs) for which attendance was mandated or recommended by courts.	How effective are DPEs in reducing relitigation, and influencing four relationship/conflict factors (reducing co-parenting conflict, and improving parent-child relationships, parental discipline and child well-being)?	A meta-analysis of 19 studies, 4 RCTs and 15 quasi-experimental designs. All the studies compared findings for a group of parents who had participated in the program (a treatment group) and a comparison group who had not, and provided sufficient information to calculate the effect sizes for important outcomes. Attendance at the programs was either mandated or recommended by the court. Five outcome areas were analysed: relitigation, co-parenting conflict, parent-child relationships and parental discipline, child well-being (i.e. child behaviour issues, adjustment to divorce). The follow-up period varied between studies, but 15 used 12 months or less. The impact of the following factors on program effects were also assessed: whether the program was mandated versus recommended, the number of hours of education, socio-economic status and ethnicity.	Overall, taking into account all five factors examined, DPEs had a moderate effect. That is, those who participated in the programs were around 50% better off than those who did not. DPEs had a small but non-significant effect in reducing relitigation. DPEs had a moderate effect size on the four relationship/conflict factors i.e. co-parenting conflict, parent-child relationships, parental discipline, and child well-being. In terms of factors related to the nature of the program: <ul style="list-style-type: none"> • There was no statistically significant difference in the effect of 'minimal dosage' programs (1-3 hours) versus 'higher dosage' (10 or more hours). • Programs which were recommended by the court had a somewhat larger effect than those that were mandated, but this difference was not statistically significant. One could expect that those who choose to attend are a more motivated group and therefore respond better to training however even the mandated programs had a reliable, moderate effect. 	<ul style="list-style-type: none"> • Only 4 of the 19 studies used RCTs. However, there was no statistical difference in the effect size for the RCTs versus quasi-experimental designs. • A fairly short follow-up period – only four studies used longer than 12 months. • Lack of an independent measure of impact — in almost all studies findings are based on self-reported outcomes by participants, who may have reason to report more positive outcomes.

dosage' (10 or more hours) programs. They suggest that 'this is good news if less intense programs require fewer... resources', but that further research is needed on this issue given that only nine studies were available and included in this specific analysis. Future research would need to also consider ways other than 'dosage' that short and intensive programs differ (e.g. goals and client groups).

- *Compulsory versus non-compulsory attendance.* Fackrell et al. (2011, p.112) found that both compulsory and non-compulsory education programs had an impact, but there was no statistically significant difference between the two types of programs.
- *Correlation between knowledge and behaviour.* Changes in self-assessed knowledge do not necessarily correlate with changes in behaviour. Ellis and Anderson (2003, p.174) found – contrary to their expectations – no evidence that the decrease in use of court resources was due to an increase in knowledge (as indicated by the post-program survey).

Does CLE have an impact on participants' knowledge, skills and motivation?

The two CLE studies analysed for the review only indirectly examined changes in participants' knowledge, skills or motivation. It could be assumed that these have contributed to the positive changes found in participants' behaviour. However this is not proven, and the fact that increased knowledge was not correlated with behaviour change (see above) might suggest otherwise.

Review of relevant key findings from the health literature

With such limited data available about the effectiveness of CLE, we examined whether any lessons could be learned from the evaluation of community education in the health sector, where there is a longer history of this type of evaluation research. As discussed above, systematic reviews of literature relating to the effectiveness of education initiatives concerning a range of health issues were analysed, for example, asthma, diabetes, arthritis, child injury prevention, contraception for women after birth, and HIV prevention. The aim was to identify any lessons potentially relevant to the conduct of CLE.

The following are the key findings from the literature.

Quantity and nature of the literature

Even in the health education field, in which evaluation research is more consistently undertaken, authors commonly expressed caution about their conclusions due to, for instance, the limited number

of studies, their variable quality and/or methodological limitations (e.g. Gibson et al. 2009; Bryanton & Cheryl 2009), or variable/short follow-up periods (e.g. Barlow et al. 2010, p.2). This is a reminder that challenges in evaluating short education interventions are not unique to the community legal sector.

Is health education effective in changing participants' knowledge, attitudes, skills and behaviour?

There is evidence that health education is effective in increasing knowledge (Deakin et al. 2009; Dorresteyn et al. 2010), but that it has stronger impacts on knowledge than behaviours (Yankah & Aggleton 2008, p.465; Kaminski et al. 2008).

There are very variable findings relating to the impact of education on behaviour change (as measured by the 'proxy' measure of health outcomes such as better pain management or fewer pregnancies), ranging from an impact on all/most outcomes (Kendrick et al. 2009; Barlow et al. 2010) to some (Young et al. 2011) or none (Gibson et al. 2009).

The variability of the findings could reflect differences in the:

- nature of the education programs (e.g. the number of hours, and nature of the education activities and educator)
- characteristics of the participants
- health issue addressed
- types of behaviour change required for the outcomes to be achieved.

However taken together, the studies suggest that health education is much more effective in producing shorter-term and 'simpler' behavioural changes (Deakin et al. 2009; Lopez et al. 2010) compared to longer-term more complex and fundamental behaviour changes relating to 'higher level', longer-term health outcomes.

Similarly, studies that use a mix of both shorter-term, more immediate behavioural measures and longer-term, more complex measures, tend to find stronger outcomes on the former. For example, education about asthma improves perceived symptoms but not asthma-related health outcomes (Gibson et al. 2009); home safety education for parents increases most of a wide range of safety practices but not injury outcomes (Kendrick et al. 2009, p.17); and education about diabetes improves people's foot care knowledge and behaviours in the short term but not the occurrence of ulcers and foot amputations (Dorresteyn et al. 2010; see also Young et al. 2011, p751 and Warsi et al. 2003).

Kendrick et al.'s (2009, p.17) study confirms that health education tends to be more effective in the shorter term. The effect of home safety education reduced over time, with greater effects for most

outcomes over a shorter period (three months or less) than a longer time period.

The finding that education is more effective in producing shorter-term outcomes may be because:

- education does in fact only produce shorter-term outcomes
- more complex longer-term health outcomes may be related to a range of environmental, socio-economic and other factors which education alone cannot address (see Young et al. 2011, p.776)
- it is harder to measure and capture data on longer-term outcomes, and studies tend to have shorter follow-up periods.

The above findings suggest that potentially CLE may be more effective in producing changes in knowledge and simpler behavioural changes in the short-term, rather than longer-term more complex behavioural changes.

What factors influence how effective a health education program is?

The following factors have been found to influence the effectiveness of health education programs:

- *High versus lower risk target groups.* Education is not necessarily any less effective for those who are most at risk of the problem. Kendrick et al. (2010) found that even for those who may generally require more intensive help (parents whose children were at greatest risk of injury) home safety education programs can be equally effective compared to those requiring less intensive assistance.
- *The mode of delivery.* The delivery mode can impact on the effectiveness of a program, for example:
 - The impact of education can range from large (demonstrations), moderate (traditional lectures), small to moderate (discussions) through to small (verbal teaching) (Friedman et al. (2011, p.15-16). The fact that demonstrations had the greatest impact is consistent with Kaminski et al.'s finding (2008, p.567) that one of the factors associated with larger program effects was requiring parents to practice new skills with their children during parent training sessions.
 - Structured teaching is much more effective than unstructured, ad hoc teaching (Friedman et al. 2011, p.17).
 - Targeted interventions that provided patient-specific information increased patients' knowledge, decreased anxiety and increased satisfaction (Friedman et al. 2011, p.18).
- *Tailoring strategies.* Related to the above, education strategies need to be tailored to the needs of the target group rather than adopting a 'one size fits all' approach. A small to moderate effect size has been

found for using multiple teaching strategies versus no education strategies (Friedman et al. (2011, p.18).

- *The number of education sessions.* Both shorter-term interventions (one or two sessions) or multiple-contact interventions had positive effects (Lopez et al. 2010, p.327, 331).
- *Conducting education in conjunction with other activities.* Providing mechanisms to reinforce the messages taught in the education session can potentially help to increase the effectiveness of the education. For example, Kendrick et al. (2010, p.17) found that home safety education for parents has stronger effect sizes in improving safety practices when it is combined with the provision of low cost, discounted or free safety equipment. On the other hand, Kaminski et al. (2008, p.578) found greater effect sizes for education programs that were standalone versus those that were embedded within a broader package of interventions.

Conclusion

Following are the key findings from our review of the CLE and health education literature.

Changes in attitudes, skills, motivation and behaviour

From the two CLE studies included in the review, there is some evidence that CLE is effective in changing participants' behaviour and outcomes in the short to medium term. This has been found for DPE programs, as measured by the use of court resources and relationship/conflict factors. The studies in our review did not specifically examine whether CLE produces changes in participants' knowledge, skills or motivation.

Evaluations in the health sector have found that education strategies are effective in increasing knowledge, but this does not necessarily translate to behaviour change. Studies have found very mixed findings about whether health education improves all, most, some, a minority or no measures of behaviour change (as measured by health outcomes). This could reflect issues about the variability and generalisability of the findings, due to one or more of the following factors, the:

- nature of the education programs
- characteristics of the participants
- nature of the health issues addressed
- types of behaviour change required for the outcomes to be achieved.

In particular, it appears that in the health sector education may be more effective in producing shorter-term and 'simpler' behavioural changes rather than longer-term, more complex and fundamental behavioural changes. In the absence of other evidence relating to CLE, this suggests that

it may be best to focus on and assume the greatest impacts will be in relation to increasing knowledge and producing shorter-term, simple behavioural changes. For instance, it may be more realistic to focus on outcomes such as increased referrals to legal services rather than how people respond to their legal issues in the longer term.

What factors influence how effective an education program is?

When taken together, the CLE and health studies indicate that:

- Short programs (1 to 3 hours of education) may be just as effective as longer programs (10 or more hours). Consistently, the health education research also shows that both short programs (one or two sessions) and more intensive programs can be effective.
- Programs can be effective whether attendance is compulsory or not, but they are somewhat more effective when attendance is not compulsory. As noted above, this may be because those more willing to be trained are also more open to changing their behaviour.
- Changes in self-assessed knowledge do not necessarily correlate with changes in behaviour. This suggests the value of, for example, offering opportunities to seek advice directly after the education (which brings the opportunity to act on it close to the education), or providing education at a time and place where it can be immediately useful (e.g. divorce classes at court).

The health education research also suggests that:

- CLE may be potentially effective for a broad range of target groups, but it is helpful to tailor approaches to the needs of the target group.
- It could be useful for CLE to incorporate opportunities for participants to directly apply the information being taught or which reinforce the messages with other practices.

Evaluating CLE: a way forward

The review highlights how challenging it can be to assess the effectiveness of CLE and the need to be realistic about what is useful, sensible and feasible in evaluating CLE programs.

Outcome evaluations of CLE should only be attempted where rigorous data on effectiveness can be collected. This is generally beyond the resources and responsibility of those delivering CLE programs. As concluded by researchers in related areas such as crime prevention (see Morgan & Homel, 2013), the current practice in which the responsibility for outcome evaluations is devolved to a local organisation has not and cannot allow for the development of a strong, coordinated and independent evidence base regarding the

effectiveness of interventions. Rather, they argue that central agencies will need to take the lead and a co-ordinating role with respect to the conduct of such evaluations.

At this more central level, and with appropriate co-ordination and funding, there remains valuable research that could be undertaken to better understand the impact and value of CLE in communicating different types of messages to different groups in the community. Questions include:

- Do the findings on behaviour change reported here hold for other forms of CLE and, in Australia, are these correlated with changes in knowledge, skills and/or motivation?
- How effective are different models of CLE with different groups in determining what works best for whom (e.g. according to variables such as the nature of the legal problem, the number of hours, the amount of interaction and opportunities to apply the knowledge learnt in the CLE, and whether the education is reinforced via other activities)?

However, there is also valuable evaluative work that frontline services can do to inform their practices and decision-making around CLE. There are important questions that services can gather information about, including who is reached by CLE, the types of messages received and the short term changes that may be attributed to the sessions.

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Appendix 1: Further detail on methodology

The systematic review process

Systematic reviews are a method for identifying and synthesising research evidence in the literature to answer a specific question. It involves using a systematic and transparent process to search for literature, and using clear criteria to assess the relevance and quality of the literature reviewed (Karras & Forell, forthcoming).

Over the past few years the Law and Justice Foundation of NSW has been exploring how to best conduct systematic reviews of research in the legal assistance sector, which often includes qualitative and mixed method research. This review was based originally on that developed by the Joanna Briggs Institute in Adelaide to review health related research data (Joanna Briggs Institute 2008; for previous reviews see Forell and Gray 2009; Forell et al. 2011). The process is ongoing, given the significant challenges of conducting this activity in the legal assistance sector where, for example, there is no single repository of relevant studies and most evaluations are focused on process, given the challenges in identifying and attributing outcomes.

Research protocol

Before commencing the review, we developed a research protocol that defined the parameters of the systematic review, and set out the research questions, the inclusion criteria and our search strategy. The inclusion criteria were as follows.

Target group – community members or workers

The review covered studies on CLE programs that targeted either adult community members (aged 18 years or above) who have or are at risk of facing legal issues – who are usually disadvantaged – or workers who support these community members. Students (in law or related disciplines) were excluded from the review.

Interventions – face-to-face CLE

We defined CLE as education that has a primary legal focus and is provided in a face-to-face format (either to a group or one-on-one) such as a lecture style or interactive workshop, role play, legal theatre, either in person or via teleconference. Further, the intervention needed to be legal education, as distinct from legal advice (i.e. tailored to the particular person's situation) (Gander 2003, p.4).

The CLE could have a primary focus on one or multiple legal issues, for example, criminal law, family law, court processes, housing, tenancy,

credit/debt, fines, road laws, domestic violence, drug laws, policing, or intellectual property. It could include providing legal information relating to that problem and/or guidance about how to (and/or encouragement to) respond to that problem however the provision of legal information such as pamphlets or DVDs without accompanying education (as defined here) was excluded. Financial education programs for disadvantaged community members were assumed to have a primary focus on legal issues (in terms of preventing legal problems such as debts and bankruptcy), even if this was not explicitly stated.

Types of studies

The review included published and unpublished studies in English dated from 2000 to 2012, where the aims, research questions or topics were clearly evident. The initial search included any study design or methodology, such as quantitative and qualitative studies, mixed methodology studies, economic/cost-benefit studies, and systematic reviews of literature or meta-analyses (i.e. which extract and analyse data across studies). However, only studies using an experimental or quasi-experimental design were included as the research question was refined to focus on effectiveness.

Literature search

The search strategy used (including the search terms drawn from our inclusion criteria) and the databases and websites searched, are set out below. We believe that our search strategy was both broad and wide enough to have identified at least most published literature that met the study criteria.

Our initial search of relevant databases and websites identified 160 potentially relevant documents which were then entered into an Endnote database. An initial review of the documents on scope culled this down to 47 studies.

Search terms for first round of searches (2011)

The search strategy involved a broad but shallow review of academic databases (legal, socio-legal, cultural studies, health, education and social science) and key websites using pre-defined search terms. This was carried out by one researcher and two librarians. A total of 160 articles that appeared most relevant to CLE were entered into a referencing library. This was part of a broader search for any research and evaluation into public legal assistance services. The search terms used are set out in Table A1.

TABLE A1: SEARCH TERMS FOR FIRST ROUND OF SEARCHES

Was it explicitly identified as an evaluation?	Relating to which legal service activity?	Relating to which more generic service activity?	About which legal issue/topic/problem?
analys* (<i>analysis, analysed</i>) analyzed assess* (<i>assess, assessment, assessed</i>) evaluat* (<i>evaluation, evaluated</i>) pilot* (<i>pilot, piloted</i>) project review study survey* (<i>survey, surveyed</i>) what works What was measured or achieved? effectiveness, outcome* (<i>outcomes</i>)	Education words CLE legal information justice education public legal education PLE Other service words citizens advice community legal court support debt advice duty counsel duty lawyer* (<i>duty lawyer, duty lawyers</i>) duty solicitor* (<i>duty solicitor, duty solicitors</i>) legal advocacy legal advice legal aid legal assistance legal centre* (<i>legal centres, legal center, legal centers</i>) legal clinic* (<i>legal clinic, legal clinics</i>) legal intervention legal service* (<i>legal service, legal services</i>) public legal tenancy advice tenants advice	Education words education* (<i>education, educational</i>) seminar* (<i>seminar, seminars</i>) training workshop* (<i>workshop, workshops</i>) Other service words advice assistance help referral representation triage	civil law civil rights consumer law consumer rights criminal law employment law family law legal problems legal rights

Search terms for second round of searches (2012)

The relevant terms used to search both databases and websites in the second round of searches are listed in Table A2.

TABLE A2: SEARCH TERMS USED IN THE SECOND ROUND OF SEARCHES

Area	Search terms
Legal area	law, legal, rights, debt, tenancy, domestic violence, consumer, financial, divorce
Intervention	seminar, workshop, community education, education, information, public legal education, programs, awareness raising, campaigns
Evaluation	evaluation, review, assessment, effectiveness, what works, outcome*, impact*

Databases and websites searched for literature relating to CLE

Website strategy

The following websites were all searched between March and May 2011. Those sites that were found to be most useful in identifying literature were again searched between September and October 2012.

Legal services sites

- All Australian public and non-government legal assistance service sites in each state and territory, including Legal Aid Commissions, Community Legal Centres and peak organisations, Aboriginal

Legal Services and Family Violence Prevention Legal Centres

- NZ, Canadian and UK public and non-government legal assistance service sites

Government justice and legal departments and agencies

- All Australian Commonwealth, state and territory government justice departments and agencies, including Attorney Generals and Justice Departments and agencies (including Australian Securities and Investments Commission); The Human Rights Commission and State Anti-Discrimination Boards; and complaints handling bodies and tribunals, and Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
- All NZ, Canadian and UK government justice departments and agencies
- USA Federal Department of Justice
- USA pro bono, public interest and poverty legal service sites
- Other relevant USA sites to which links were provided on the above sites

Legal service research sites

- Access to justice/legal needs research agencies/centres or faculty sites in English
- Australian law faculties

Education websites

- Websites with broader community education information (i.e. adult education, multicultural education, Indigenous education)
- Education research centres, foundations, institutes
- Social marketing websites

Research databases

English language socio-legal databases, including legal issue/interest group focussed databases, including:

- Australian Domestic and Family Violence Clearinghouse
- Australian Centre for the Study of Sexual Assault
- Indigenous Justice Clearinghouse
- financial/debt services related databases
- National Cannabis Prevention and Information Centre

International social policy and social science databases

- Social Science Research Network (SSRN) (US)
- Institute for Public Policy Research (UK)
- Social Services Abstracts
- Evidence Network (Kings College London)
- ASSIA (Applied social science index & abstracts)
- Australian Policy Online
- INFORMIT
- Australian Institute of Health and Welfare
- Australian Centre for Youth Studies

Other specialist research databases

- Campbell Collaboration
- EPPI Centre

Education databases/websites

- British education index
- CBCA education (Canada)
- ERIC Education Resources Information Center
- Sociology of Education Abstracts
- National Evidence in Education Portal
- National Foundation for Educational Research (UK)
- Ebscohost, education abstracts
- Canadian Research Index
- Expanded academic ASAP (GALE)
- Proquest research library
- IBSS
- Cinahl
- Psychinfo

(Other) grey literature databases and sources

- CrimDoc
- Greysource
- HMIC (Healthcare management information consortium)
- National Criminal Justice Reference Services database
- PAIS international database
- Rutgers University grey literature database
- Google Scholar

Searches relating to health education

Given the limited amount of literature relating to the effectiveness of CLE, and the greater culture of evaluation in the health field, we also collected a body of literature relating to the evaluation of the effectiveness of health education. The search process for this literature is set out below. Only systematic reviews and meta-analyses were included, since these studies had already assessed the appropriateness of the methodology employed. The 21 systematic reviews of literature were appraised for relevance, and then for methodological appropriateness. Cochrane reviews were assumed to be of sufficient methodological quality for inclusion. Non-Cochrane reviews were assessed using the AMSTAR assessment tool for systematic reviews. The papers included scored a minimum of 5 points out of 11 using this tool, in all cases meeting what were assessed here as the most critical criteria relating to methodological appropriateness. There were 14 papers included in the study.

Search strategy used

The titles of articles published between 2007 and 2011 in the Medline database were searched using the terms:

- education or educational or training, and
- trial or study or randomised or randomized or effectiveness or review or outcome or outcomes.

The search identified 3,963 papers.

Initially, article titles were examined for potential relevance, then the abstract of any paper with a potentially relevant title.

We excluded from further consideration any reports that:

- did not include outcome data
- were about a small-scale pilot study, a preliminary evaluation, a qualitative study, or a needs analysis
- involved sample sizes which were likely to be too small to enable detection of outcome effects (<50 participants)
- were about educational or training programs which involved repeated contact over an extended time period (e.g. weekly education sessions for a semester)
- involved training of health professionals with hands-on practice of specific diagnostic or other clinical skills (e.g. with virtual reality simulators)
- involved participants who were school-age or younger children
- were about physical or exercise training programs
- were about counselling or psychotherapy processes
- were about behaviour modification interventions (e.g. health behaviour change, chronic disease management, weight loss)

- involved the training or rehabilitation of patients who were psychiatrically or intellectually disabled (e.g. following a stroke)

A further cull was conducted, so that only papers which provided a systematic review of literature were included.

Overview of the literature appraisal process

Table 1 illustrates how we filtered studies through both our search and appraisal processes. The literature appraisal process included three stages relating to scope and methodological appropriateness.

Ideally, systematic reviews involve two researchers independently assessing the relevance and methodological/evidence appropriateness of the studies, and if there are any inconsistencies, discussing these further to come to a shared position (Karras & Forell, forthcoming) in order to ensure that the assessment process is as objective and rigorous as possible.

For the current project:

- In the initial stage involving appraisal for document relevance, the primary reviewer conducted an initial cull against the criteria, and discussed only the 'borderline' studies with a second reviewer to develop a shared position.
- The appraisal for methodological appropriateness phase of the project included a second stage where a sub-sample of 15 studies that were closer to the appropriate methodology underwent a further appraisal process (discussed further below).

Literature appraisal – scope

A rigorous assessment was conducted of the 47 studies against the study inclusion criteria described above, and of these, 30 studies were assessed as meeting the inclusion criteria.

The main reasons why studies did not meet the inclusion criteria were:

- the CLE did not have a primary legal focus
- the aims of the research were not clear
- the studies did not include any data relating to the types of outcomes of relevance to this study (i.e. changes in attitudes, skills, motivation to act or behaviour).

It should be noted that at least some of the studies assessed were largely descriptive and did not aim to provide evidence of reach or outcomes, and for some studies where the CLE component was part of a larger project, there was only a small amount

The fact that only 30 of the original 160 studies identified (i.e. 21%) met the study criteria illustrates the point that a well-constructed search strategy for a systematic review may identify a very large number of potentially relevant studies, however on closer examination, it may be that very few of the studies

are both relevant and methodologically acceptable to include (Karras & Forell, forthcoming).

Literature appraisal – methodological appropriateness for our study questions

Stage 1

In the first stage of the process to assess the appropriateness of the studies' methodology to answer our study questions, the 30 studies that met all of the inclusion criteria were assessed by the primary reviewer using the specified criteria.

The data appraisal form used asked three broad questions of the evidence presented:

- Was the data/evidence collection methodology appropriate given the (apparent) questions or topics?
- Was the data/evidence collection methodology appropriately executed given the (apparent) questions or topics?
- Were the data reporting and data analysis procedures appropriate for an effectiveness study and adequate to avoid significant bias?

An appendix to the data appraisal form set out specific questions that the reviewer needed to ask in order to assess whether the methodology was appropriate, depending on the specific nature of the methodology (qualitative, quantitative, economic/cost-benefit research or systematic reviews/meta-analyses).

The reviewer was also asked to provide their assessment of the overall trustworthiness of the document's data.

As a result of this first stage of the methodological appropriateness appraisal process, studies were divided into two categories:

- 15 studies that clearly did not meet the specified criteria
- 15 studies that were closer to the appropriate methodology

The systematic reviews were assessed using the AMSTAR tool for systematic reviews (Shea et al. 2009).

Stage 2

In the second stage of the methodological appropriateness appraisal process, the sub-sample of 15 studies that were closer to the appropriate methodology for our study questions were subjected to a more detailed review process. These studies were appraised by two researchers working together, who reached a consensus on the quality. For a small number of studies, a third researcher was also involved.

As a result of this second stage, two studies were identified for inclusion in the systematic review and a total of 28 were excluded. One of these studies was itself a systematic review and scored 10 on the AMSTAR tool.

Studies excluded from the systematic review

Almost all the studies that were appraised against the methodological appropriateness criteria – 28 of the 30 studies – were excluded from the systematic review. The key reasons for are summarised in Table A3.

A separate paper by the Law and Justice Foundation of NSW will discuss options for evaluating CLE.

In considering the above limitations of the literature, it is also important to bear in mind the nature of the literature reviewed, which was a very ‘mixed bag’ of material (see Table A4). Most studies were either:

TABLE A3: REASONS FOR THE EXCLUSION OF STUDIES

<i>Reason study was excluded</i>	<i>Comment</i>
Did not aim to assess the effectiveness of CLE	<ul style="list-style-type: none"> Studies did not aim to assess the effectiveness of CLE, even though they collected some form of outcome data.
Insufficient, unclear or conflicting information about the methodology used	<ul style="list-style-type: none"> There was insufficient, unclear or conflicting information about the methodology used, so an assessment could not be confidently made about whether the methodology was appropriate or not (e.g. no or incomplete details on sampling).
Data collected not reported on in full	<ul style="list-style-type: none"> For example, a quantitative survey was conducted but details of the results or analysis were not actually reported or reported in full.
No comparative element	<ul style="list-style-type: none"> There was no comparative element (either a pre/post or pre/post/follow-up with an appropriate control group), to demonstrate that the outcomes identified were due to the CLE program itself. For example, a common methodology involved only a participant feedback form administered immediately after the completion of the CLE session(s).
Control groups inappropriate	<ul style="list-style-type: none"> The control groups were inappropriate (e.g. a group that self-selected not to participate in the CLE may differ in significant ways to those who volunteered to do it).
Issues with the measures	<ul style="list-style-type: none"> The outcome measures used did not relate (or relate clearly enough) to effectiveness (i.e. changes in knowledge, skills, motivation or behaviour). For example, the studies measured items such as how ‘satisfied’ participants were with the CLE, how ‘satisfactory’ or ‘useful’ it was, whether it provided a ‘benefit’, or whether participants had learnt anything ‘new’ from it, or shared the information with co-workers. These are good measures of outputs, but not outcomes. The studies used fairly subjective and/or unclear measures. For example, some studies relied on participants being able to self-assess whether/how much their attitudes, skills et cetera had changed as a result of participating in the CLE. The study asked participants whether the CLE had changed their understanding of the law or their legal situation; whether their behaviour on a specified variable had increased/decreased/stayed the same or whether they can make a decision with a confidence about a specified topic (on a scale measuring levels of confidence). Measures such as these can provide some information relevant to a process evaluation, but not an outcome evaluation (for further discussion of these two types of evaluation relating to CLE, see Wilczynski et al. 2013b). Participants were asked to speculate immediately after they have completed the CLE program about what they anticipated would be the longer-term future impact of the CLE on their knowledge, skills, motivation or behaviour – for instance, which of various changes (related to the nature of the CLE) they plan to do in the future, or how many clients they expect to assist over a specified time period as a result of participating in the CLE. The study did not use exactly the same measures at the multiple data collection points (e.g. before the CLE, immediately after the CLE, follow-up months later) to allow a direct comparison of the results.. With respect to follow-up measures, it was assumed that all the outcomes observed were due solely to the CLE, although no control group was used to be able to establish this. For example, in one study an increase in referrals was attributed to the CLE when participants indicated that they had also attended other CLE on the same issue (which may have contributed to the findings).
Small and/or non-random samples used	<ul style="list-style-type: none"> Participants self-selected to participate in the evaluation (or particular stages of the evaluation, especially the follow-up stage). Low response rates from participants and no information about non-respondents meant it was not known if non-respondents may have had quite different views. For studies with multiple data collection points, data was only collected for quite a small proportion of participants at all of these points (particularly the follow-up point), and the study was based on this sub-sample.
Heterogenous CLE programs included in the one study	<ul style="list-style-type: none"> CLE programs included in the same study varied according to factors which might be expected to potentially influence the outcomes evaluated and the outcome data was not separately analysed according to these factors (e.g. number of hours of education, content of sessions).
Insufficient economic/ cost-benefit analyses	<ul style="list-style-type: none"> No demonstration that there was a clear ‘benefit’ of the program, or unreliable data used to calculate this, before undertaking the cost-benefit analysis. The costs of the program being evaluated were compared to the costs of another program, but insufficient or no detail was provided on the other program to determine if it was an appropriate comparison point.

TABLE A4: SOURCES OF LITERATURE BY NUMBER OF STUDIES

Source	Number of studies	% of studies	Number of studies included in the review
Evaluation reports by external private consultants	13	43.3	-
Studies produced internally by organisations running CLE programs	8	26.7	-
Refereed academic journal articles (three studies undertaken by academics, two by mixed teams of academics/researchers from government or non-government research organisations, and one by a lawyer)	6	20	2
Other unpublished studies	2	6.7	-
Reports to LJJ by LJJ grant recipients	1	3.3	-
Total	30	100	2

- evaluation reports produced by external private consultants for the organisation funding the program being evaluated typically after the program had been implemented (when there would have been very limited capacity to influence the type of data which could be collected), or
- studies produced internally by organisations running CLE programs, many of which were not formally described as evaluations or resourced to explore outcomes.

Only six studies were articles from refereed academic journals (i.e. journals in which articles to be published are selected by a panel of experts in the field).

The two studies that were assessed as being methodologically appropriate were both published in refereed journals.

Of the 30 studies reviewed, 12 (40%) were reports on a broader initiative that included one or more other elements as well as the CLE (e.g. distribution of written materials, legal advice or establishing interagency networks). These studies therefore tended to have less (and/or less rigorous) data on the CLE component than studies that had this as their sole focus.

Lastly, the selection of a very small number of ‘rigorous’ studies from a large pool is not unusual for a systematic review. The vast majority of systematic reviews (if not all) find only a small proportion of studies reach the methodological appropriateness standard in the health sector (Young et al. 2011), and even fewer do so in the justice sector (Forell et al. 2011).

Data extraction and synthesis

For the two studies selected for inclusion in our systematic review, we identified and extracted key findings nominated by the studies’ authors, and evidence that supported those findings. Evidence is the data from which the findings are derived. The evidence for each finding was ranked according to three categories:

- ‘Supported’ – findings that are clearly and directly supported by the data in the body of the report.
- ‘Credible’ – findings that can be logically inferred from the data, but for which there are other plausible explanations.
- ‘Not supported’ – findings that are not supported by the reported data.

Any findings which were not supported were excluded from the review. Findings that were credible were only used in collaboration with other supported findings.

Appendix 2: Reports appraised and excluded from the systematic review

Studies assessed and excluded on the study inclusion criteria (see Methodology)

- ACON 2010, *Same-sex law reform community education project: project evaluation report*, Sydney.
- Barry, MM, Camp, AR, Johnson, ME, Klein, CF & Martin, LV 2012, 'Teaching social justice lawyering: systematically including community legal education in law school clinics', *Clinical Law Review*, vol. 18, no. Spring, pp. 401-457.
- Bayer, PJ, Bernheim, BD & Scholz, JK 2009, 'The effects of financial education in the workplace: evidence from a survey of employers', *Economic Inquiry*, vol. 47, no. 4, October, pp. 605-624.
- Broad, G & Hagerty, A 2004, *Just between you and me: a peer public legal education and information programme for women in family violence situations: final report*, Department of Justice Canada, Ottawa, <http://www.justice.gc.ca/eng/pi/rs/rep-rap/2004/rr04_5/rr04_5.pdf>.
- Dimopoulos, M 2010, *Implementing legal empowerment strategies to prevent domestic violence in new and emerging communities*, Issues paper, no. 20, Australian Domestic & Family Violence Clearinghouse, Sydney, <http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/IssuesPaper_20.pdf>.
- Eagly, IV 1998, 'Community education: creating a new vision of legal services practice', *Clinical Law Review*, vol. 4, pp. 433-484.
- Edgerton, N & Partridge, E 2006, *The economic value of community legal centres*, Institute of Sustainable Futures, UTS, Sydney, <<http://www.isf.uts.edu.au/publications/edgertonpartridge2006economicvalue.pdf>>.
- Ferrari, M & Costi, A 2012, 'Legal aid: learnings from community legal education', *Alternative Law Journal*, vol. 37, no. 1, pp. 52-53.
- Jesso, D & Tutty, L 2005, *Evaluation of training to address family violence and the older adult: final report for the Action Group on Elder Abuse*, RESOLVE Alberta, University of Calgary, Calgary, AB, <<http://www.ucalgary.ca/resolve/reports/2005/2005-01.pdf>>.
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- Scott, M & Havas, B 2011, *Environmental Defenders Office evaluation: final report*, WestWood Spice, Sydney.
- Whitworth, JD & Abell, TFC 2002, 'Children caught in the conflict: are court-endorsed divorce-parenting education programs effective?', *Journal of Divorce & Remarriage*, vol. 37, no. 3/4.

Women's Legal Resources Centre 2001, *Legal Access Project: partnership between Gilbert and Tobin and Women's Legal Resources Centre: final report and evaluation*, Sydney.

World Bank Justice for the Poor Program 2006, *Baseline survey: Pilot Program of Revitalization of Legal Aid in Indonesia (RLA)*, <http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2007/06/22/000090341_20070622093732/Rendered/PDF/399590RLA0Base1tive0Report01PUBLIC1.pdf>.

Reports excluded from the review on appropriateness of the methodology for assessing 'effectiveness'

- Asian Development Bank 2009, *Legal empowerment for women and disadvantaged groups: final report*, Mandaluyong City, Phillipines, <<http://www.adb.org/sites/default/files/Legal-Empowerment.pdf>>.
- Citizens Advice 2006, *Front-line Financial Capability Project report*, London.
- Clancy, M, Grinstein-Weiss, M & Schreiner, M 2001, *Financial education and savings outcomes in individual development accounts*, Washington University in St. Louis, Center for Social Development, St. Louis, MO, <<http://128.118.178.162/eps/hew/papers/0108/0108001.pdf>>.
- Cross, W & Cerulli, C 2007, 'The impact of continuing education training on law guardian knowledge, efficacy, and practice behaviors', *Family Court Review*, vol. 45, no. 1, January, pp. 92-102.
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- Elveris, I 2010, *Legal education in an unlikely spot: Istanbul prisons*, Unpublished.
- Federal Deposit Insurance Corporation 2007, *A longitudinal evaluation of the intermediate-term impact of the Money Smart Financial Education Curriculum upon consumers' behavior and confidence*, <<http://www.fdic.gov/consumers/consumer/moneysmart/pubs/ms070424.pdf>>.
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- Kempson, E & Collard, S 2010, *Money Guidance Pathfinder: a report to the FSA, Consumer Financial Education Body (CFEB)*, Personal Finance Research Centre University of Bristol, <<http://www.bristol.ac.uk/geography/research/pfrc/themes/advice/money-guidance-pathfinder.html>>.
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- National Institute of Adult Continuing Education (NIACE) 2008, *Citizens Advice Financial Skills for Life: an evaluation report on the bureaux and forum grants programme of 2007*, Citizens Advice, London.
- New Economics Foundation (NEF) 2008, *The socio-economic value of law centres*, Law Centres UK, London, <<http://www.lawforlife.org.uk/data/files/nef-socio-economic-benefits-of-law-centres-129.pdf>>.
- Rocket Science UK 2011, *East of England Financial Capability and Inclusion Project: final report of evaluation*.
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- Russell, R, Bailey, D, Wall, L & Brooks, R 2011, *MoneyMinded summary report: featuring a case study of Mission Australia's Financial Literacy Program for youth at-risk*, ANZ, Mission Australia & RMIT University, <<http://www.anz.com/resources/cb/cb9ea0804692672e97cd9fff59dc78ef/Money+Minded+Summary+Report+2010-FINAL.pdf?CA-CHEID=cb9ea0804692672e97cd9fff59dc78ef>>.
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