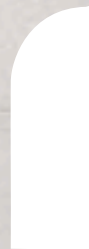


Health
Justice
Australia

Mapping the health justice landscape

National webinar

August 2018



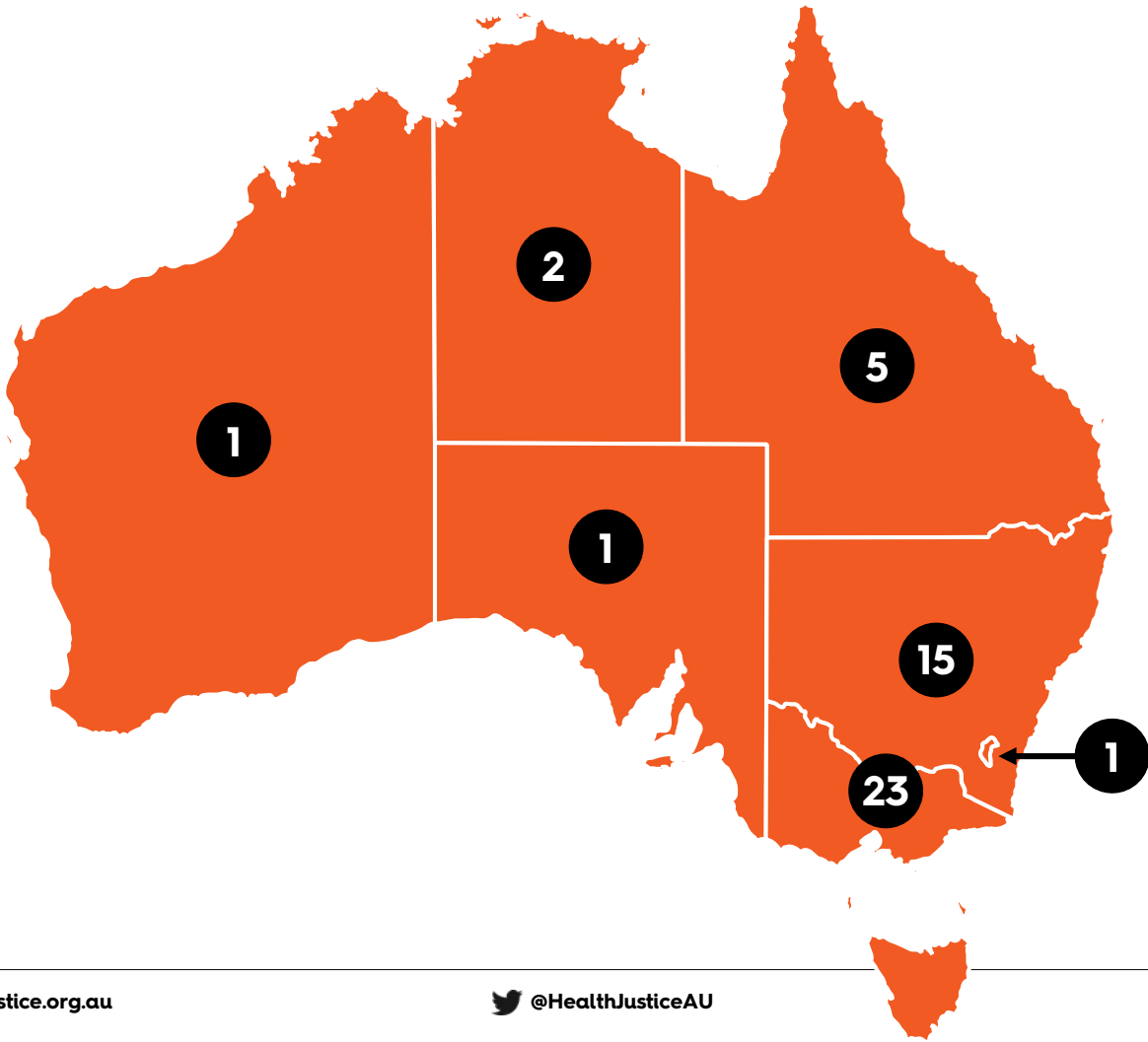


Mapping health justice partnerships

**Based on survey of all services in the
HJA network in August 2017**

Data on:

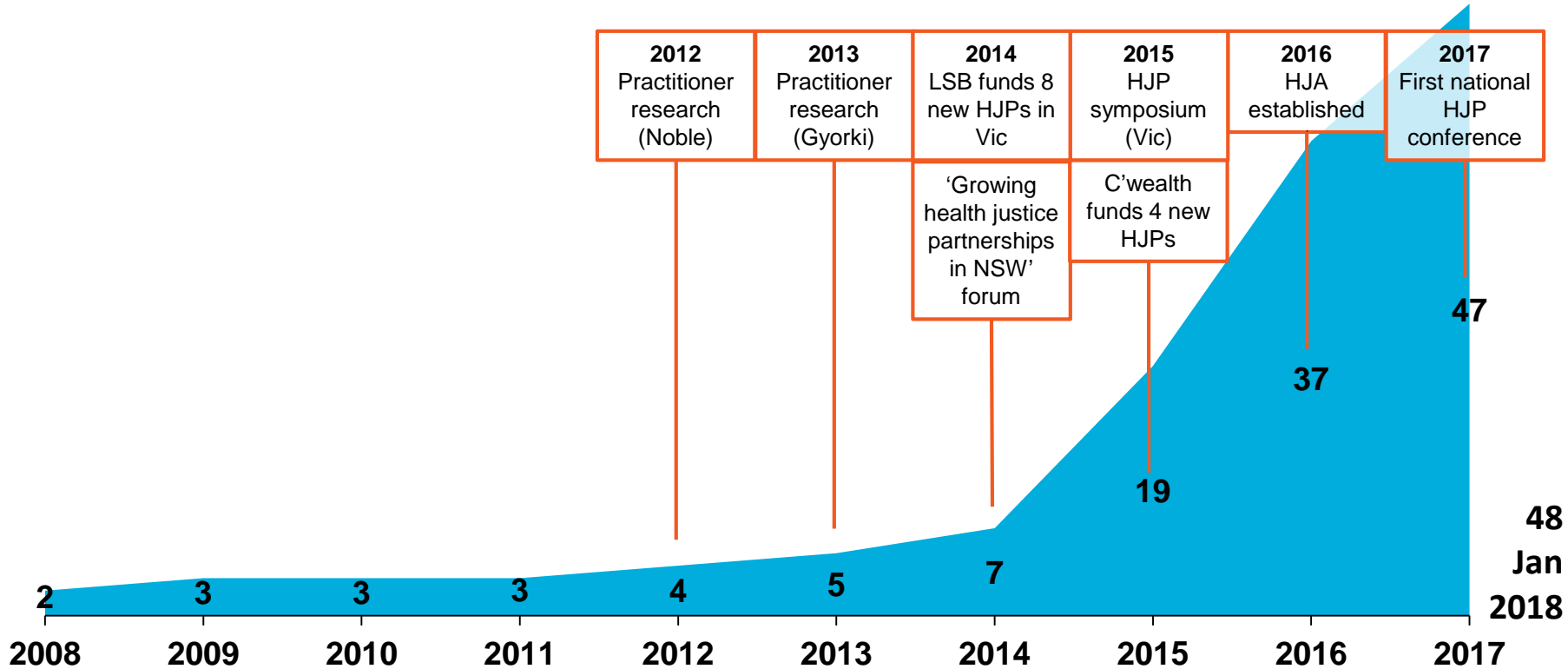
- Location and service setting
- Partner types
- Client groups
- Service hours and help provided
- Systemic advocacy
- Training, referral and secondary consultations
- ‘Partnership’ and service goals
- What worked well, challenges, lessons learned:
practitioner experience



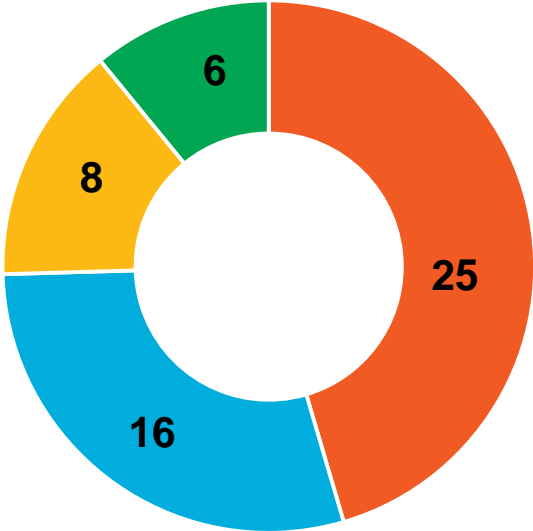
The approach: 'a health justice landscape'

Partnerships	Partnerships between health services and legal services to have a lawyer included as part of a health care team and with shared goals.
Integrated services	Services in which a lawyer is employed by a health service, as part of their healthcare team (or a health professional employed by a legal service).
Outreach services	Lawyers attending health settings to provide a legal service or clinic but not considered to be part of the healthcare team.
Service hubs	'Place-based' service hubs in which health, legal and other services work out of an accessible community setting (e.g. a housing estate).
Student clinics	Services in which law students are supervised to provide legal help to patients in the health setting.

Key stats: Evolution from 2008 - 2017



Service setting



- Hospital
- Other community based/public health service
- Aboriginal medical or health service
- Other setting

Client/patients services target

All clients of the health service (15)

Women facing domestic and family violence (10)

Aboriginal and Torres Strait Islander people (8)

People living with mental health/AOD (7)

Older people at risk of elder abuse (4)

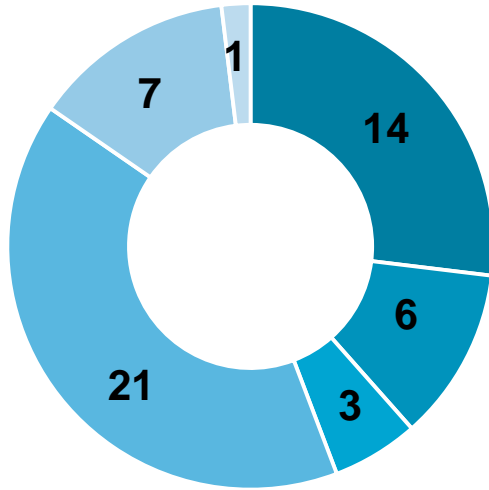
Young people (1)

The clients of these [health] services are largely vulnerable women (including women who are experiencing or at risk of family violence) and parents of children, both of whom are most likely to benefit from family law advice.

- Legal partner, hospital setting,
HJA mapping survey

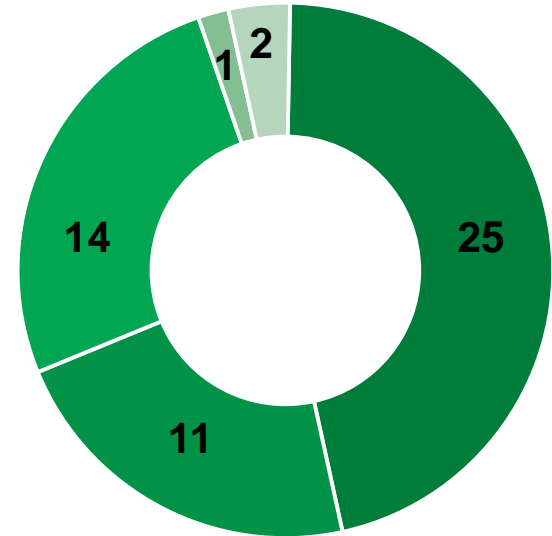
Who's collaborating?

Health



- Community based health service
- Aboriginal community controlled health org
- Other community based service
- Public/NFP hospital
- Area health service/district
- Public/private hospital

Legal



- Generalist CLC
- Specialist CLC
- Legal Aid Commission
- Pro bono
- Other

Social determinants that lawyers address

Legal issues – *wide range*

<9/10

Family and
domestic
violence

>3/4

family law

More than half assisted with:

- Housing and tenancy
- Credit/debt
- Fines
- Government/social security
- Consumer issues

Type of help – *Not just advice*

**Minor
assistance**

**> 9 /10
(45)**

Representation

**2/3
(34)**

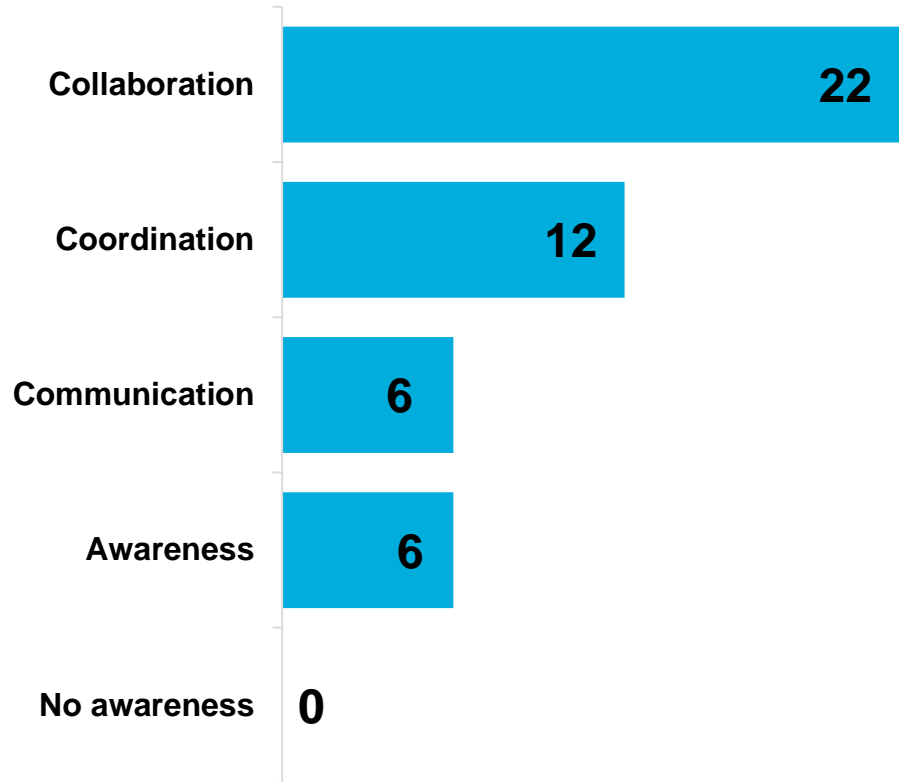
**Referral for
external
representation**

9

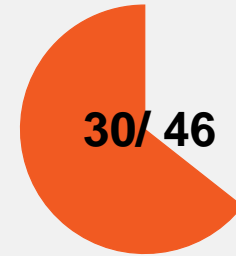
**Shared case
management**

6 services 'share
case management'
with their health
partner

Partnership and collaboration



Two-thirds formal MOU



What worked well?

Having a formal MOU between the partners to establish and implement the goals, procedures and policies of the HJP

– Legal partner, hospital setting, HJA mapping survey

Partnership and collaboration

Shared goals

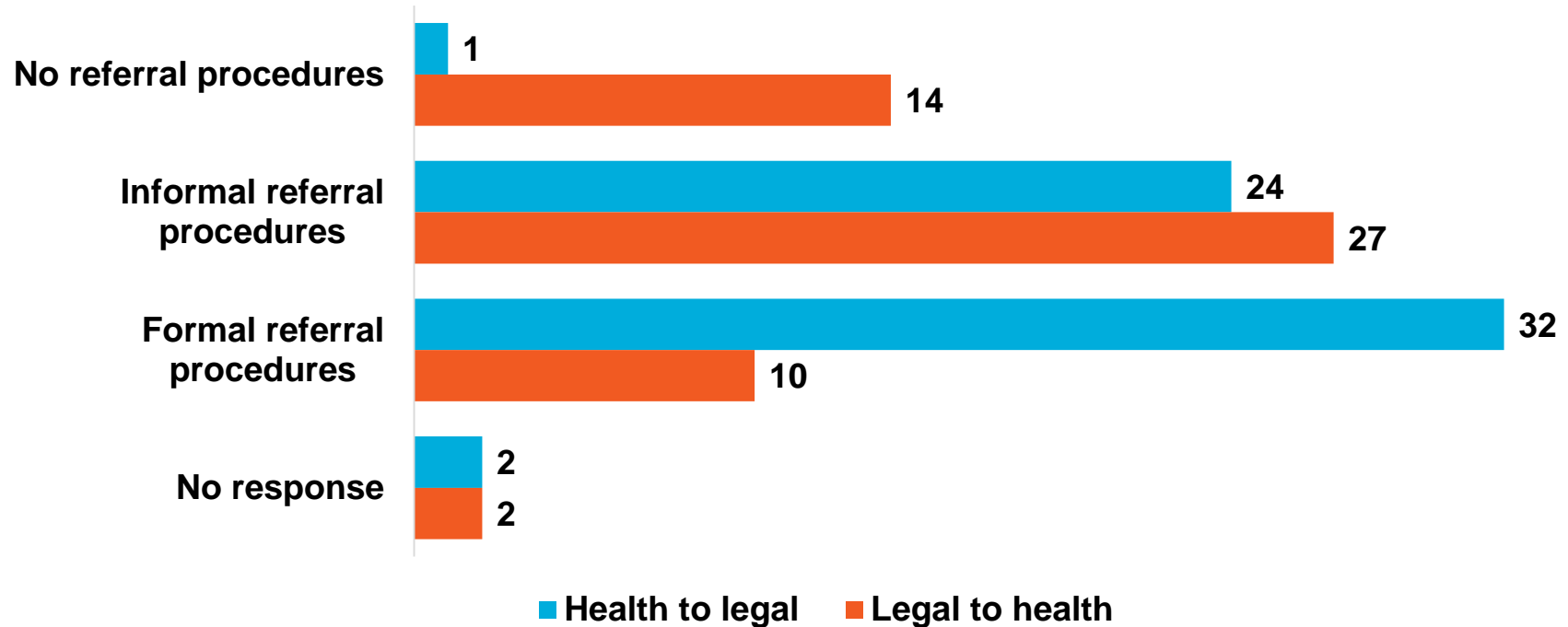
Most indicated that their **'HJP has shared goals or outcomes it would like to achieve'**

Most common partnership goals

- Improve access to legal help
- Improve health/wellbeing
- Provide integrated/holistic service
- Improve legal outcomes/access to justice
- Provide early/timely access to legal help

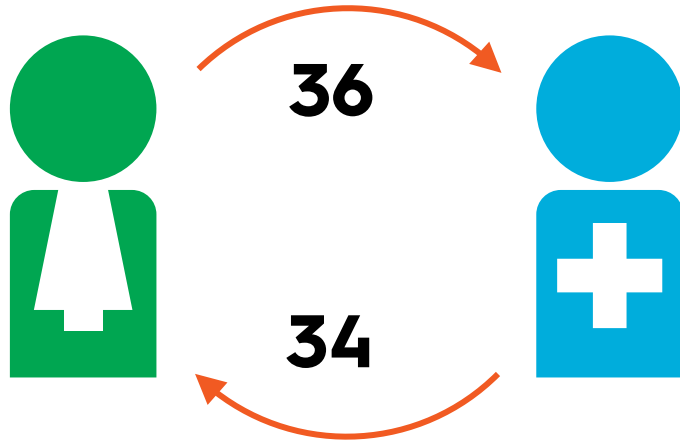
Partnership and collaboration

Partnership in action 1: Referral processes



Partnership and collaboration

Partnership in action 2: Secondary consultations



Secondary consultation:

‘advice to a health professional about the legal needs of a particular patient’

‘advice to a legal professional about the health needs of a particular patient’

Partnership and collaboration

Partnership in action 3: Interdisciplinary training

- Nearly all services: lawyers had provided training for the health staff on:
 - ✓ services provided and how to refer
 - ✓ how to identify patients' legal issues
- 29 services: health staff had provided training for legal staff on:
 - ✓ health services provided and how to refer clients
 - ✓ health issues facing clients



Partnership and collaboration

Partnership in action 4: Systemic advocacy

>1 in 5...!



The health justice partnership model aims to amplify the impact of advocacy through the shared voices of health and legal partners and their clients.

- HJA, The Health Justice Landscape, 2017

Funding sources and challenges

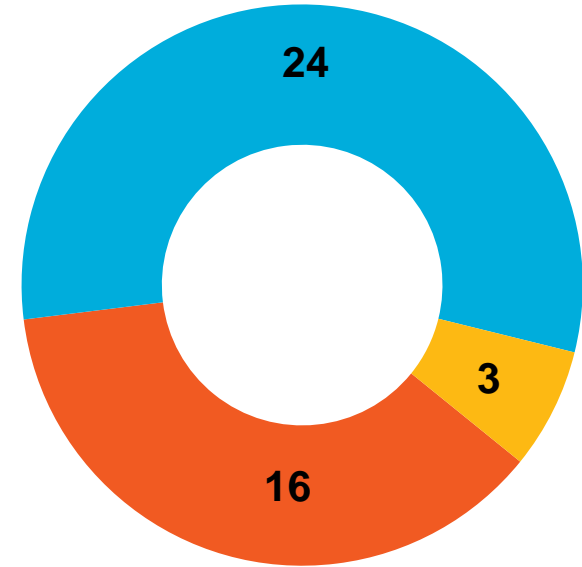
Here's what practitioners said

*Limited access to internal resources.
Staff time (Allied Health) is currently "in kind". Lack of definitive sustainability due to no fixed funding*

- Health partner, HJA mapping survey

*Securing funding for the service to continue beyond the pilot phase.
Maintaining volume of referrals to HJP in face of staff turnover*

- Legal partner, hospital setting, HJA mapping survey



■ Mostly non-government funding

■ Mostly government funding

■ Equal from government and non-government sources

Three research products from HJA

Health
Justice
Australia

Mapping a new path

The health justice
landscape in
Australia, 2017

Health
Justice
Australia

Service models on the health justice landscape

A closer look at
partnership – a
discussion paper

Health
Justice
Australia

Building health justice partnerships

3 key lessons
from practitioners

What makes a health justice partnership?

Thinking to build upon

Health

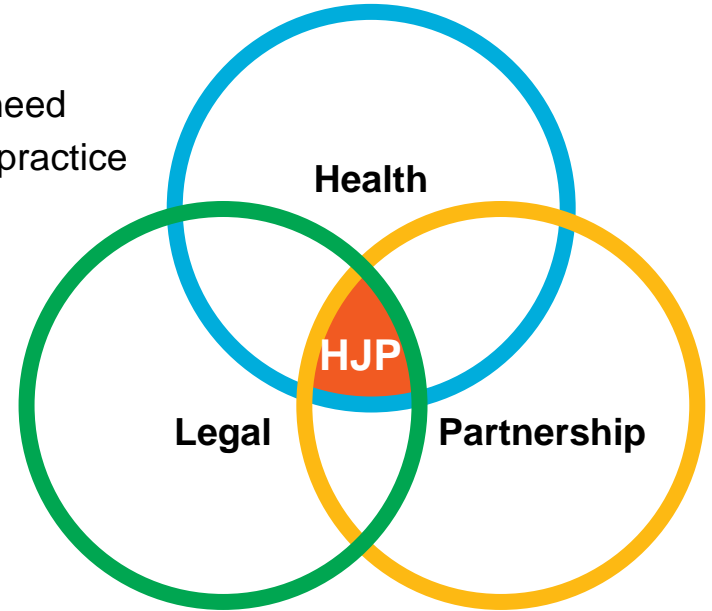
- settings
- partner services
- practitioners

Legal help

- assistance beyond advice
- range & complexity of issues

Partnership:

- **Shared goals (impact)**
 - Individual health harming legal need
 - Professional skills/collaborative practice
 - Service systems and the social determinants of health
- **Shared activity**
 - Coordinated assistance (where required)
 - Systemic advocacy
- **Shared benefit/support**
 - Secondary consults
 - Interdisciplinary training
- **Partnership structure**



Engagement with HJA network

HJA workshops & webinars providing the opportunity for:

- Research dissemination and discussion
- Knowledge building
- Support for future data collection

Key audiences:

- CLC and Legal Aid practitioners
- Health agencies
- Researchers
- Policy-makers at State/Territory/Cwth levels
- Funders



Contact us

healthjustice@healthjustice.org.au

Healthjustice.org.au

[@HealthJusticeAU](https://twitter.com/HealthJusticeAU)

Have you joined our network on Yammer?
Email our partnerships director at
Lottie.Turner@healthjustice.org.au for details.



Health Justice Australia is the national centre for health justice partnerships, supporting collaborations between services to achieve better health and justice outcomes for vulnerable communities.

We support the expansion and effectiveness of health justice partnerships through:

- research and evaluation
 - developing resources to support practitioners working collaboratively
 - advocating policy solutions that connect the experiences of communities and the professionals who support them with long-term, systemic reforms.
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