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The legal needs of people with different types of chronic illness or disability

Christine Coumarelos and Zhigang Wei

Consistent with overseas research, Justice made to measure: NSW Legal Needs Survey in disadvantaged areas *reported that people with a chronic illness or disability are particularly vulnerable to experiencing legal problems and have difficulty resolving these problems. However, 'chronic illness or disability' constitutes a diverse range of conditions and very little research to date has compared and contrasted the legal needs of people with different types of illness or disability. Using data from the NSW Legal Needs Survey, this paper compares people with different types of chronic illness or disability on their incidence of legal problems, their rates of taking action in response to these problems and their resolution rates.*

INTRODUCTION

Until recently, there has been little rigorous, comprehensive empirical research examining the access to justice and legal needs of people with a chronic illness or disability. This gap in research is arguably surprising given the long-standing acknowledgement that such people experience hardship in many aspects of life (O'Grady, Pleasence, Balmer, Buck & Genn 2004).

Chronic illness or disability and disadvantage

People with a chronic illness or disability have been identified as a group suffering multiple disadvantage (ABS 2004c; Barnes, Mercer & Shakespeare 1999; O'Grady et al. 2004). For example, Australian census data shows that people with ill-health are more likely to be victims of crime, be unemployed, have low incomes and have low levels of educational attainment. In the United Kingdom, people with a chronic illness or disability have been reported to be more likely to live in public housing, less likely to be employed and more likely to have low incomes (O'Grady et al. 2004). Indeed, given the increased risk of people with a chronic illness or disability to multiple types of social and economic disadvantage, some authors have argued that this group is the 'most socially excluded' of all disadvantaged groups (e.g. Howard 1999).

Chronic illness or disability and social exclusion

In broad terms, social exclusion refers to a lack of participation in mainstream societal activities and a lack of access to the standards of living, rights, goods and services enjoyed by the majority of society (Arthurson & Jacobs 2003). Social exclusion is purported to highlight the multidimensional nature of disadvantage. That is, social exclusion is argued to have multiple causes (e.g. poverty, unemployment, poor education, family breakdown, high crime environments) and a range of negative outcomes in social, economic, legal, political and cultural areas (Arthurson & Jacobs 2003; O'Grady et al. 2004; Saunders 2003).

The notion that people with a chronic illness or disability often face social exclusion fits with the shift in recent decades away from a purely medical model of disability and towards a more social model of disability. The medical model defines disability as being located within the body or mind of the individual according to criteria of pathological impairment, while the social model defines disability in the context of a disabling environment (Barnes et al. 1999; Hedlund 2000; Humphrey 2000; Mulvany 2000; O'Grady et al. 2004). In the social model, disability is seen as something imposed by society over and above biological impairment. That is, it is not the biological reality of the impairment alone that determines disability, but rather the consequences of this impairment resulting from social contexts, communications and conceptualisations (Hedlund 2000). The social model attempts to empower people with disabilities as citizens with rights, and argues that the key to overcoming many of the problems faced by such people is the removal of societal barriers that prevent them from accessing their rights (Barnes et al. 1999; Humphrey 2000; Mulvany 2000; O'Grady et al. 2004).

In recent years, it has been acknowledged that the medical and social models of disability are not mutually exclusive, and it has been argued that both biological and social factors are important in conceptualising disability (Hedlund 2000; Barnes et al. 1999).

Chronic illness or disability and legal needs

Consequently, given the literature suggesting that people with a chronic illness or disability can be a 'disadvantaged', 'socially excluded' group, what is established about their access to justice and legal needs? Are they particularly vulnerable to experiencing legal problems? Are they particularly likely to face barriers when they try to access justice?

Until the last decade or so, large-scale legal needs surveys have not assessed the illness or disability status of respondents, so the vulnerability of people with a chronic illness or disability to legal problems had not been rigorously examined (Pleasence, Balmer, Buck, O'Grady & Genn 2004a). Even Genn's (1999) large-scale survey in England and Scotland did not measure illness or disability status.

However, a few recent large-scale legal needs surveys have measured illness or disability status. The emerging pattern from these surveys is that people with a chronic illness or disability have increased vulnerability to experiencing a wide range of legal problems, including civil, criminal and family law problems (Coumarelos, Wei & Zhou 2006; Currie 2007; Pleasence, Balmer & Buck 2006; Pleasence, Buck, Balmer, O'Grady, Genn & Smith 2004b). Furthermore, these surveys indicate that such people have lower resolution rates for their legal problems (Coumarelos et al. 2006; Curry 2007).

The English and Welsh Civil and Social Justice Survey has been conducted in 2001, 2004 and, since 2006, on a continuous basis by Pleasence and his colleagues. According to the 2001 survey, people with a chronic illness or disability had relatively high rates of 14 of the 18 types of justiciable problems examined by the survey (Buck, Balmer & Pleasence 2005; Pleasence et al. 2004b).[1] Using the same survey data, O'Grady et al. (2004) reported that people with a chronic illness or disability were not only more likely to experience justiciable problems compared to other respondents, they were also more likely to experience more justiciable problems, particularly those related to issues of social exclusion such as housing and welfare benefits. They concluded that, due to their social exclusion, people with a chronic illness or disability are more vulnerable to experiencing spiralling problem sequences which are likely to have serious negative effects on their life circumstances. Furthermore, although people with a chronic illness or disability did not differ from others in the types of strategies they used in response to their legal problems, they took longer initially to contact an adviser (Buck et al. 2005; O'Grady et al. 2004).

The 2006 English and Welsh survey (Pleasence et al. 2006) reinforced the results of the 2001 survey regarding chronic illness and disability.

Coumarelos et al. (2006) reported on a survey of a broad range of legal needs in six disadvantaged areas of New South Wales (NSW) in Australia. They found that people with self-reported chronic illness or disability had increased rates of nine of the 10 most frequent types of legal events examined, including civil, criminal and family events.[2] Coumarelos et al. (2006) also reported that, even though people with a chronic illness or disability sought help at similar rates to others when faced with legal events, they were less likely to achieve resolution.

Currie (2007) reported on a national survey of legal needs in Canada. He examined two indicators of illness or disability — a self-reported indicator and the receipt of a disability pension. Both indicators were related to a higher incidence of 12 out of the 15 types of civil justice problems examined.[3] The two indicators were also related to increased incidence of multiple civil justice problems and to reduced resolution rates.

A number of other legal needs surveys have reported increased incidence of at least some types of legal events for people with certain types of illness or disability. For example, in Oregon (United States), Dale (2000) found high levels of legal need among people with a mental disability, particularly for problems related to public benefits and family law. Dale also found high levels of legal need among people with a physical disability, particularly concerning discrimination, wills and estates, consumer and health care matters. In Washington State, the Task Force on Civil Equal Justice Funding (2003) reported that people with physical disabilities had relatively high rates of consumer, health, estates and trusts issues, while people with mental disabilities had relatively high rates of legal issues related to housing, municipal services and public services.

Path of causation

Evidence is beginning to suggest that the association of chronic illness or disability with legal problems may well be bi-directional. For example, Pleasence et al. (2004a) cite studies indicating that housing-related problems, homelessness, family problems and domestic violence can emerge for people with long-term physical or mental incapacity. They also cite studies suggesting that poor quality housing, relationship breakdown, domestic violence, unemployment, mortgage indebtedness and other debt problems can result in psychological or physical ill-health.

The results of the English and Welsh Civil and Social Justice Surveys are also consistent with a two-way relationship between chronic illness or disability and legal problems. In addition to examining the incidence of legal problems among people with a chronic illness or disability, these surveys also examined whether stress-related illness and various other adverse consequences occurred after the legal problems were experienced. For example, examining housing rights problems, Pleasence and Balmer (2007) reported that such problems are not only associated with mental illness, but may also have a role in bringing about or exacerbating mental illness. About half of those who reported that stress-related ill-health followed housing rights problems went on to receive medical treatment as a result. Furthermore, Pleasence, Balmer and Buck (2008) found that adverse health consequences reportedly followed over one-third of the legal problems experienced and led to a significant use of health services.

Diversity of chronic illness or disability

'Chronic illness or disability' constitutes a diverse range of conditions, including chronic physical conditions, mental health problems, learning disabilities and physical disabilities. These conditions can also vary dramatically in their onset, severity, longevity and debilitating effects. Very little is currently known about how the diverse nature of chronic illness or disability affects its relationship with legal needs. For example, is the severity of the illness or disability an important factor in the experience and resolution of legal problems? Are all types of chronic illnesses and disabilities equally associated with increased vulnerability to legal problems and difficulty resolving legal problems?

With regard to severity, the 2006 English and Welsh Civil and Social Justice Survey found that the relationship of civil law problems to chronic illness or disability increased with the severity of the illness or disability (Pleasence et al. 2008).

With regard to the type of chronic illness or disability, recent research suggests that people with a mental illness may be a particularly vulnerable group. Pleasence and Balmer (2007) found that the incidence of housing rights problems was highest for those who reported a mental illness (26%). The incidence of housing rights problems among those with a chronic illness or disability but no mental illness was considerably lower (12%), and was similar to those who reported no chronic illness or disability

of any type. Pleasence and Balmer (forthcoming) report elevated incidence rates across many different types of legal problems for people with a mental illness relative to people with other illnesses or disabilities. Qualitative research in Australia further supports the idea that people with a mental illness are a vulnerable group who may experience a number of legal problems and face a range of barriers in accessing justice (Karras, McCarron, Gray & Ardasinski 2006).

However, there is currently a lack of comprehensive empirical research that compares and contrasts the access to justice and legal needs of people with different types of chronic illnesses or disabilities. Some of the recent legal needs surveys that examined chronic illness or disability have used global measures of illness or disability and have not recorded the specific types of illness or disability in their samples (Currie 2007; Pleasence et al. 2004b). As a result, the question of whether different types of chronic illness or disability are associated with different levels of vulnerability to legal problems and different resolution rates has generally not been a focus of these surveys.

Implications for service provision

The discussion above highlights the overlap between having legal problems and having a chronic illness or disability. However, legal needs reflect a wide range of legal rights and obligations related not only to health, but also to many other areas of physical and social well-being, including welfare, housing, education, employment, debt, citizenship, family relations and policing (Coumarelos et al. 2006; Pleasence et al. 2004b; 2006). This interconnectedness of legal problems with other non-legal life problems has resulted recently in a number of authors stressing the need for better coordination between legal services and a broad range of human services, including health, social, welfare, housing and financial services (Balmer, Pleasence, Buck & Walker 2006; Coumarelos et al. 2006; Forell, McCarron & Schetzer 2005; MacDonald 2005; Pleasence et al. 2004b; 2006; 2008; Scott & Sage 2001). Given that some people have multiple, complex and interconnected legal and non-legal needs, a complete solution to their problems may require not only legal advice or assistance, but also a broad range of non-legal support services (Coumarelos et al. 2006; Forell et al. 2005). It has not only been argued that broader non-legal support may be required to achieve effective legal resolution, but

also that providing legal assistance for legal problems may sometimes have salutary effects on other areas of life, including positive health effects (Currie 2007; Balmer et al. 2006; Pleasence et al. 2008).

In the case of people with a chronic illness or disability, it is increasingly being recognised that the prevention, identification and resolution of legal problems within this demographic group should be treated as both a public health and justice policy objective, involving the integration of health and legal services (Balmer et al. 2006; Coumarelos et al. 2006; Currie 2007; Pleasence et al. 2004b; 2008). For example, in the United Kingdom, despite the difficulties faced through integrated health and advice initiatives such as Health Action Zones and Community Legal Service Partnerships, Pleasence and his co-workers argue that the more effective coordination of health and legal services is likely to improve both health and justice outcomes for this demographic group (Balmer et al. 2006; Pleasence et al. 2004b; 2008).

The type of coordination between health and legal services that might be particularly useful for people with a chronic illness or disability would be better informed by further investigation into the specific nature of the relationship of legal needs with chronic illness and disability. For example, if the increased vulnerability to legal problems observed for this demographic group was due solely or particularly to one type of illness or disability, say mental illness, then an important priority might be to work towards the effective coordination of mental health and legal services.

NSW LEGAL NEEDS SURVEY

As noted above, in their monograph entitled *Justice made to measure: NSW Legal Needs Survey in disadvantaged areas*, Coumarelos et al. (2006) reported on a legal needs survey conducted in 2003 in six local government areas of NSW. The survey was administered via telephone interviews to 2431 residents aged 15 years or over. The six areas covered geographically diverse areas of NSW, had high risk scores for socioeconomic disadvantage, and comprised urban, rural and remote areas.[4]

The survey measured 101 different 'legal events', that is, events that have the potential for legal resolution (see Appendix 1).[5] These legal events were categorised into the following 15 groups:

- 11 groups of civil law events — accident/injury, business, consumer, credit/debt, education, employment, government, health, housing, human rights and wills/estates
- three groups of criminal law events — domestic violence, general crime and traffic offences
- one group of family law events.

Of the 2431 participants surveyed, 508 or 20.9 per cent reported that they had one or more chronic illnesses or disabilities.[6] Coumarelos et al. (2006) found that these 508 participants with a chronic illness or disability, when compared with other participants, had:

- increased vulnerability to a wide range of legal events
- similar rates of seeking help for their legal events
- reduced rates of resolving their legal events.

Given their high incidence rate and low resolution rate, Coumarelos et al. (2006) argued that meeting the legal needs of this group should be a top priority in legal service provision.

AIMS OF THE PRESENT STUDY

The present study aimed to further elucidate the nature of the access to justice and legal needs of people with a chronic illness or disability by reporting on some additional analyses of the data from the Coumarelos et al. (2006) survey.

Six specific aims were identified for this present study. The first two aims involved further comparisons between the group of participants with a chronic illness or disability and the group without a chronic illness or disability. More specifically, the first two aims investigated whether participants with a chronic illness or disability differed from other participants in terms of:

- their experience of multiple legal events (Aim 1)
- the type of adviser they first consulted in response to legal events (Aim 2).

The present study also involved comparisons between participants with different types of chronic illness or disability. Coumarelos et al. (2006) reported on participants with a chronic illness or disability as a single group, and did not examine whether participants with certain types of chronic illness or disability are even more likely than others to experience legal problems and to require

assistance to resolve those problems. The present study investigated whether people with different types of chronic illness or disability differ in the legal problems they experience and the outcomes they achieve. For comparison purposes, the participants with a chronic illness or disability were divided into five sub-groups based on the type of chronic illness or disability. More specifically, the last four aims of the present study were to examine whether the five sub-groups of chronic illness or disability differed in terms of their:

- experience of legal events of any type (Aim 3)
- experience of different types of legal events (Aim 4)
- actions in response to legal events (Aim 5)
- resolution of legal events (Aim 6).

For the sake of convenience, throughout the results sections of the present paper, the entire group of participants with a chronic illness or disability will be referred to as 'participants with a disability', and 'disability status' will refer to whether or not participants are part of this group. The five sub-groups of participants with different types of chronic illnesses or disabilities will be referred to as the 'disability type' sub-groups.

The study aims were addressed via a range of statistical analyses, including logistic regression, chi-square, Kruskal-Wallis and Mann-Whitney analyses. Details of the analyses conducted are provided in Appendix 2.

Before the results of these analyses are presented here, descriptions are provided of the characteristics of the group of participants with a disability and the characteristics of the five disability type sub-groups.

DESCRIPTION OF PARTICIPANTS WITH A DISABILITY

The demographic characteristics of the 508 participants with a disability were compared with the 1917 participants without a disability (see Table 1). These two groups of participants comprised similar proportions of males and females, and similar proportions of Indigenous and non-Indigenous Australians. However, participants with a disability were significantly more likely than other participants to be older, to be born in an English speaking country, to have lower personal incomes and to have lower levels of education.[7]

To examine the extent to which the participants with a disability are representative of the NSW population of people with a chronic illness or disability, the Coumarelos et al. (2006) survey was compared with the Survey of Disability, Ageing and Carers (SDAC) conducted by the Australian Bureau of Statistics (ABS) in 2003 (ABS 2004a; 2004b). The SDAC is the largest survey in Australia measuring disability. In terms of the overall incidence of chronic illness or disability, the percentage of 20.9 per cent (i.e. 508 of 2431 participants) obtained by the Coumarelos et al. (2006) survey is virtually identical to the 20.2 per cent obtained by the SDAC.[8]

In terms of participants' demographic characteristics, there were some similarities and some differences between the two surveys. The SDAC disability participants, when compared with other SDAC participants, were more likely to be female, older, born outside Australia or New Zealand, and out of the labour force or unemployed. SDAC disability participants were also more likely to have no post school qualifications and lower incomes.[9] Thus, the SDAC survey was similar to the Coumarelos et al. (2006) survey (see Table 1) in that participants with a disability were older and more disadvantaged on the indicators of income and education compared with other participants. However, despite these similarities, when the SDAC disability participants were directly compared with the Coumarelos et al. (2006) participants with a disability, those from the SDAC were significantly older, less likely to have post-school qualifications, less likely to be out of the workforce and more likely to be employed.[10]

Given the differences noted above between the Coumarelos et al. (2006) survey and the SDAC, it appears that the group of participants with a disability used in the present analyses may not be entirely representative of the NSW population of people who have a chronic illness or disability.

TABLE 1: DISABILITY STATUS BY DEMOGRAPHIC FACTORS
PARTICIPANTS WITH AND PARTICIPANTS WITHOUT A DISABILITY, 2003

DEMOGRAPHIC FACTOR		DISABILITY STATUS				ALL PARTICIPANTS
		DISABILITY		NO DISABILITY		
		NO.	%	NO.	%	NO.
Gender	Female	246	48.4	957	50.1	1203
	Male	262	51.6	960	49.9	1222
	Total	508	100	1917	100	2425
Age (years) [a]	15–24	35	6.9	367	19.2	402
	25–34	57	11.2	405	21.1	462
	35–44	78	15.4	402	21	480
	45–54	112	22.1	335	17.5	447
	55–64	109	21.5	190	9.9	299
	65+	116	22.9	216	11.3	332
	Total	507	100	1915	100	2422
Indigenous status	Indigenous	17	3.9	63	3.6	80
	Non-Indigenous	419	96.1	1681	96.4	2100
	Total	436	100	1744	100	2180
Country of birth [a]	English speaking	454	89.5	1602	83.7	2056
	Non-English speaking	53	10.5	313	16.3	366
	Total	507	100	1915	100	2422
Personal income [a] **($/week)**	0–199	126	26.4	363	20.7	489
	200–499	219	45.9	598	34.1	817
	500–999	97	20.3	590	33.6	687
	1000+	35	7.3	205	11.7	240
	Total	477	100	1756	100	2233
Educational level [a]	Didn't finish/at school	68	13.5	200	10.5	268
	Year 10/equivalent	153	30.3	509	26.7	662
	Year 12/equivalent	101	20	404	21.2	505
	Certificate/diploma	89	17.6	320	16.8	409
	University degree	94	18.6	471	24.7	565
	Total	505	100	1904	100	2409

a Significant difference, $p < 0.05$.

Notes: n=508 participants with a disability and 1917 participants without a disability. Where the total for a given demographic factor is less than 2425 (i.e. 508 + 1917), data were missing on that factor. Disability status was missing for six participants.

DESCRIPTION OF DISABILITY TYPE SUB-GROUPS

When participants of the Coumarelos et al. (2006) survey reported a chronic illness or disability, they were asked to specify the type of illnesses or disabilities they had.[11] Their responses were recorded into the following seven categories:

- mental health problem
- visual disability
- hearing disability
- physical disability
- intellectual disability
- learning disability
- chronic condition.

These seven categories were grouped into five disability type sub-groups for the purposes of the present paper (see Table 2). Due to insufficient numbers, it was not possible to retain intellectual disability and learning disability as disability type sub-groups.[12] Of the 508 participants with a disability, 503 were used in the analyses that compared disability types.[13] As Table 2 shows, 30 participants reported two or more types of chronic illness or disability. The remaining 473 participants with a disability only reported one type, with 43 reporting a mental health problem, 28 reporting a sensory (visual or hearing) disability, 235 reporting a physical (non-sensory) disability, and 167 reporting a chronic condition.

TABLE 2: DISABILITY TYPE
PARTICIPANTS WITH A DISABILITY, 2003

DISABILITY TYPE	NO. OF PARTICIPANTS
Mental health problem only [a]	43
Sensory (visual or hearing) disability only [b]	28
Physical (non-sensory) disability only [c]	235
Chronic condition only [d]	167
Multiple types [e]	30
Total	503

a Mental health problem includes, but is not limited to, anxiety disorders, psychoses, stress disorders, substance abuse/addiction, personality disorders and depression.

b Sensory disability includes visual disability (i.e. blindness or visual impairment that is not corrected by glasses or contact lenses) and hearing disability (i.e. deafness, hearing impairment and hearing loss).

c Physical disability is a physical impairment that limits the individual's activities or participation in society. As well as such physical conditions as paraplegia and quadriplegia, it includes loss of limbs and physical conditions that impair movement such as back problems, arthritis and occupational overuse syndrome.

d Chronic conditions are other long-term illnesses or diseases that impair functioning, and include such conditions as diabetes, heart problems and asthma.

e Of these 30 participants, 24 participants reported two disability types, five participants reported three types and one participant reported four types. Of these 30 participants, 23 reported a physical disability, 16 reported a chronic condition, 14 reported a mental health problem, 12 reported a sensory disability and one reported a learning disability.

Notes: n=503 participants with a disability. Disability type was missing for 4 participants with a disability and the participant with an intellectual disability was excluded from the disability type categorisation.

LIMITATIONS OF PRESENT ANALYSES

The group of participants with a disability used in the present analysis is unlikely to be entirely representative of the population of people who have a chronic illness or disability. Firstly, as already noted, there were some demographic differences between the groups of participants with a disability drawn from the Coumarelos et al. (2006) survey and the SDAC. Secondly, the Coumarelos et al. (2006) survey sampled only six disadvantaged areas of NSW and may not be representative of other areas of NSW. Thirdly, the illnesses and disabilities reported in the Coumarelos et al. (2006) survey may be less severe than those in the population given that some people facing severe restrictions may be unable to easily complete a 21-minute telephone survey.

While the Coumarelos et al. (2006) survey had the advantage of recording the type of chronic illness or disability, it did not assess the severity of the illnesses and disabilities, such as the level of restriction involved in participating in daily activities or in society more generally. As a result, any differences reported below between the five disability type sub-groups could, in part, be due to differences in severity. Furthermore, the low numbers in some of the disability type sub-groups (i.e. the mental health problem, sensory disability and multiple types sub-groups) may also have militated against finding significant differences.

As a result of the above limitations, the conclusions presented in this paper should be treated as suggestive rather than definitive. However, given the dearth of empirical data on this issue, the present findings are a starting point for exploring this issue and, it is hoped, will provide a stimulus for more rigorous future investigation.[14]

EXPERIENCE OF LEGAL EVENTS OF ANY TYPE

Participants with a disability

Coumarelos et al. (2006) reported that participants with a disability were more likely to experience legal events when compared to other participants, with their odds of reporting legal events being 1.7 times higher. Whereas 72.8 per cent (or 370) of the 508 participants with a disability reported legal events, only 68.1 per cent (or 1305) of the 1917 participants without a disability reported legal events (see Figures 1a and 1b).

FIGURE 1A: NUMBER OF LEGAL EVENTS REPORTED PER PARTICIPANT
PARTICIPANTS WITH A DISABILITY, 2003

Note: n=508 participants with a disability.

FIGURE 1B: NUMBER OF LEGAL EVENTS REPORTED PER PARTICIPANT
PARTICIPANTS WITHOUT A DISABILITY, 2003
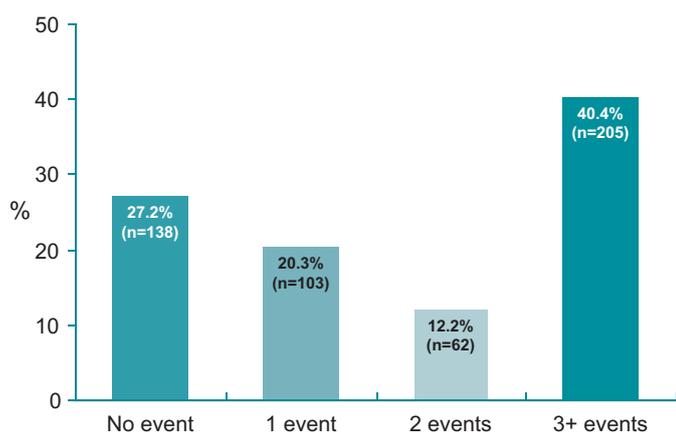
Note: n=1917 participants without a disability.

Furthermore, 40.4 per cent of the participants with a disability reported at least three events, compared with only 30.9 per cent of other participants.

Given the above finding that participants with a disability were more likely to experience legal events, a Mann-Whitney test was used to examine whether this group were also more likely to report a greater number of events. When compared with other participants who reported experiencing legal events, those with a disability who reported experiencing legal events actually reported a significantly higher number of events on average (see Table 3).[15] This finding adds further credence to the conclusion that people with a disability are more likely to experience multiple legal events.

TABLE 3: MEAN AND MEDIAN NUMBER OF LEGAL EVENTS BY DISABILITY STATUS
PARTICIPANTS WHO REPORTED AT LEAST ONE LEGAL EVENT, 2003

DISABILITY STATUS	MEAN NO. OF EVENTS	MEDIAN NO. OF EVENTS	NO. OF PARTICIPANTS WITH 1+ EVENTS
Disability	4.1	3	370
No disability	3.2	2	1305

Note: n=1675 participants who reported at least one legal event.

Disability type sub-groups

Given the increased risk of reporting legal events among the group of participants with a disability, a logistic regression analysis was conducted to examine whether incidence of legal events is related to disability type. The regression was based solely on the data for participants with a disability, and compared the five disability type sub-groups on their overall incidence of legal events of any type. Table 4 provides a summary of these regression results.[16]
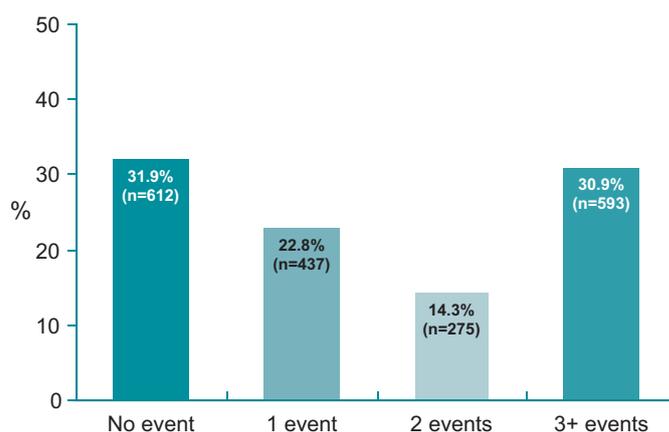
The regression analysis revealed that disability type was a significant predictor of reporting legal events for participants with a disability. Age and country of birth were also significant predictors in the model, and were independent of the contribution made by disability type. Gender, personal income and educational level were not significant.

Table 4 shows that, compared with the average for all participants with a disability, the odds of reporting legal events were:

TABLE 4: SUMMARY OF STANDARD BINARY LOGISTIC REGRESSION FOR REPORTING LEGAL EVENTS OF ANY TYPE
PARTICIPANTS WITH A DISABILITY, 2003

SIGNIFICANT VARIABLES		
VARIABLE	COMPARISON	ODDS RATIO [a]
Disability type [b]	Mental health problem versus average	ns
	Sensory disability versus average	0.3
	Physical disability versus average	ns
	Chronic condition versus average	1.6
	Multiple types versus average	ns
Age (years)	15–24 versus 65+	7.5
	25–34 versus 65+	3.9
	35–44 versus 65+	5.4
	45–54 versus 65+	4.3
	55–64 versus 65+	2.3
Country of birth	English versus non-English speaking	3.0
NON-SIGNIFICANT VARIABLES	Gender, personal income, educational level	

a An odds ratio greater than 1.0 indicates the first category in the comparison had higher odds than the second. An odds ratio less than 1.0 indicates the first category in the comparison had lower odds than the second.

b Each disability type sub-group was compared with the average of all disability type sub-groups.

Notes: n=502 participants with a disability. Disability type was missing for four participants with a disability and data on other demographic variables was missing for another participant with a disability. The participant with an intellectual disability was excluded from the disability type categorisation.

'ns' indicates the odds ratio was not statistically significant, that is, the odds for the first category in the comparison were not statistically different from the odds for the second category (even though the overall variable was significant).

- 0.3 times lower for participants with a sensory disability
- 1.6 times higher for participants with a chronic condition.

It can be seen from Table 5 that, whereas 27.2 per cent of all participants with a disability reported no legal events, a higher percentage (53.6%) of those with a sensory disability reported no legal events and a lower percentage (21.6%) of participants with a chronic condition reported no legal events.[17]

TABLE 5: NUMBER OF LEGAL EVENTS REPORTED PER PARTICIPANT BY DISABILITY TYPE
PARTICIPANTS WITH A DISABILITY, 2003

DISABILITY TYPE	NO EVENT %	1–2 EVENTS %	3+ EVENTS %	NO. OF PARTICIPANTS
Mental health problem [a]	20.9	30.2	48.8	43
Sensory disability	53.6	28.6	17.9	28
Physical disability	29.4	30.6	40.0	235
Chronic condition	21.6	37.7	40.7	167
Multiple types	26.7	26.7	46.7	30
Total	27.2	32.6	40.2	503

a While the raw percentage reporting no legal events was lower than average for the mental health problem sub-group, there was no significant difference. It is possible that other demographic factors were responsible for the difference in raw percentages or that the small number of participants in the mental health sub-group militated against finding a significant difference.

Notes: n=503 participants with a disability. Disability type was missing for four participants with a disability. The participant with an intellectual disability was excluded from the disability type categorisation.

With regard to age, those participants with a disability aged under 65 years had higher odds of reporting legal events than those aged 65 years or over (see Table 4). With regard to country of birth, participants with a disability who were born in an English speaking country had higher odds of reporting legal events than those born in a non-English speaking country. Both of these results for participants with a disability are similar to the results reported by Coumarelos et al. (2006) for the overall sample (which also included participants without a disability).

A Kruskal-Wallis test was used to examine the actual number of legal events reported by participants in each disability type sub-group who reported at least one legal event. The results were not significant, indicating that the disability type sub-groups report experiencing a similar number of legal events when they do report events.[18] Thus, the higher number of legal events reported by the group of participants with a disability appears to be reflected similarly across the five disability type sub-groups.

EXPERIENCE OF DIFFERENT TYPES OF LEGAL EVENTS

Participants with a disability

Based on regression analyses controlling for relevant demographic factors, Coumarelos et al. (2006) reported that, compared with other participants, those with a disability had increased odds of reporting nine of the 10 most frequent types of legal events.

TABLE 6: INCIDENCE OF LEGAL EVENTS BY DISABILITY STATUS AND TYPE OF LEGAL EVENT
PARTICIPANTS WITH AND PARTICIPANTS WITHOUT A DISABILITY, 2003

AREA OF LAW	LEGAL EVENT GROUP	DISABILITY STATUS	
		DISABILITY (N=508) [a]	NO DISABILITY (N=1917) [a]
		% OF PARTICIPANTS REPORTING 1+ EVENTS	
Civil	Accident/injury [b]	18.9	19.2
	Business	5.7	4.9
	Consumer	26.6	20.8
	Credit/debt	14.4	11.4
	Education	8.3	7.1
	Employment	11.0	12.3
	Government	24.8	18.2
	Health [c]	10.4	1.3
	Housing	24.2	22.2
	Human rights	10.2	4.6
	Wills/estates [d]	19.3	13.5
	Total civil	66.7	61.3
Criminal	Domestic violence	5.1	3.6
	General crime	30.5	25.6
	Traffic offences [e]	3.6	3.1
	Total crime	34.3	29.1
Family	Family	10.0	8.0
Unclassified [f]		1.2	0.3
All event types		72.8	68.1

a n=508 participants with a disability and 1917 participants without a disability. Given their life circumstances, some participants did not have the potential to experience some types of legal events. Specifically, only participants who:
- owned a small business could potentially experience business events (disability n=93, no disability n=469)
- were full- or part-time students, or were responsible for a student, could potentially experience education events (disability n=168, no disability n=904)
- were employed full- or part-time could potentially experience employment events (disability n=212, no disability n=1201)
- had a disability, had been institutionalised in a psychiatric ward or had cared for an elderly or disabled person could potentially experience health legal events (disability=508, no disability=256).

b The raw percentages of accident/injury events were virtually identical for the group of participants with a disability and the group without a disability. However, this finding is largely due to accident/injury events being less prevalent amongst older participants (see Coumarelos et al. 2006, p. 83). The participants with a disability were significantly older than the other participants. When appropriate adjustments are made for this age difference (e.g. in the regression analysis) between the two groups, it is clear that disability increases the likelihood of experiencing accident/injury events.

c Information on health legal events was missing for two participants with a disability.

d Information on wills/estates events was missing for one participant without a disability.

e Information on traffic offence events was missing for one participant with disability.

f 'Unclassified' legal events consist of events that were unclearly described by participants.

Note: Participants sometimes reported multiple legal events (within or across legal event groups).

They had increased odds of reporting:

- accident/injury events (1.4 times higher)
- consumer events (2.1 times higher)
- credit/debt events (1.7 times higher)
- education events (1.8 times higher)
- employment events (1.5 times higher)
- government events (2.0 times higher)
- housing events (1.6 times higher)
- general crime events (1.7 times higher)
- family events (1.7 times higher).[19]

Table 6 presents the percentage of participants who reported experiencing one or more legal events broken down by disability status and type of legal event.

Disability type sub-groups

The present study examined whether the incidence of different types of legal events among participants with a disability depended on disability type. According to the chi-square results, there were no significant differences among the disability type sub-groups in their reported incidence for 14 of the 15 legal event groups.[20]

The chi-square result for health legal events was significant, and suggested that the sub-group with a mental health problem had a significantly higher incidence of health legal events compared with the other disability type sub-groups.[21] Whereas 23.3 per cent of participants with a mental health problem reported experiencing health legal events, under 10 per cent of participants with a sensory disability, physical disability or chronic condition reported experiencing health legal events (see Table 7).

However, further analysis suggested that the significant result for health legal events was driven by the health legal events that are specific to mental health problems. Two of the health legal events — involuntary psychiatric hospitalisation (Question 42A) and other mental health care issue (Question 42B) — were only asked of participants with a mental

TABLE 7: INCIDENCE OF LEGAL EVENTS BY DISABILITY TYPE AND TYPE OF LEGAL EVENT
PARTICIPANTS WITH A DISABILITY, 2003

AREA OF LAW	LEGAL EVENT GROUP	DISABILITY TYPE				
		MENTAL HEALTH PROBLEM (N=43)[a]	SENSORY DISABILITY (N=28)[a]	PHYSICAL DISABILITY (N=235)[a]	CHRONIC CONDITION (N=167)[a]	MULTIPLE TYPES (N=30)[a]
		% OF PARTICIPANTS REPORTING 1+ EVENTS				
Civil	Accident/injury	16.3	10.7	22.1	16.8	16.7
	Business	7.0	3.6	7.2	4.8	0.0
	Consumer	34.9	14.3	25.1	25.1	40.0
	Credit/debt	16.3	7.1	14.5	12.6	26.7
	Education	11.6	3.6	7.2	9.0	6.7
	Employment	2.3	7.1	12.3	12.6	6.7
	Government	30.2	14.3	21.3	27.5	33.3
	Health[b]	23.3	3.7	8.5	9.0	20.0
	Housing	23.3	32.1	18.7	28.1	33.3
	Human rights	9.3	14.3	9.4	7.8	23.3
	Wills/estates	27.9	10.7	17.9	21.0	13.3
	Total civil	72.1	42.9	64.7	71.3	70.0
Criminal	Domestic violence	9.3	0.0	4.7	4.8	10.0
	General crime	34.9	10.7	29.4	32.9	36.7
	Traffic offences[c]	2.3	0.0	3.0	5.4	3.3
	Total crime	44.2	10.7	31.9	37.7	40.0
Family	Family	11.6	3.6	10.2	9.6	13.3
Unclassified[d]		0.0	3.6	0.9	1.2	3.3
All event types		79.1	46.4	70.6	78.4	73.3

a n=503 participants with a disability. Disability type was missing for four participants and the participant with an intellectual disability was excluded from the disability type categorisation. Given their life circumstances, some participants did not have the potential to experience some types of legal events. Specifically, only participants who:
- owned a small business could potentially experience business events (mental health problem n=7, sensory disability n=8, physical disability n=81, chronic condition n=3, multiple types n=5)
- were full- or part-time students, or were responsible for a student, could potentially experience education events (mental health problem n=15, sensory disability n=5, physical disability n=41, chronic condition n=59, multiple types n=6)
- were employed full- or part-time at some time during the reference period could potentially experience employment events (mental health problem n=15, sensory disability n=9, physical disability n=98, chronic condition n=77, multiple types n=10).

b Information on health legal events was missing for one participant with a sensory disability and one participant with a physical disability.

c Information on traffic offence events was missing for one participant with a physical disability.

d 'Unclassified' legal events consist of events that were unclearly described by participants.

Note: Participants sometimes reported multiple legal events (within or across legal event groups).

health problem. Furthermore, a number of other health legal events (Question 53) were only relevant to those who had been detained in a psychiatric ward. When these events were excluded from the health legal event group and the chi-square was recalculated, it was no longer significant.[22] Thus, the results suggest that the sub-group with a mental health problem did not differ from the other disability type sub-groups in their incidence of health legal events that are not related to mental health.

ACTION TAKEN

Participants with a disability

Participants of the Coumarelos et al. (2006) survey were asked to provide information on the actions they took in response to their three most recent legal events.[23] These events comprised 751 events for participants with a disability and 2263 events for participants without a disability. The rate of seeking help for participants with a disability was not significantly different to the rate for other participants. Figures 2a and 2b show that, similar to participants without a disability, participants with a disability sought help for about half their legal events and did nothing in response to about one-third of their legal events.

Disability type sub-groups

Although the group of participants with a disability did not have reduced rates of seeking help, a logistic regression was conducted comparing the five disability type sub-groups to examine whether any of the sub-groups have reduced rates of seeking help. The regression analysis was based on the three

most recent legal events experienced by participants with a disability. It showed that disability type was not a significant predictor of seeking help (see non-significant variables in Table 8).[24] Thus, the five disability type sub-groups did not differ significantly in their rates of seeking help — each sub-group sought help for roughly half of their legal events (see Table 9).

TABLE 8: SUMMARY OF MIXED-EFFECTS BINARY LOGISTIC REGRESSION FOR ACTION TAKEN
PARTICIPANTS WITH A DISABILITY, 2003

| SIGNIFICANT VARIABLE		
VARIABLE	COMPARISON	ODDS RATIO [a]
Legal event group [b]		
Civil	Accident/injury versus average	ns
	Business versus average	3.4
	Consumer versus average	0.4
	Education versus average	ns
	Employment versus average	ns
	Government versus average	ns
	Health versus average	ns
	Housing versus average	ns
	Human rights versus average	0.2
	Wills/estates versus average	ns
Criminal	Domestic violence versus average	ns
	General crime versus average	ns
Family	Family versus average	ns
NON-SIGNIFICANT VARIABLES	Disability type, gender, age, country of birth, personal income, educational level	

a   An odds ratio greater than 1.0 indicates the first category in the comparison had higher odds than the second. An odds ratio less than 1.0 indicates the first category in the comparison had lower odds than the second.

b   Each legal event group was compared to the average effect for all legal event groups. Credit/debt and traffic offence events were excluded from the analysis due to the insufficient numbers in these legal event groups.

Notes: n=696 events for participants with a disability. Action taken was missing for 26 events and disability type was missing for 10 events. A further 19 events were excluded because they were unclassified, credit/debt or traffic offence events.

'ns' indicates the odds ratio was not statistically significant, that is, the odds for the first category in the comparison were not statistically different from the odds for the second (even though the overall variable was significant).

FIGURE 2A: ACTION TAKEN IN RESPONSE TO LEGAL EVENTS
PARTICIPANTS WITH A DISABILITY, 2003
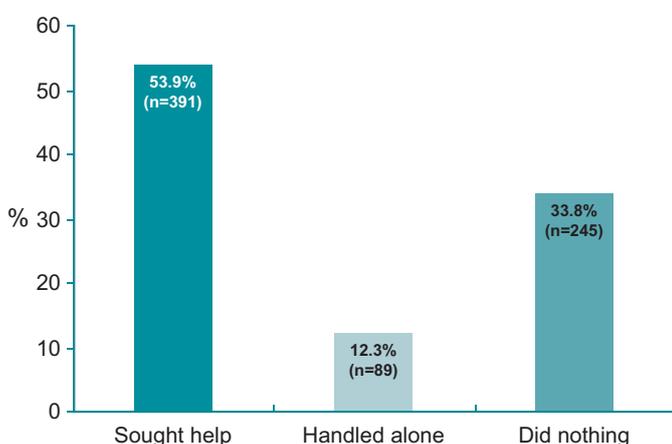
Notes: n=725 events for participants with a disability. Action taken was missing for 26 events reported by participants with a disability.

FIGURE 2B: ACTION TAKEN IN RESPONSE TO LEGAL EVENTS
PARTICIPANTS WITHOUT A DISABILITY, 2003
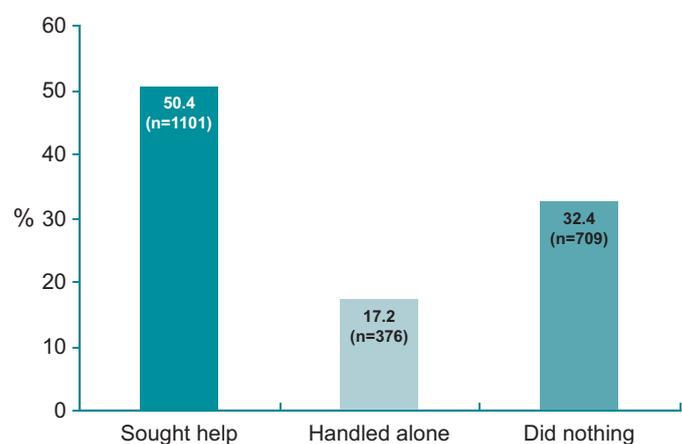
Notes: n=2186 events for participants without a disability. Action taken was missing for 77 events reported by participants without a disability.

TABLE 9: ACTION TAKEN BY DISABILITY TYPE
PARTICIPANTS WITH A DISABILITY, 2003

DISABILITY TYPE	SOUGHT HELP % OF EVENTS	HANDLED ALONE OR DID NOTHING % OF EVENTS	NO. OF EVENTS
Mental health problem	53.8	46.2	65
Sensory disability	60.0	40.0	20
Physical disability	58.2	41.8	330
Chronic condition	48.0	52.0	254
Multiple types	52.2	47.8	46
Total	53.8	46.2	715

Notes: n=715 events for participants with a disability. Action taken was missing for 26 events and disability type was missing for 10 events.

The only variable that was a significant predictor of whether participants with a disability sought help was type of legal event. Similarly, Coumarelos et al. (2006) reported that type of legal event was a significant predictor of action taken for the overall sample (which included participants without a disability). These findings are consistent with the notion that people consider the characteristics of the event when they make decisions about whether or not to seek help. Both the overall sample (see Coumarelos et al. 2006, pp. 96–99) and the group of participants with a disability (see Table 8) were less likely on average to seek help for consumer and human rights events than for other events. However, while the overall sample were more likely on average to seek help for accident/injury, employment and wills/estates events than other events, the group of participants with a disability was more likely to seek help on average for business events than for other events.

TYPE OF ADVISER

Participants with a disability

In line with recent overseas research (e.g. Genn 1999; Maxwell, Smith, Shepherd & Morris 1999; Pleasence et al. 2004b; 2006), Coumarelos et al. (2006) reported that when participants sought help for events that had legal implications, they used legal advisers only rarely. 'Legal advisers' were used in only one-quarter of cases, and included traditional legal advisers, such as private lawyers, local courts, Legal Aid NSW, LawAccess NSW, Aboriginal legal services and community legal centres (CLCs), as well as less formal legal advisers such as friends or relatives who are lawyers, and legal information through published sources (e.g. the internet). In three-quarters of cases, 'non-legal advisers' were used. These included non-legal professionals (e.g. doctors, accountants, psychologists, counsellors), friends or relatives without legal training, government organisations,

trade unions or professional bodies, insurance companies/brokers, school staff and the police (see Coumarelos et al. 2006, pp. 103–105).

These findings indicated that even when people do seek help for issues that have legal implications, they sometimes address only the non-legal aspects of these issues, such as medical and financial aspects, and do not address the legal aspects.

Although participants with a disability sought help at similar rates to other participants, it was of interest to examine whether the pattern of advisers used

TABLE 10: TYPE OF ADVISER USED FIRST BY DISABILITY STATUS
PARTICIPANTS WITH AND PARTICIPANTS WITHOUT A DISABILITY, 2003

TYPE OF ADVISER	DISABILITY STATUS			
	DISABILITY		NO DISABILITY	
	NO. OF EVENTS	% OF EVENTS WHERE HELP SOUGHT	NO. OF EVENTS	% OF EVENTS WHERE HELP SOUGHT
LEGAL ADVISER				
Traditional legal:				
Private solicitor/barrister	28	7.3	91	8.5
Other traditional legal [a]	8	2.1	23	2.2
Lawyer friend/relative	17	4.4	60	5.6
Published [b]	6	1.6	61	5.7 *
NON-LEGAL ADVISER				
Other friend/relative	37	9.7	130	12.2
Government:				
Government organisation	55	14.4	117	11.0
Other government [c]	19	5.0	42	3.9
Police/complaint handling [d]	22	5.7	46	4.3
Other professional [e]	97	25.3	196	18.4 *
Other:				
School/school counsellor/ teacher	19	5.0	53	5.0
Non-legal community group	15	3.9	14	1.3 *
Private agency/organisation [f]	15	3.9	36	3.4
Insurance company/broker	8	2.1	63	5.9 *
Trade union/professional body	14	3.7	58	5.4
Employer	15	3.9	36	3.4
Miscellaneous [g]	8	2.1	42	3.9
Total	383	100.0	1068	100.0

* Significant difference for this adviser type according to standard residuals for chi-square test.

a i.e. local court, Legal Aid NSW, LawAccess NSW, Aboriginal legal services, CLCs.

b i.e. internet, self-help source.

c i.e. local council, member of parliament.

d i.e. police, industry complaint handling bodies such as ombudsmen and insurance complaints schemes.

e i.e. doctor, accountant, psychologist, counsellor.

f i.e. debt collection/employment/real estate agency.

g i.e. company/business/bank, library, other tribunal.

Notes: n=1451 events for which participants sought help. First adviser was missing for 8 events for which participants with a disability sought help and for 33 events for which participants without a disability sought help. Disability status was missing for four events.

Advisers were classified as legal advisers only if one of their primary roles is to provide legal information, advice, assistance or representation. Individuals and organisations that sometimes provide legal information or advice as a subsidiary activity are classified as non-legal advisers.

by these two groups was similar. Participants of the Coumarelos et al. (2006) survey who sought help for any of their three most recent legal events were asked to provide information on the type of adviser they consulted first in each case. Participants with a disability sought help for 391 legal events while participants without a disability sought help for 1101 legal events. Table 10 presents the first adviser consulted broken down by disability status. A chi-square test comparing first adviser for those with and without a disability was conducted using the 16 categories of adviser listed in Table 10.[25]

Although the pattern of first advisers used was similar for most of the adviser types, the chi-square was significant and indicated differences in the use of four adviser types.[26] Specifically, compared to other participants, those with a disability were (see Table 10):

- less likely to use published sources as their first adviser (1.6% versus 5.7%)
- more likely to use other 'non-legal' professionals (e.g. doctor, accountant, psychologist, counsellor) as their first adviser (25.3% versus 18.4%)[27]
- more likely to use non-legal community groups as their first adviser (3.9% versus 1.3%)
- less likely to use insurance companies or brokers as their first adviser (2.1% versus 5.9%).

While we cannot be sure about the reasons for these differences, they are consistent with the findings that participants with a disability have increased vulnerability to a wide range of legal problems, are more likely to experience multiple legal problems, and also experience various non-legal (e.g. health) problems. More specifically, the finding that participants with a disability are less likely to use published sources may reflect that they have multiple, complex (legal and non-legal) problems that are not especially conducive to self-help strategies. Furthermore, the findings that participants with a disability are more likely to use non-legal professionals and non-legal community groups as their first adviser in response to legal events are consistent with the notion that these participants are likely to have important non-legal (e.g. health) needs that they wish to address. In some cases, they may already be in contact with non-legal advisers to address non-legal needs when the legal events occur.[28]

RESOLUTION STATUS

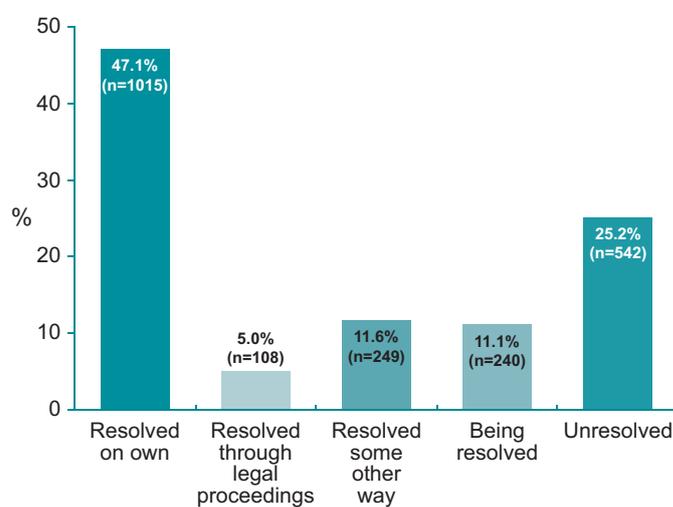### Participants with a disability

Coumarelos et al. (2006) asked participants to provide the resolution status of their three most recent legal events. These events comprised 751 events for participants with a disability and 2263 events for participants without a disability. Participants with a disability were reported to have lower odds (0.6) of resolution when compared with other participants. As shown by Figures 3a and 3b, whereas 37.9 per cent of legal events experienced by participants with a disability remained unresolved, only 25.2 per cent of events experienced by other

FIGURE 3A: RESOLUTION STATUS AND METHOD OF RESOLUTION OF LEGAL EVENTS
PARTICIPANTS WITH A DISABILITY, 2003
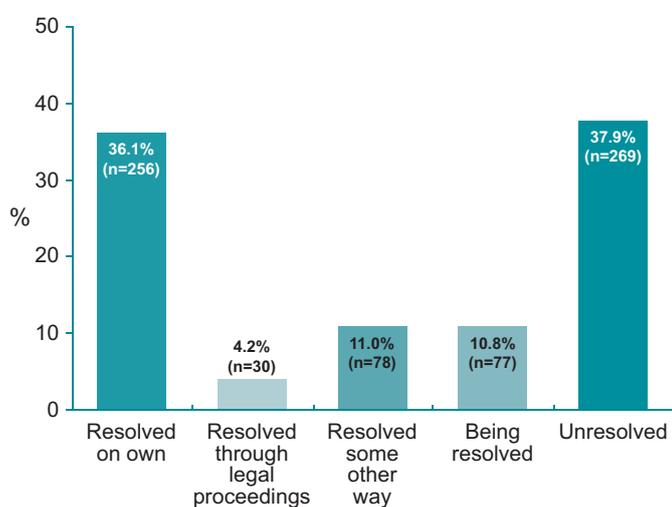
Notes: n=710 events for participants with a disablity. Resolution status was missing for 41 events reported by participants with a disability.

FIGURE 3B: RESOLUTION STATUS AND METHOD OF RESOLUTION OF LEGAL EVENTS
PARTICIPANTS WITHOUT A DISABILITY, 2003

Notes: n=2154 events for participants without a disability. Resolution status was missing for 109 events reported by participants without a disability.

participants remained unresolved. Figures 3a and 3b also show that participants without a disability reported resolving 47.1 per cent of legal events on their own, while those with a disability reported resolving only 36.1 per cent of events on their own.

TABLE 11: SUMMARY OF MIXED-EFFECTS BINARY LOGISTIC REGRESSION FOR RESOLUTION STATUS
PARTICIPANTS WITH A DISABILITY, 2003

SIGNIFICANT VARIABLES		
VARIABLE	COMPARISON	ODDS RATIO[a]
Legal event group[b]		
Civil	Accident/injury versus average	3
	Business versus average	ns
	Consumer versus average	1.9
	Education versus average	ns
	Employment versus average	ns
	Government versus average	ns
	Health versus average	ns
	Housing versus average	ns
	Human rights versus average	ns
	Wills/estates versus average	2.6
Criminal	Domestic violence versus average	ns
	General crime versus average	ns
Family	Family versus average	ns
Action taken	Handled alone versus sought help	3.8
	Did nothing versus sought help	ns
Recency of event	7–12 months ago verses 0–6 months ago	1.5
NON-SIGNIFICANT VARIABLES	Disability type, gender, age, country of birth, personal income, educational level	

a An odds ratio greater than 1.0 indicates the first category in the comparison had higher odds than the second. An odds ratio less than 1.0 indicates the first category in the comparison had lower odds than the second.

b Each legal event group was compared to the average effect for all legal event groups. Credit/debt and traffic offence events were excluded from the analysis due to the insufficient numbers in these legal event groups.

Notes: n=631 events for participants with a disability. Resolution status was missing for 41 events and disability type was missing for 10 events. A further 69 events were excluded because they were unclassified, credit/debt or traffic offence events; or because they were missing data on the recency of the event.

'ns' indicates the odds ratio was not statistically significant, that is, the odds for the first category in the comparison were not statistically different from the odds for the second (even though the overall variable was significant).

Disability type sub-groups

Given the reduced resolution rates for the group of participants with a disability, a logistic regression analysis using the data for this group was conducted to examine whether all five disability type sub-groups had similarly low resolution rates.

The regression revealed that the resolution rates for the five disability type sub-groups were not significantly different (see Tables 11 and 12).[29] Thus, while the resolution rates of participants with a disability were significantly lower than those of other participants (as reported by Coumarelos et al. 2006), it was not found that participants with certain types of disability have further reduced rates.

However, the type of legal event, the recency of the legal event and the action taken in response to the event were significant predictors of resolution among participants with a disability. As reported by Coumarelos et al. (2006), all of these variables were also significant predictors of resolution in the overall sample (which included participants without a disability). The significance of type of legal event is consistent with the notion that some types of events are genuinely more difficult to resolve than others. Both the present regression for participants with a disability, and the regression for the overall sample suggested that higher resolution rates were achieved for events that were handled alone compared with events where help was sought. This finding is consistent with the idea that people are more likely to take on easier legal issues they think they can solve themselves, but tend to seek help for more difficult legal problems. Finally, both the present results for participants with a disability and the results for the overall sample revealed that, as would be expected, events that occurred some time ago were more likely to be resolved.

TABLE 12: RESOLUTION STATUS AND METHOD OF RESOLUTION BY DISABILITY TYPE
PARTICIPANTS WITH A DISABILITY, 2003

DISABILITY TYPE	RESOLVED ON OWN	RESOLVED THROUGH LEGAL PROCEEDINGS	RESOLVED SOME OTHER WAY	BEING RESOLVED	UNRESOLVED	NO. OF EVENTS
	% OF EVENTS	% OF EVENTS	% OF EVENTS	% OF EVENTS	% OF EVENTS	
Mental health problem	38.7	3.2	16.1	9.7	32.3	62
Sensory disability	20.0	5.0	10.0	10.0	55.0	20
Physical disability	36	3.7	10.6	10.2	39.4	322
Chronic condition	38.2	4.8	11.2	12.4	33.5	251
Multiple types	31.1	6.7	8.9	8.9	44.4	45
Total	36.3	4.3	11.1	10.9	37.4	700

Notes: n=700 events for participants with a disability. Resolution status was missing for 41 events and disability type was missing for 10 events.

DISCUSSION

Although recent legal needs surveys have identified that people with a chronic illness or disability are vulnerable to experiencing a wide range of legal problems and have reduced resolution rates (e.g. Coumarelos et al. 2006; Currie 2007; Pleasence et al. 2004b; 2006), this demographic group covers a diverse range of conditions. There has been little empirical research examining whether certain types of chronic illnesses or disabilities are especially likely to be associated with such increased vulnerability and reduced resolution rates.

A relatively unique feature of the survey reported by Coumarelos et al. (2006) is that it recorded the type of chronic illness or disability. These survey data have been used in the present paper to compare participants with different types of chronic illness or disability in terms of their experience, handling and outcome of legal events. However, the survey was not specifically designed with this purpose in mind. The participants with a chronic illness or disability cannot be considered fully representative of the corresponding population and there were also small numbers in some of the disability type sub-groups in the present study. Furthermore, it is possible that the differences reported between these sub-groups could in part be due to the severity or longevity of the illnesses or disabilities rather than to the type of illness or disability. Consequently, the present results should be treated as suggestive rather than conclusive.

Coumarelos et al. (2006) reported that participants with a chronic illness or disability, when compared with other participants, had increased rates of reporting legal events overall and increased rates of reporting nine of the 10 most frequent types of events. The present analyses indicated some differences in reporting legal events of any type among the disability type sub-groups. When compared with the average reporting rates for all types of chronic illness or disability, sensory disabilities were associated with lower reporting rates, and chronic conditions were associated with higher reporting rates. The extent to which these findings reflect differences in the type of chronic illness or disability rather than in its severity or longevity is not clear. Nonetheless, these results suggest that there may be important differences in the experience of legal events by people with different types of disability, and highlight the importance of future investigation to further tease out this issue.

With the exception of health legal events, the present analyses did not find significant differences in the rates at which the disability type sub-groups experienced different types of legal events. Due to mental health-related issues such as problems with mental health care and involuntary psychiatric hospitalisation, participants with a mental health problem were more likely than the other disability type sub-groups to report health legal events overall. However, participants with a mental health problem did not retain a higher incidence of health legal events when mental health-related legal events were excluded. Nonetheless, the legal events related to mental health care that are experienced by participants with a mental health problem appear to set them apart as having some unique legal needs. Recent qualitative research by Karras et al. (2006) supported the notion that people with a mental illness are a financially and socially marginalised group who can face legal issues that reflect their symptoms and their marginalisation. This qualitative research also suggested that people with a mental illness can face barriers in accessing legal assistance that are related to their individual circumstances and symptoms, such as their difficult behaviours, feelings of being overwhelmed, communication problems, disorganisation, and mistrust of divulging personal information (Karras et al. 2006). In addition, recent analyses of the English and Welsh Civil and Social Justice Survey data revealed higher rates of non-health related legal problems for people with a mental illness than for people with other chronic illnesses or disabilities (Pleasence & Balmer 2007; forthcoming). Thus, the present findings and other recent findings are beginning to identify people with a mental illness as a particularly vulnerable group with special legal needs.

The present analyses not only supported the conclusion that people with a chronic illness or disability are more vulnerable to experiencing legal problems, but also that when they do experience legal problems, they tend to experience a greater number of legal problems. The present findings also indicated a similar propensity for experiencing multiple legal problems for all five disability type sub-groups. These findings add further weight to the conclusion from recent legal needs surveys that people with a chronic illness or disability constitute a vulnerable group who have increased likelihood of having multiple, complex and interconnected legal and non-legal needs (e.g. Coumarelos et al. 2006; Pleasence et al. 2004b).

The increased propensity for experiencing multiple legal problems is even more alarming when it is remembered that people with a chronic illness or disability appear to have reduced success in resolving their legal problems (e.g. Coumarelos et al. 2006; Currie 2007). Interestingly, as reported by Coumarelos et al. (2006) these reduced resolution rates cannot be attributed to lower rates of seeking help when confronted with a legal issue. Consequently, the reduced resolution rates achieved by people with a chronic illness or disability suggest a decreased capacity to deal effectively with these problems. Coumarelos et al. (2006) hypothesised that the legal resolution process for people with a chronic illness or disability might sometimes be strained by their special health needs, or by having to deal with multiple (legal and non-legal) issues simultaneously or serially. It is also possible that they have greater difficulty resolving their legal problems because they tend to experience relatively more serious legal problems.[30] Whatever the reasons for the reduced resolution rates, these rates suggest that people with a chronic illness or disability may require additional or broader support, including both legal and non-legal support, in order to address their legal issues effectively (Coumarelos et al. 2006). The present analysis indicated that, like the entire group of participants with a chronic illness or disability, all five disability type sub-groups similarly had reduced resolution rates despite no reduction in rates of seeking help. Accordingly, the conclusion that people with a chronic illness or disability may require additional or broader support to resolve their legal issues appears to apply to all of the disability type sub-groups examined in the present paper.

Despite the finding that participants with a chronic illness or disability sought help at similar rates to other participants, the present analyses indicated some differences in the type of adviser first consulted by those with and those without a chronic illness or disability. Participants with a chronic illness or disability were less likely than others to use published sources as their first adviser, and more likely than others to use non-legal professionals and non-legal community groups as their first adviser.[31] These findings are consistent with the conclusion that people with a chronic illness or disability can have multiple, complex needs to address, including non-legal needs such as health needs. In some cases, they may prioritise their non-legal needs over their legal needs. In other cases, their first port of call when

a legal problem arises may be a non-legal adviser that they have already consulted for a non-legal problem.[32]

The high use of non-legal professionals as first advisers for people from all walks of life is a common finding across recent legal needs surveys (e.g. Coumarelos et al. 2006; Genn 1999; Pleasence et al. 2004b; 2006). This finding has provided impetus for the argument that non-legal professionals could be used to 'signpost' legal problems and act as 'gateways' into legal services (e.g. Balmer et al. 2006; Coumarelos et al. 2006; Pleasence et al. 2004b). The aim would be to equip non-legal professionals with the skills to be able to identify people who have legal problems and refer them to appropriate legal services. The present finding that the use of non-legal advisers for legal events is even higher among participants with a chronic illness or disability lends particular support to the potential usefulness of having health care professionals play a role in identifying people with legal problems.

In summary, the present findings further highlight the importance of ensuring that legal services meet the legal needs of people with a chronic illness or disability. People with all types of chronic illness or disability appear to have an increased propensity for experiencing multiple legal problems and a reduced ability for resolving these legal problems. Furthermore, given the health needs of this demographic group and their high use of non-legal advisers, the present findings add credence to the argument that the more effective coordination of legal services with non-legal services such as health services is likely to improve both health and justice outcomes for this group (Balmer et al. 2006; Pleasence et al. 2004b; 2008). Nonetheless, future research into the nature of the association of chronic illness or disability with legal needs has the potential to further inform the tailoring of legal services to meet the needs of people with different types of chronic illness or disability. For instance, such research could help identify the forms of coordination between legal and non-legal services that are likely to be particularly beneficial for people with different types of chronic illness or disability.

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APPENDIX 1 – CLASSIFICATION OF LEGAL EVENTS

TABLE A1: CLASSIFICATION OF LEGAL EVENTS

AREA OF LAW (NO. OF ITEMS)	SURVEY QUESTION NO. [a]	LEGAL EVENT GROUP (NO. OF ITEMS) LEGAL EVENT
CIVIL (76)		**Accident/injury (4)**
	19	Car accident – property damage
	39A	Car accident – personal injury
	39B	Injury at work
	39C	Other personal injury
		Business (2)
	7	Problem as landlord
	9	Problem re own business
		Consumer (5)
	20F	Problem re superannuation
	21	Problem re goods/services
	22	Dispute with financial institution
	23	Problem re insurance
	56	Complaint about lawyer
		Credit/debt (5)
	20A	Problem paying bill/debt
	20B	Dispute re credit rating
	20C	Problem re money owed to you
	20D	Problem as guarantor
	20E	Bankruptcy
		Education (6)
	35A	Unfair exclusion from education
	35B	HECS issue
	35C	School bullying/harassment
	37A	Unfair exclusion from education – parent
	37B	HECS issue – parent
	37C	School bullying/harassment – parent
		Employment (5)
	2A	Dispute re employment conditions
	2B	Unfair termination of employment
	2C	Workplace harassment/mistreatment
	2D	Workplace discrimination
	2E*	Other problem re employment
		Government (15)
	5	Problem re gov. pension/benefit
	31C	Problem re gov. services – carer of disabled/elderly
	43A	Problem re gov. disability/community services
	44A	Dispute re taxation/debt
	43E*	Other problem re gov. services as disabled person
	44B	Problem re freedom of information request
	44C	Immigration problem
	44D	Local council problem
	51	Non-traffic fines you challenged
	53A	Problem re medical treatment – immigration detention
	53B	Problem re legal advice – immigration detention
	53C	Safety threats – immigration detention
	53D	Harassment/abuse by staff – immigration detention
	53E	Problem re release – immigration detention
	57B*	Problem re legal system
		Health (11)
	31B	Involuntary psychiatric hospitalisation – carer
	31F*	Problem re quality of medical treatment – carer
	31G*	Problem re disability facilities – carer
	42A/52	Involuntary psychiatric hospitalisation
	42B	Other mental health care issue
	43B	Problem re non-government disability services
	53A	Problem re medical treatment – psychiatric ward
	53B	Problem re legal advice – psychiatric ward
	53C	Safety threats – psychiatric ward
	53D	Harassment/abuse by staff – psychiatric ward
	53E	Problem re release – psychiatric ward
CIVIL cont. (76)		**Housing (11)**
	10A	Bought/sold home
	10B	Dispute with neighbour
	10C	Homelessness
	12	Tenancy problem
	14	Home ownership problem
	16A	Strata title problem
	16B	Problem re caravan/home estate
	16C	Problem re boarding house/hostel
	16D	Problem re retirement home/village
	31A	Nursing home problem – carer of disabled/elderly
	43C	Nursing home problem as disabled person
		Human rights [b] (8)
	24A	Discrimination – marital status
	24B	Discrimination – age
	24C	Discrimination – gender
	24D	Discrimination – religion
	24E	Discrimination – sexuality
	24F	Discrimination – ethnicity
	24G	Discrimination – disability
	31H*	Discrimination – carer of disabled/elderly
		Wills/estates (4)
	32A	Make/alter will
	32B	Executor of estate
	32C	Dispute over will/estate
	32D	Power of attorney
CRIMINAL (16)		**Domestic violence (3)**
	47A	Victim of domestic violence by family member
	47B	Victim of domestic violence by household member
	48	Domestic violence allegation against you
		General crime (11)
	46A	Unfair treatment by police
	46B	Criminal charge
	46C	Problem re bail/remand
	46D	Police failing to investigate crime
	47C	Assault victim
	49	Property stolen/vandalised
	53A	Problem re medical treatment – prison/juvenile detention
	53B	Problem re legal advice – prison/juvenile detention
	53C	Safety threats – prison/juvenile detention
	53D	Harassment/abuse by staff – prison/juvenile detention
	53E	Problem re release – prison/juvenile detention
		Traffic offences (2)
	50A	Loss of driver's licence
	50B	Other traffic fine/offence you challenged
FAMILY (9)		**Family (9)**
	25A	Problem re residence/contact for child
	25B	Problem re residence/contact for grandchild
	27A	Problem re child support payments
	27B	Child protection issue
	27C	Fostering/adoption/guardianship issue
	29A	Divorce/separation
	29B	Dispute re matrimonial property
	31D	Guardianship problem – carer of disabled/elderly
	57A*	Other family law problem
UNCLASSIFIED (3)		**Unclassified (3)**
	31E	Other problem – carer of disabled/elderly
	43D	Other problem re disability
	57	Other problem

a See Coumarelos et al. (2006), pp. 247–274 for a copy of survey instrument.

b Human rights events are not related to employment.

* Legal events marked with an asterisk were not specifically asked about in the survey, but were identified by post-coding. While the question number listed for each of these events in the table does not appear on the survey, it indicates the survey question from which the event was post-coded. For example, the legal event numbered 43E was post-coded from Question 43.

APPENDIX 2 – STATISTICAL ANALYSES

Logistic regression analyses

Logistic regression examines the relationship of an outcome variable to a set of potential predictor variables considered simultaneously. This technique determines the association of each potential predictor to the outcome variable when the effects of the other potential predictors are taken into account. That is, it determines the independent predictors of the outcome variable from the set of predictors examined (Agresti 1996; Hosmer & Lemeshow 2000; Menard 2002).

Logistic regression models were run, comparing the five disability type sub-groups, on three outcome variables:

- reporting (or experiencing) legal events of any type (Aim 3)
- actions taken in response to legal events (Aim 5)
- resolution status of legal events (Aim 6).

Two types of logistic regression models were run for each of these outcome variables:

1. Preliminary logistic regression model. The preliminary model examined all potential predictors simultaneously with the exception of disability type.

2. Final logistic regression model. The final model included disability type as a potential predictor together with all the predictors that were significant ($p < 0.05$) in the preliminary model.

This two-step approach was used to maximise the statistical power of the final models by excluding variables which were not significant predictors of the outcome variables. In each (preliminary and final) model, all of the outcome variables were treated as binary variables and all of the predictors were treated as categorical variables. Table A2 summarises the potential predictor and outcome variables in each preliminary and final regression model.

Standard versus mixed-effects logistic regression

Standard binary logistic regression was used for the outcome variable of reporting legal events, while mixed-effects binary logistic regression (Hedeker 1999) was used for the other two outcome variables. Standard logistic regression assumes the independence of observations, and was appropriate for the outcome variable of reporting legal events because there was only one observation for each participant (i.e. each participant reported either experiencing legal events or not experiencing them). The Statistical Package for the Social Sciences (SPSS) was used to run the standard logistic regressions (Green & Salkind 2003).

Mixed-effects logistic regression can be used to analyse binary outcome variables where the data are correlated as a result of clustered designs (Hedeker 1999). The outcome variables of action taken and resolution status involved potentially correlated observations because some

TABLE A2: PREDICTOR AND OUTCOME VARIABLES IN EACH REGRESSION MODEL

BINARY OUTCOME VARIABLE IN EACH REGRESSION MODEL	PRELIMINARY MODEL PREDICTORS	FINAL MODEL PREDICTORS
Reporting legal events of any type: 1. 1+ events of any type 2. no events	• Gender • Age • Country of birth • Personal income • Educational level	• Age • Country of birth • Disability type
Action taken: 1. sought help 2. handled alone/did nothing	• Gender • Age • Country of birth • Personal income • Educational level • Legal event group [a]	• Legal event group [a] • Disability type
Resolution status: 1. resolved 2. being resolved/unresolved	• Gender • Age • Country of birth • Personal income • Educational level • Legal event group [a] • Action taken • Recency of event	• Legal event group [a] • Action taken • Recency of event • Disability type

a Credit/debt and traffic offence events were excluded due to insufficient numbers.

Notes: The categories for the predictor variables were as follows: gender (female, *male*); age in years (15–24, 25–34, 35–44, 45–54, 55–64, *65+*); country of birth (*English speaking*, non-English speaking), personal income in \$/week (*0–199*, 200–499, 500–999, 1000+); educational level (*didn't finish/at school*, Year 10/equivalent, Year 12/equivalent, certificate/diploma, university degree); legal event group (accident/injury, business, consumer, credit/debt, education, employment, government, health, housing, human rights, wills/estates, domestic violence, general crime, traffic offences, family, *average of all legal event groups*); recency of event (*7–12 months ago*; 0–6 months ago); action taken (sought help; *handled alone; did nothing*); disability type (mental health problem, sensory disability, physical disability, chronic condition, multiple types, *average of all disability type sub-groups*). The reference category for each potential predictor is presented in italics above.

Due to small numbers, Indigenous status was not included as a predictor in any of the regression models.

participants had multiple legal events. The mixed-effects model allows for the possibility that the present data (for events) within clusters (participants) are dependent (e.g. a participant may respond in similar ways to the different types of events he or she experiences). The model treats participants as a random effect, estimates the degree of dependence within participants, and adjusts for this level of dependence. Adjusting for any dependence means that the model avoids falsely rejecting the null hypothesis too often, that is, it avoids falsely concluding that predictors are significant when they are not (Gibbons & Hedeker 1997). The mixed-effects logistic regression models were run using the package MIXNO (Hedeker 1999).

Comparisons

With the exception of two predictor variables (disability type and legal event group), comparisons were made between one chosen category of each predictor (the reference category) and each other category of that predictor (e.g. the oldest age group was compared to each other age group).

Basing comparisons on a single reference category considerably limits the interpretation of nominal (non-ordered categorical) predictors that have numerous

categories because many of these categories are not directly compared against each other (Menard 2002). Disability type and legal event group were the only such predictors in the present study. For these variables, comparisons were made between each category and the average of all categories (e.g. each disability type sub-group was compared to the average effect of all disability type sub-groups).

Significance

The significance of each predictor and comparison was examined at the 0.05 level. For the standard regression, the Wald statistic (as outputted by SPSS) was used to examine the significance of each predictor and comparison. For the mixed-effects regressions, the Z statistic (as outputted by MIXNO) was examined for each comparison, and the likelihood ratio test statistic (χ^2) was examined for predictors with three or more categories. (MIXNO does not provide statistics on the overall significance of each predictor). For each comparison, the odds ratio and its 95 per cent confidence interval are also detailed in Appendix 3.

Chi-square analyses

To address Aim 2, a single chi-square test was conducted between disability type and type of first adviser.

Although logistic regression analyses would have been appropriate for addressing Aim 4, there were insufficient numbers to conduct such analyses. Instead, a separate chi-square test was conducted on each of the 15 legal event groups between disability type and reporting legal events of that type.

The chi-square test is a non-parametric test that examines whether there is a significant relationship between two or more categorical variables, without taking into account the influence of other factors. The test is based on the cross-tabulation of the relevant variables, and compares the observed frequencies in each cell of the cross-tabulation with the frequencies expected if there were no relationship between the variables. The statistical significance of each chi-square test was examined at the 0.05 level. The standard residual of each cell was examined to determine which cells in the cross-tabulation had higher than expected frequencies, with absolute standard residuals of greater or equal to 2.0 being deemed to be significantly higher than expected (e.g. Siegel & Castellan 1988).

Mann-Whitney and Kruskal-Wallis analyses

A Mann-Whitney test was conducted to compare the number of legal events experienced by participants with a disability who reported at least one event legal as opposed to the number experienced by other participants who reported at least one legal event (Aim 1). A Kruskal-Wallis test was conducted on participants with a disability who reported at least one legal event to compare the number of legal events reported by each of the five disability type sub-groups (Aim 3). These tests are both non-parametric tests which compare independent samples (e.g. disability type sub-groups) on a single variable using ranked scores. The Mann-Whitney test is suitable for comparing two independent samples, while the Kruskal-Wallis test is suitable for comparing more than two independent samples (e.g. Green & Salkind 2003).

APPENDIX 3 – REGRESSION RESULTS

TABLE A3: STANDARD BINARY LOGISTIC REGRESSION FOR REPORTING LEGAL EVENTS OF ANY TYPE (FINAL MODEL)
PARTICIPANTS WITH A DISABILITY, 2003

	B	SE	WALD	P	ODDS RATIO	95% CI FOR ODDS RATIO LOWER	UPPER
Age (years)			38.581	0			
15–24	2.013	0.591	11.588	0.001	7.484	2.349	23.846
25–34	1.373	0.401	11.734	0.001	3.946	1.799	8.656
35–44	1.69	0.37	20.808	0	5.418	2.621	11.198
45–54	1.466	0.316	21.537	0	4.334	2.333	8.051
55–64	0.847	0.289	8.58	0.003	2.334	1.324	4.115
Country of birth	1.086	0.318	11.678	0.001	2.961	1.589	5.52
Disability type			15.204	0.004			
Mental health problem	0.449	0.352	1.627	0.202	1.566	0.786	3.122
Sensory disability	-1.216	0.349	12.162	0	0.297	0.15	0.587
Physical disability	-0.018	0.194	0.009	0.925	0.982	0.671	1.437
Chronic condition	0.447	0.217	4.24	0.039	1.564	1.022	2.393
Multiple types	0.338	0.379	0.798	0.372	1.402	0.668	2.945
Constant	-1.04	0.361	8.297	0.004	0.354		

Notes: n=502 participants with a disability. P values for significant predictors are presented in bold.
Reference categories: age (65+ years); country of birth (non-English speaking); disability type (average of all disability type sub-groups).

TABLE A4: MIXED-EFFECTS BINARY LOGISTIC REGRESSION FOR ACTION TAKEN (FINAL MODEL)
PARTICIPANTS WITH A DISABILITY, 2003

	B	SE	Z OR χ^2 [d]	p [e]	ODDS RATIO	95% CI FOR ODDS RATIO LOWER	UPPER
FIXED EFFECTS							
Disability type			4.937	0.294			
Mental health problem	-0.129	0.368	-0.351	0.726	0.879	0.427	1.808
Sensory disability	0.159	0.416	0.383	0.702	1.173	0.519	2.652
Physical disability	0.205	0.206	0.996	0.319	1.227	0.82	1.837
Chronic condition	-0.304	0.207	-1.471	0.141	0.738	0.492	1.106
Multiple types	0.069	0.353	0.196	0.845	1.072	0.537	2.14
Legal event group [a]			33.415	0.001			
Civil							
Accident/injury	0.156	0.249	0.627	0.531	1.169	0.718	1.903
Business	1.215	0.616	1.973	0.048	3.369	1.008	11.258
Consumer	-0.809	0.267	-3.037	0.002	0.445	0.264	0.751
Education	0.625	0.447	1.398	0.162	1.869	0.778	4.492
Employment	0.294	0.345	0.852	0.394	1.342	0.682	2.639
Government	0.288	0.271	1.063	0.288	1.333	0.784	2.266
Health	0.361	0.383	0.941	0.347	1.434	0.677	3.039
Housing	0.057	0.309	0.186	0.853	1.059	0.578	1.939
Human rights	-1.742	0.606	-2.875	0.004	0.175	0.053	0.574
Wills/estates	-0.348	0.277	-1.258	0.209	0.706	0.411	1.214
Criminal							
Domestic violence	0.522	0.6	0.869	0.385	1.685	0.52	5.468
General crime	-0.322	0.339	-0.951	0.342	0.725	0.373	1.407
Family	-0.296	0.394	-0.751	0.453	0.744	0.343	1.611
Constant	0.291	0.177	1.644	0.1	1.338	0.945	1.895
RANDOM EFFECTS [b]							
Participant [c]	1.007	0.214	4.715	0			

a Credit/debt and traffic offence events were excluded from the analysis due to insufficient numbers in these legal event groups.

b Random effect variance term, expressed as a standard deviation.

c Intracluster correlation=0.236.

d Z is presented for comparisons and binary predictors, and χ^2 is presented for overall significance of non-binary predictors.

e 1-tailed p is presented for random effects and 2-tailed p is presented for fixed effects.

Notes: n=696 events and 333 participants with a disability. P values for significant predictors are presented in bold.
Reference categories: disability type (average of all disability type sub-groups); legal event group (average of all legal event groups).

TABLE A5: MIXED-EFFECTS BINARY LOGISTIC REGRESSION FOR RESOLUTION STATUS (FINAL MODEL)
PARTICIPANTS WITH A DISABILITY, 2003

	B	SE	Z OR χ² [d]	p [e]	ODDS RATIO	95% CI FOR ODDS RATIO LOWER	UPPER
FIXED EFFECTS							
Disability type			3.165	0.531			
Mental disability	0.275	0.35	0.786	0.432	1.317	0.663	2.616
Sensory disability	-0.433	0.655	-0.662	0.508	0.648	0.18	2.339
Physical disability	0.02	0.239	0.084	0.933	1.02	0.639	1.63
Chronic condition	0.343	0.248	1.382	0.167	1.41	0.866	2.294
Multiple types	-0.205	0.347	-592	0.554	0.814	0.413	1.607
Legal event group [a]			34.654	0.001			
Civil							
Accident/injury	1.106	0.298	3.706	0	3.021	1.684	5.421
Business	-0.797	0.705	-1.13	0.258	0.451	0.113	1.794
Consumer	0.626	0.276	2.269	0.023	1.87	1.089	3.211
Education	0.304	0.442	0.689	0.491	1.356	0.57	3.222
Employment	-0.088	0.307	-0.286	0.775	0.916	0.502	1.672
Government	0.128	0.274	0.468	0.639	1.137	0.665	1.944
Health	-0.752	0.431	-1.744	0.081	0.472	0.203	1.098
Housing	0.006	0.309	0.02	0.984	1.006	0.549	1.843
Human rights	-0.983	0.7	-1.403	0.161	0.374	0.095	1.477
Wills/estates	0.961	0.347	2.773	0.006	2.615	1.325	5.159
Criminal							
Domestic violence	0.494	0.528	0.935	0.35	1.639	0.582	4.613
General crime	-0.347	0.332	-1.045	0.296	0.707	0.369	1.355
Family	-0.66	0.395	-1.671	0.095	0.517	0.238	1.121
Action taken			21.594	0			
Handled alone	1.337	0.371	3.602	0	3.807	1.839	7.879
Did nothing	-0.429	0.229	-1.872	0.061	0.651	0.415	1.02
Recency of event	0.408	0.205	1.991	0.047	1.504	1.006	2.248
Constant	-0.321	0.223	-1.438	0.151	0.726	0.468	1.124
RANDOM EFFECTS [b]							
Participant [c]	1.004	0.236	4.245	0			

a Credit/debt and traffic offence events were excluded from the analysis due to insufficient numbers in these legal event groups.

b Random effect variance term, expressed as a standard deviation.

c Intracluster correlation=0.234.

d Z is presented for comparisons and binary predictors, and χ² is presented for overall significance of non-binary predictors.

e 1-tailed p is presented for random effects and 2-tailed p is presented for fixed effects.

Notes: n=631 events and 308 participants with a disability. P values for significant predictors are presented in bold.

Reference categories: disability type (average of all disability type sub-groups); legal event group (average of all legal event groups); recency of event (0–6 months ago); action taken (sought help).

ENDNOTES

[1] This survey adopted Genn's (1999) definition of 'justiciable' problem: 'a matter … which raised legal issues, whether or not it was recognised by the respondent as being "legal" and whether or not any action taken … involved … the civil justice system (p. 12)'. Increased rates of the following problem types were found: consumer, neighbours, money/debt, employment, personal injury, rented housing, owned housing, welfare benefits, relationship breakdown, clinical negligence, domestic violence, discrimination, mental health and unfair police treatment.

[2] People with a chronic illness or disability had increased rates of accident/injury, consumer, credit/debt, education, employment, government, housing, general crime and family events. The results for wills/estates events were not significant, but, unlike most other legal events in the survey, these events tended to constitute taking positive legal action to put one's affairs in order rather than having legal problems.

[3] Both indicators were related to a higher incidence of the following problem types: consumer, employment, debt, social assistance, disability pension, housing, discrimination, threat of legal action, relationship breakdown, wills and power of attorney, personal injury, and conditions of hospital release. While the self-report measure was also related to a higher incidence of police action and family problems, the pension measure was not related to these problems. Neither indicator was related to an increased incidence of immigration problems.

[4] One of the six areas had a high Indigenous population and another area had a high level of cultural and linguistic diversity. A full description of the method and a copy of the survey instrument are provided in Coumarelos et al. (2006).

5   Following Genn's (1999) model, participants were asked whether they had experienced specific events, but were not required to have the legal knowledge necessary to be able to identify the events as issues that had potential legal solutions. The advantage of this approach is that it allows the inclusion of legal problems that are handled outside the justice system, legal problems that are not always recognised as such, and legal problems that are ignored or unresolved.

6   These 508 participants answered 'yes' to Question 40 in the survey which asked: 'Do you have any long term or chronic conditions or mental or physical disabilities?' Of the remaining survey participants, 1917 reported no chronic illness or disability and 6 did not provide information on disability status.

7   Gender – χ^2=0.360, df=1, p=0.549; age – χ^2=150.759, df=5, p=0.000; Indigenous status – χ^2=0.081, df=1, p=0.776; country of birth – χ^2=10.845, df=1, p=0.001; personal income – χ^2=48.077, df=3, p=0.000; educational level - χ^2=11.812, df=4, p=0.019.

8   χ^2=0.884, df=1, p=0.347. The 2003 SDAC was the fifth comprehensive, representative national survey conducted by the ABS to measure disability. The sample comprised over 40 000 people across Australia, with 36 241 people living in 'households' and 5145 people living in 'care-accommodation'. The 20 per cent incidence of disability in the SDAC is based on 'long-term' illnesses or disabilities (i.e. of at least six months duration) that result in some sort of 'restriction' in daily activities, and excludes conditions not associated with some sort of restriction. The definitions for chronic illness or disability in the SDAC and the Coumarelos et al. (2006) surveys may not be entirely comparable. While the Coumarelos et al. (2006) survey, like the SDAC, defined chronic illness or disability as a long-term 'impairment that restricts ... activities or ... participation in society' in the glossary (p. 275), the concept of restriction was not explicit in the question used (i.e. Question 40: 'Do you have any long term or chronic conditions or mental or physical disabilities?'). Also, given measurement differences, the spread of disability types across the two surveys could not be reliably compared.

9   Gender – χ^2=338.199, df=1, p=0.000; age – χ^2=845134.733, df=5, p=0.000; country of birth – χ^2=173.522 df=1, p=0.000; post-school qualifications – χ^2=50172.468, df=4, p=0.000; household income – χ^2= 287393.338, df=4, p=0.000; employment – χ^2=248425.920, df=3, p=0.000.

10 Age – χ^2=86.500, df=5, p=0.000; post-school qualifications – χ^2=42.306, df=2, p=0.000; employment – χ^2=7.071, df=2, p=0.029. Due to measurement differences between the present survey and the SDAC, reliable comparisons on the other demographic factors could not be conducted.

11 That is, when they answered 'yes' to Question 40 ('Do you have any long term or chronic conditions or mental or physical disabilities?') they were then asked Question 41 ('What type of condition or disability is that?').

12 One person reported an intellectual disability and one person reported a learning disability.

13 Disability type was missing for four participants. The participant with an intellectual disability was excluded from the disability type categorisation. The participant with a learning disability was placed into the multiple types sub-group.

14 The Law and Justice Foundation of NSW is currently conducting a legal needs survey across Australia. This survey includes a measure of the severity of chronic illness or disability.

15 z = -3.859, p=0.000.

16 See Table A3 in Appendix 3 for the full regression results.

17 While the raw percentage reporting no legal events was lower than average for participants with a mental health problem (20.9% versus 27.2%), there was no significant difference. It is possible that other demographic factors were responsible for the difference in raw percentages or that the small number of participants in the mental health sub-group militated against finding a significant difference.

18 χ^2=4.119, df=4, p=0.390.

19 The regression results for wills/estates events were not significant, but, unlike most other legal events in the survey, these events tended to constitute taking positive legal action to put one's affairs in order rather than having legal problems. There were insufficient numbers to conduct similar regression analyses on the five least frequent legal event types (business, health, human rights, domestic violence and traffic offences). However, chi-square analyses for these event types suggested that participants with a disability also had increased rates of business and human rights events.

20 p>0.05 for each legal event group apart from the health legal event group.

21 χ^2=13.138, df=4, p=0.011.

22 χ^2=4.177, df=4, p=0.383.

23 The participants who experienced fewer than three legal events were asked about their responses to the events they experienced.

24 See Table A4 in Appendix 3 for the full regression results.

25 Due to small numbers, some of the specific categories of adviser were examined together as a group rather than separately. For example, local courts, Legal Aid NSW, LawAccess NSW, Aboriginal legal services and CLCs were grouped together under 'other traditional legal' advisers.

26 χ^2=47.770, df=15, p<0.000.

27 The data collection method did not allow a breakdown of whether or not non-legal professionals were health-related professionals (e.g. doctor, psychologist, counsellor as opposed to accountant).

28 Given that past research has shown that legal event type is an important determinant of whether people seek help (e.g. Coumarelos et al. 2006; Pleasence et al. 2004b), it is possible that legal event type is also a determinant of the types of advisers consulted. However, due to insufficient numbers, it was not possible to control for the effect of legal event type when examining the relationship between adviser type and disability status. There were also insufficient numbers to examine whether the five disability type sub-groups differed in the type of adviser they used.

29 See Table A5 in Appendix 3 for the full regression results.

30 This possibility could not be tested because the Coumarelos et al. (2006) survey did not systematically measure the severity of legal events. The Law and Justice Foundation of NSW is currently conducting a legal needs survey across Australia which measures the severity of legal events.

31 The data collection method did not allow a breakdown of whether or not non-legal professionals were health-related professionals (e.g. doctor, psychologist, counsellor as opposed to accountant).

32 Participants with a chronic illness or disability were also less likely than others to use an insurance company or broker as their first adviser.

The Access to Justice and Legal Needs Program

The Law and Justice Foundation of NSW has undertaken the Access to Justice and Legal Needs (A2JLN) Research Program to identify the access to justice and legal needs of disadvantaged people in NSW. The objectives of the program are to examine the ability of disadvantaged people to:

- obtain legal assistance (including legal information, advice, assistance and representation)
- participate effectively in the legal system
- obtain assistance from non-legal advocacy and support
- participate effectively in law reform processes.

The program employs three methodological streams to address these objectives:

- the analysis of legal service usage data, giving particular insight into expressed legal need
- original quantitative legal need surveys, giving insight into expressed and unexpressed/unmet legal need
- in-depth qualitative research into the needs of particular disadvantaged groups.

Specific research published as part of this program to date includes:

Public consultations: a summary of the submissions received from organisations and individuals as part of the initial consultation process for the A2JLN Research Program.

The Data Digest: the Data Digest is a database for examining expressed legal need as identified through inquiries handled by public legal services. It currently includes legal inquiries to the Legal Aid Commission of NSW, LawAccess NSW, and community legal centres in NSW. The inaugural Data Digest report, published in 2004, presents service usage data from 1999–2002. A number of reports produced using the Data Digest are available on the Foundation's website www.lawfoundation.net.au. It is planned for public legal services to have secure access to a number of interactive online Data Digest tools.

Justice made to measure: NSW legal needs survey in disadvantaged areas: a quantitative survey of legal needs in six 'disadvantaged' regions of NSW, measuring a wide range of legal events, including those where help is sought from legal or non-legal advisers (expressed legal need), those handled without outside help and events where no action is taken (unmet legal need).

The Bega Valley pilot survey: a quantitative survey of the legal needs of 306 people conducted via telephone in Bega Valley. This was the pilot survey undertaken for the survey reported in *Justice made to measure.*

The legal needs of older people in NSW: a qualitative study into the legal issues commonly experienced by older people in NSW and the barriers faced by older people in accessing services to resolve legal issues.

No home, no justice? The legal needs of homeless people in NSW: a qualitative study into the capacity of homeless people in NSW to obtain legal assistance, participate effectively in the legal system and obtain assistance from non-legal advocacy and support agencies. The study also details the legal issues commonly experienced by homeless people.

On the edge of justice: The legal needs of people with a mental illness in NSW: a qualitative study into the legal issues faced by people with a mental illness in NSW, their capacity to obtain legal assistance, participate effectively in the legal system and obtain assistance from non-legal advocacy and support agencies.

Taking justice into custody: the legal needs of prisoners: a qualitative study of the legal and access to justice needs of prisoners. and ex-prisoners. The study identifies the range of criminal, civil and family law issues prisoners face at different stages of incarceration, and the opportunities and barriers they face to addressing these issues.

LAW AND JUSTICE FOUNDATION OF NEW SOUTH WALES