



2021-22 pre-Budget Submission

19 February 2021



Health justice partnerships

Health justice partnerships embed legal help into health care services and teams to improve health and wellbeing for:

- individuals, through direct service provision in places that they access
- people and communities vulnerable to complex need, by supporting integrated service responses and redesigning service systems around client needs and capability
- vulnerable populations through advocacy for systemic change to policies which affect the social determinants of health.

HJPs support populations that are particularly at risk of poor health and justice outcomes, like people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and people experiencing poverty and inequality.

Health justice partnerships provide legal support across a wide range of needs, such as:

- Advocating for public housing tenants needing repairs to address untreated mould, or having handrails and other aids installed to continue living independently in their own homes;
- Assisting people with accumulated fines or debt that cause stress or act as a barrier to meeting health costs like filling prescriptions; and
- Advising on wills, powers of attorney and custody – the legal needs that can present at the most unexpected times, like following a diagnosis of serious illness.

These are just some of the many legal issues that people can face in life. By integrating legal services into health settings, we can improve access to justice, address the social determinants of health and increase wellbeing.

Health Justice Australia

As the national centre of excellence, Health Justice Australia supports the effectiveness and expansion of health justice partnerships by:

- Addressing capacity, capability and cultural gaps that undermine the effectiveness of health justice partnership and other collaborative approaches by establishing **new practice**;
- Maximising the impact of health justice partnership by developing **new knowledge**;
- Removing barriers that prevent the establishment and proliferation of health justice partnership and other collaborative approaches by forging **new systems**.

2021-22 Budget priorities

1. As part of the Covid-19 recovery plan:
 - (a) Build the capability for cross-sector collaboration.
 - (b) Improve cross-sector responses to family violence.
2. To support the Government's commitment to Closing the gap, support Aboriginal and Torres Strait Islander community-led models of health justice partnership.

Recommendations

Recommendation 1. Covid-19 recovery

a) Build the capability for human service cross-sector collaboration

Policy priority: Covid-19 recovery plan

There are many people in Australia for whom crises such as bushfire and pandemic will further the impact of existing need. This can include people struggling with low financial wellbeing, experiencing family violence, struggling with mental ill-health or living with disability.

Many people in these circumstances are dealing with multiple and intersecting health, legal and social problems at the same time. Yet health and legal assistance services are often poorly equipped to work together around the complexity of these problems in people's lives.

While commonly touching the lives of the same people and communities, there are many structural factors that make it difficult for the health, justice and other systems to work together effectively. Health and human services (including legal assistance) have their own ministers, budgets and policy priorities. Each

system has policies and processes, technology and even language that entrench ways of working within their field. These often differ significantly between fields (such as between health and justice) causing a 'silo' effect. This siloing can be exacerbated when limited funding encourages a competitive environment, making it difficult to identify and work together effectively on shared objectives.

However unintentional, the consequence of this siloing is disjointed and fragmented services that are poorly equipped to respond when problems in people's lives are multiple and complex. This contributes to inefficiency in the health, legal assistance and other service systems that ultimately create costs for government and the intended beneficiaries of those systems.

Collaboration can counter this consequence. As a collaborative service model that responds to the impact of unmet legal need on poor health, health justice partnership demonstrates what it looks like to reshape services around the needs of the communities they are here to help. Through the development of the skills, processes and mindsets to collaborate across services, health justice partnership has modelled:

- The provision of legal assistance in healthcare settings
- Interdisciplinary training for health and legal practitioners
- Triage and referral pathways across otherwise-siloed service settings
- Coordinated, interdisciplinary care and support based on client needs
- Secondary consultation – whereby health staff can seek information from a lawyer concerning a patient legal issue, and vice versa
- Building an evidence base of shared issues affecting clients and communities.

Collaboration enables practitioners and services to do more with what they have. But as a skillset, it is poorly understood. To date, Health Justice Australia's work with practitioners from different disciplines and systems has enabled those practitioners to work better together, by building their capability to collaborate. Building the capability of frontline services as part of the pandemic recovery will help those services to meet the needs of the communities they serve, thereby supporting both the outcomes of Covid-19 recovery measures and of recurrent investment in health and legal assistance services.

Health Justice Australia seeks to build the capability for collaborative service models like health justice partnership; while supporting holistic models of care and creating the authorising environment for them within policy design, delivery and funding mechanisms. Building the capability for collaborative approaches like health justice partnership through this recommendation will support the work of existing health and legal assistance services across Australia to better meet the needs of people experiencing multiple, intersecting health, legal and social need.

Activity

Health Justice Australia will build the capability of frontline health and legal assistance services to work collaboratively in response to the lasting health and legal problems emerging from the Covid-19 pandemic, through a national program of online and in-person partnership brokerage training, coaching and mentoring.

Spending: \$1m pa for 4 years

b) Improve cross-sector responses to family violence

Policy priority: National plan to reduce violence against women and their children

Early research has indicated increased vulnerability to family violence through the Covid-19 pandemic due to factors including economic stress, disaster-related instability, increased exposure to exploitative relationships and coercive control, isolation, reduced options for family support, increased alcohol consumption and people in already volatile relationships being restricted to their homes.¹ The complexity of issues facing women has also been seen to increase.² These impacts come on top of the reality that people at risk of or experiencing family violence already face a clustering of health, legal and social need.³

Reshaping service system responses to the complexity of need for women and children at risk of or experiencing family violence must be a key priority within Australia's Covid-19 recovery. Moreover, service system responses need to be able to recognise the likely clustering of problems in the lives of the women and children vulnerable to family violence; problems that may well extend beyond the expertise of practitioners or services as they traditionally operate. Recognising health as a key pathway to those experiencing family violence, health justice partnership is a model that responds to this complexity, building the capability of health and legal assistance practitioners to work together around multiple,

1 Usher et al (2020), 'Family violence and COVID-19: Increased vulnerability and reduced options for support', *International Journal of Mental Health Nursing*, April.

2 Pfitzner et al (2020a) "Responding to Queensland's 'shadow pandemic' during the period of COVID-19 restrictions: practitioner views on the nature of and responses to violence against women", Monash University;

and Pfitzner et al (2020b) Responding to the 'shadow pandemic': practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions, Monash University.

3 See for example Coumarelos, C (2019) 'Quantifying the legal and broader life impacts of domestic and family violence', *Justice Issues*, Sydney 32.

intersecting health and legal needs in the lives of the communities they serve.⁴

Health Justice Australia's analysis of services working on the health justice landscape identified that 20% of services target family violence.⁵ Services working through health justice partnership to target family violence include those with specialist expertise in family breakdown and family violence, such as in women's legal services; and in healthcare settings with a likelihood of family violence being prevalent among its patients, for instance among women accessing ante-natal care.

Yet in total 90% of health justice services respond to family violence among the people coming to them for help. These encounters with health services that operate outside of specialist family violence settings include women coming into hospital with injuries and new mothers disclosing family violence during visits to child and maternal health nurses.

Health justice partnership has already demonstrated its capacity to respond to the multiple, intersecting health and legal problems in the lives of people who are vulnerable to family violence. This model provides a key opportunity to build systemic capability across mainstream health and legal assistance services, in addition to specialist services, to respond to complex problems like family violence. Evidence shows a high likelihood that women and children who are vulnerable to family violence will access practitioners in the mainstream settings they know and trust, so these generalist practitioners and services must be supported to identify and respond appropriately to family violence.⁶

Trialling and learning from this way of working can identify and share the lessons of what drives health and legal service effectiveness in working together to respond to family violence during the pandemic; simultaneously building the capability of services and practitioners to continue providing value through their core work.

Activity

Health Justice Australia will develop health justice partnerships across four pilot sites nationally to identify how best to respond to the need of people vulnerable to family violence during the pandemic, in the healthcare settings that they know and trust. Key expenditure includes a legal assistance practitioner; dedicated partnership capability support; and a 15% budget for shared outcomes measurement across the pilot.

Components include:

- a health justice needs and opportunities assessment to identify the appropriate service sites;
- coordinated program of partnership brokerage commencing six months ahead of service delivery;
- three-year service; and
- shared and comparable outcomes measurement commencing from the start of service delivery and continuing for six months after the completion of the funded service period.

Spending: \$2,542,000 over 4 years

⁴ Forell & Nagy (2021 forthcoming) 'Health justice partnership as a response to family and domestic violence', Health Justice Australia; Hegarty et al (2020) 'Early engagement with families in the health sector to address domestic abuse and family violence: Policy directions', Melbourne, Centre of research excellence, safer families.

⁵ Forell, S & Nagy, M (2019) 'Joining the dots: 2018 census of the Australian health justice landscape', Health Justice Australia.

⁶ Forell & Nagy (2021 forthcoming) 'Health justice partnership as a response to family and domestic violence', Health Justice Australia.

Recommendation 2. Support Aboriginal and Torres Strait Islander community-led models of health justice partnership

Policy priority: Closing the gap

Health justice partnership reflects the longstanding recognition by Aboriginal and Torres Strait Islander people that there are multiple, intersecting factors that support or act as barriers to health and justice in their lives. As Aboriginal and Torres Strait Islander communities have been doing for generations, they are leading in the development of models of health justice partnership that support their communities. Our own evidence supports this, reflecting eighteen out of 73 health justice services worked with Aboriginal and Torres Strait Islander people; 15 of which were with Aboriginal community controlled health services.⁷

Supporting the development of Aboriginal and Torres Strait Islander-led health justice partnership is a priority for Health Justice Australia. However, as a non-Indigenous organisation, the value and legitimacy of our work in this space depends on our relationships with Aboriginal and Torres Strait Islander people, communities, researchers, knowledge leaders and community controlled organisations. We will work with the Aboriginal and Torres Strait Islander community controlled health and legal assistance services already engaged in our national network and with the relevant peak bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and the National Aboriginal and Torres Strait Islander Legal Services, in supporting Aboriginal and Torres Strait Islander community-led models of health justice partnership.

We endorse NACCHO's recommendation for Australian Government support for health justice partnership, contained in their 2021 pre-Budget submission. NACCHO's recommendation recognised Health Justice Australia as a partner in this work, building on our demonstrated record of building capability across the national network of health justice partnership in Australia. The following recommendation is to enable Health Justice Australia's contribution to that partnership.

Activity

Health Justice Australia will build the capacity and capability of Aboriginal and Torres Strait Islander-led health justice partnership through:

- Supporting the network of Aboriginal and Torres Strait Islander practitioners and their services to share the lessons of what's working, what's not and what needs to change to best support their communities;
- Identifying, collating and sharing the lessons of practitioners and services working through health justice partnership as part of shared measurement of outcomes and continuous service improvement; and
- Translating those lessons into resources that support new and evolving ways of community-led health justice partnership to meet the multiple, intersecting health and legal needs of Aboriginal and Torres Strait Islander people.

Spending: \$675,000pa over 3 years

⁷ Forell, S & Nagy, M (2019) 'Joining the dots: 2018 census of the Australian health justice landscape', Health Justice Australia.

Table of costed recommendations

Recommendation	Name	Spending commitment (pa)	Timeframe
1. a) Covid-19 recovery plan	Build the capability for cross-sector collaboration	\$1,000,000 (FY2022) \$1,000,000 (FY2023) \$1,000,000 (FY2024) \$1,000,000 (FY2025) TOTAL \$4,000,000	4 years (to 2025)
1. b) Covid-19 recovery plan	Improve cross-sector responses to family violence	\$352,000 (FY2022) \$730,000 (FY2023) \$730,000 (FY2024) \$730,000 (FY2025) TOTAL \$2,542,000	4 years (to 2025)
2. Closing the gap	Support Aboriginal and Torres Strait Islander community-led models of health justice partnership	\$200,000 (FY2022) \$225,000 (FY2023) \$250,000 (FY2024) TOTAL \$675,000	3 years (to 2024)



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