

Joining the dots

**2018 census of
the Australian
health justice
landscape**

Key findings

Health justice partnership: responding to complexity

Health justice partnerships are collaborations that embed legal help into healthcare settings, joining the dots between the legal and social problems that make or keep people unwell. This quiet revolution in service delivery is connecting health and legal care in the places that people already turn to for help, enabling service systems to better meet the complex and compounding issues facing many of the people they serve.

Strong evidence drives collaboration

Since the World Health Organization's groundbreaking Commission on Social Determinants of Health (2008), the evidence has continued to grow about how environmental and social factors drive poor health. These factors include poor-quality housing, unstable or insecure work, and family breakdown.

In 2012, a landmark study established that more than one-fifth of people in Australia experience three or more legal problems in a given year, and that vulnerability to legal need increases with deepening disadvantage. These legal issues may occur in clusters, and many of them lead to illness. People often seek no advice for these problems but, when they do, they are less likely to seek help from a lawyer than another advisor such as a health professional.

This evidence points to groups of people with intersecting health and legal needs who access health services with symptoms, but who do not seek out legal solutions. The collaboration between health, legal and community services at the heart of health justice partnership is a response to this evidence.

An expanding health justice landscape

Health, legal and community services come together in a variety of ways to provide legal help in healthcare settings. The 2018 census of the health justice landscape identified:

- health justice partnerships between different organisations;
- integrated services (where a lawyer is employed by a health service);
- outreach legal clinics; and
- legal and health care as part of broader multi-agency service hubs.

Together we describe these as health justice services or a health justice landscape.

The overall growth to 73 health justice services in 2018, up from 48 reported by us in 2017, reflects both new services and higher participation in Health Justice Australia's mapping work by existing services.

Fourteen health justice services commenced in the 2017 calendar year and eight in 2018.

Figure 1: The health justice landscape by state or territory



Source: HJA 2018 census. N=73 services.

Reaching people with complex needs

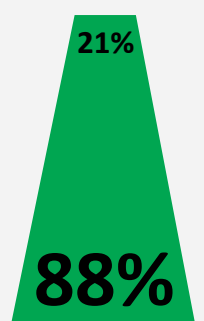
Services on the health justice landscape support people who are particularly vulnerable to multiple and intersecting problems.

Most health justice services target their support to particular communities or to address particular needs. For instance, there are health justice services targeting family and domestic violence (15), people experiencing mental illness or addiction (12), and homelessness or other disadvantage (8). There are services on the landscape working with Aboriginal and Torres Strait Islander peoples (18), young people (6), older people (4), and LGBTIQ+ communities (1).

However, the nature of complexity means that these people and needs are not only seen by specialist services. For instance, while only one in five health justice services specifically target family and domestic violence, people at risk of or experiencing family violence are seen in nearly 90% of all services on the landscape. Similarly, while one in six services target support to people experiencing mental health conditions or addiction, more than 80% of services on the landscape support clients experiencing these conditions. In four out of five health justice services, the vast majority of clients are also facing economic disadvantage.

Figure 2: Complex issues seen across the health justice landscape

Services targeting family and domestic violence



Services responding to family and domestic violence

Services targeting mental health and addiction



Services responding to mental health and addiction

Source: HJA 2018 census survey. N=66; 68 services.

In four out of five health justice services, the vast majority of clients are facing economic disadvantage

Providing a range of help

Across the health justice landscape, legal help is most commonly sought for family violence related issues, family law, fines, housing, care and child protection issues, and credit and debt. However, the balance of legal work varies from partnership to partnership. The type of legal help provided includes advice, legal tasks (such as making phone calls on behalf of the client and drafting letters), casework and representation in court.

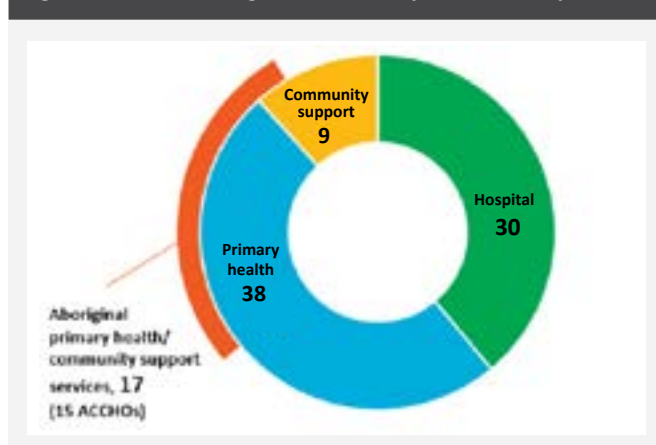
Help in a range of settings

Thirty-eight health justice services provide help in primary health settings, 30 in hospital settings and nine in community support settings, with some based in more than one type of setting. Of these, 17 health justice services are located in Aboriginal health or community support settings, including 15 partnered with an Aboriginal Community Controlled Health Organisation (ACCHO).

In the vast majority of services, the legal help is provided by community legal centres (CLCs) or legal aid commissions. However, one new partnership involves an Aboriginal legal service as the main legal partner in collaboration with an ACCHO.

Australia-wide, generalist or specialist CLCs are partners in two-thirds (66%) of services on the health justice landscape and legal aid commissions in 43%. In one partnership, the legal partner is a private firm providing pro bono legal assistance.

Figure 3: Service settings on the health justice landscape



Source: HJA 2018 census, legal respondents. Count of service setting types (total N=77), in N=72 health justice services.

Lisa's story

When Lisa was pregnant with her third child, she took her two kids and fled interstate to escape her violent partner. During her antenatal appointments, both Lisa and her midwife became increasingly worried about the risk her violent ex-partner and her unstable housing situation posed to the safety of her children. In fact, child protective services had already been notified and showed concern for their welfare.

Lisa's midwife recognised that many of the challenges Lisa faced could be addressed by the health justice partnership between the antenatal clinic's social work team and a local community legal centre.

When Lisa was referred by her midwife, the health justice partnership lawyer made an urgent application to the court for an interim order that would include the protection of Lisa's children and prevent her ex-partner from entering the state. This enabled the social work team to concentrate on finding stable and appropriate accommodation for Lisa and her kids and community-based support so they could safely await the arrival of the new baby together.

A different way of working

Health justice partnerships break down siloed approaches to complex need by enabling:

- a greater range of strategies through the provision of legal help in healthcare settings
- more responsive client-centred service provision, including secondary consultation, whereby health staff can seek information from the lawyer concerning a patient's legal issue, and vice versa
- coordinated cross-disciplinary care and strengthened practitioner capability through cross-disciplinary training.

Driving systemic change

This new way of working is part of the systemic change being driven by health justice partnership. It is already resulting in:

- lawyers providing secondary consultations to health staff in 85% of health justice services. In two-thirds of health justice services, health staff also provide secondary consultations to lawyers about health issues relevant to their clients.
- nearly 70% of health justice services coordinating health and legal care for at least some patients/clients. In half of these the lawyer was included in clinical team discussions for at least some clients.
- lawyers in 75% of health justice services providing training to health staff, most commonly on particular topics such as family violence or how to spot legal issues. Training by health staff for legal staff was much less common.

While shared systemic advocacy has been central to the origin of the health justice partnership model, only a small proportion of more established health justice partnerships reported this activity over and above their direct one-on-one service delivery.

Resourcing partnership

Moving beyond co-location to collaboration, embedding legal help into a healthcare team requires the key ingredient of partnership. Partnership is a response to complexity and requires a range of processes, relationships and capabilities to work successfully towards shared goals. All of this requires funding.

Currently, there is a much higher financial investment in health justice services by legal partners and the legal sector than health partners and the health sector. Nearly 60% of services indicated that their legal partner was their main source of funding in 2017-2018. The health service was the main funder for two services. Other funding sources were state/territory and commonwealth governments, philanthropy and the Victoria Legal Services Board Grants Program.

The reliance on legal sector funding is a concern for the future sustainability of health justice services, given the relative paucity of funding for public legal assistance. The capacity of the health justice landscape to grow and evolve is constrained by the short-term and uncertain nature of most health justice partnership funding currently.

Legal help is most commonly sought for family violence, family law, fines, housing, care and protection, and credit and debt

About Health Justice Australia

Health Justice Australia is a national charity and centre of excellence for health justice partnership. Health Justice Australia supports the expansion and effectiveness of health justice partnerships and works to change service systems to improve health and justice outcomes through:

Research: Developing and translating knowledge that is valued by practitioners, researchers, policy-makers and funders

Practice: Building the capability of health, legal and other practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships

Policy advocacy: Working to reform policy settings, service design and funding, informed by the experience of people coming through health justice partnerships, and their practitioners.

Data that Health Justice Australia collects in the census feeds into all areas of our work: providing a profile of services and the nature of their work, identifying areas for future support, and informing our understanding of the need for and possibilities of systems change.

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