



# **National Plan to End Violence against Women and Children 2022-2032**

**Input to draft National Plan  
Australian Government Department of Social Services**

**4 May 2022**



## 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:

- Advising on options for people experiencing family violence or elder abuse; and supporting their healthcare professionals to respond appropriately when they identify these needs among their patients
- Supporting people, including Aboriginal and Torres Strait Islander families, to understand and exercise their rights and responsibilities when interacting with child care and protection agencies.

**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

Health Justice Australia is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnerships through:

- Knowledge and its translation: developing evidence and translating that evidence into knowledge that is valued by practitioners, researchers, policy-makers and funders.
- Building capability: supporting practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships.
- Driving systems change: connecting the experience of people coming through health justice partnerships, and their practitioners, with opportunities for lasting systems change through reforms to policy settings, service design and funding

## Summary

Health Justice Australia welcomes the draft of the National Plan to End Violence against Women and Children (draft National Plan) and the continuing commitment of all governments and political parties to this long-term, whole-of-society approach. Health Justice Australia makes four recommendations to strengthen the draft National Plan:

1. Clarify and strengthen the commitment to collaborative service models as a way of achieving better outcomes
2. Recognise the need to invest in the designing, delivering and sustaining successful collaborative service models
3. Provide clearer direction on the outcomes to be achieved
4. Provide an opportunity for consultation on the role of the Domestic, Family and Sexual Violence Commission.

## The draft National Plan builds a foundation for change

Since the introduction of the first National Plan to Reduce Violence against Women and their Children (first National Plan), we have seen substantial progress in the prevention of and responses to violence against women and children, including a transformational shift in the awareness and understanding of this violence at both a public and policy level.

These shifts are evident in the draft National Plan, which recognises the complexity of such violence in its foundational principles and the need for a long-term approach across the whole of society. Health Justice Australia welcomes, in particular, the recognition in the draft National Plan of the intersection of gender inequality with other forms of discrimination and disadvantage and the commitment to drawing upon lived expertise. We also welcome the heightened profile of children, forms of violence that extend beyond intimate partner violence, and the effects of natural disaster and emergencies on violence. We commend the commitment to a dedicated Aboriginal and Torres Strait Islander Action Plan that will embed community control and shared decision-making, including the need to prioritise funding for Aboriginal Community Controlled Organisations.

## Recommendation 1: Clarify and strengthen the commitment to collaborative service models as a way of achieving better outcomes

The draft National Plan acknowledges that the first National Plan supported a 'positive shift in levels of collaboration between organisations, government departments and services, including services that respond to groups disproportionately impacted by violence'. What the draft National Plan is lacking is a clear strategy to now build on this progress and the investments made to date.

Health Justice Australia supports health justice partnership as a proven example of collaboration and partnerships between health, legal and social service sectors. Both the evidence and our experience with practitioners and services supports the draft National Plan's recognition:

- that the healthcare system is often the 'first and preferred point of contact' for survivors
- of the importance of supporting health service providers to identify and respond to family, domestic and sexual violence
- of the need to equip justice systems to prioritise the safety of individuals and families
- that priority should be placed on ensuring a 'resourced service system with an appropriately skilled and qualified workforce'
- that there should be 'survivor-centred, holistic multi-sectoral, trauma-informed responses with local referral pathways which meet their diverse needs', with services that are 'more joined up and easier to navigate'.
- that for regional, rural, and remote communities, funding models should be considered that reflect the complexity of services, workforce challenges and access issues that need to be considered on a community-by-community basis.

Health justice partnership (HJP) is an collaborative service response that brings legal assistance into the healthcare teams and settings that people know and trust. These multi-disciplinary partnerships are already working effectively in response to the intersecting health, legal and social needs of people experiencing family, domestic and sexual violence, with 52 (48%) of health justice services targeting domestic and family violence, and 7 targeting elder abuse.<sup>1</sup>

Through the first National Plan, the Australian Government invested in the potential of health justice partnership, through 8 pilots: 5 funded under the Women's Safety Package and 3 focused on elder abuse. The draft National Plan provides an opportunity to learn from and build upon the existing investment in these partnerships to support systemic capability across mainstream health, social and legal assistance services, in addition to specialist services, to respond to complex health and legal problems faced by people experiencing violence.

The draft National Plan includes references that would support the development and expansion of HJP, including in the 'focus areas' identified in pages 33-34. For example, HJPs are an existing model that:

- support women at points where violence can escalate, including at 'at-risk life stages' such as maternal health
- is intersectional in approach and responsive to diverse needs
- builds sectoral and community capacity to identify family, domestic and sexual violence and intervene early to prevent it.

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<sup>1</sup> Health Justice Australia, *Health Justice Landscape: July 2021 Snapshot* (10 September 2021) <<https://healthjustice.org.au/?wpdmdl=4034Download>>.

There is also growing interest amongst services and government in the role of HJP in responding to identified priorities in the draft National Plan. This includes opportunities to support boys and men (for example, in alcohol and drug services) who self-identify as engaging in violence to find pathways to change their behaviours, alongside the educational settings referenced in the draft National Plan.

Another opportunity to explore the potential of HJP is in response to the recognition in the draft National Plan of the need for partnerships between child protection and specialist services. HJP provides an alternative service model that can be more accessible, culturally safe, and provide better outcomes for families for whom the involvement of child protection can itself act as a barrier to accessing family violence services.

The draft National Plan would be strengthened if it included a clearer and stronger focus on supporting and encouraging place-based partnerships between services, including HJP, to improve accessibility to assistance and to identify and address intersecting needs. The draft National Plan does not, for example, include any express focus on service innovation or for building collaborative practices such as developing referrals, service navigation, improving cross-disciplinary capability, coordinated care, or investment in building partnerships.

The National Plan could be strengthened by:

- recognising that there is a continuum of ‘integration’: while the draft National Plan speaks interchangeably of the concepts of ‘collaboration’, ‘integration’, and ‘joined up’ approaches, these connote different approaches in practice that require differing practitioner skills and capability and levels of investment
- recognising and valuing the diversity of these approaches, which reflects the fact that people and places differ, and that stronger collaboration will be required for people with complex needs
- naming collaborative service models, such as HJP, as a way of supporting women at points in their life where violence can escalate, and they may seek help in settings of trust
- recognising the value of HJPs and other collaborative service models, in building the capacity of health and legal practitioners to identify and respond to family, domestic and sexual violence, including by intervening early in response and facilitating accessible, trusted, and safe pathways to other expertise
- recognising a broad range of legal assistance as core to the work in responding to family violence, given the strong intersection between family violence and legal needs in many spheres beyond family law and child protection, including employment, housing and tenancy, debts and other financial matters, and visa and immigration issues.

## **Recommendation 2: Recognise the need to invest in the design, delivery and sustainability of successful collaborative service models**

Successful collaboration requires a key ingredient: partnership. Partnership is a response to complexity and requires a range of processes, relationships and capabilities to work successfully towards shared goals. For example, partnerships can build capability across workforces, so that health workers can better identify and respond to legal need and lawyers can better identify and respond to the health and safety needs of their clients.

Successful partnerships need to be carefully designed and delivered to meet the needs of diverse people, and there needs to be investment in building relationships between the health and legal team, and the capacity to build trust and work collaboratively with people needing help. This requires early and sustained investment.

The draft National Plan could support this investment in partnership by:

- recognising the time and resources required to:
  - assess the needs and opportunities for partnership in a place, and to design appropriate collaborative models
  - build the capability to collaborate across sectors and services to address intersecting needs, so that practitioners and service leaders can build relationships and develop the skills, culture and mindsets needed to design services in partnership
- recognising that policy and funding environments need to change to enable collaboration by, for example:
  - pooling resources across departments and portfolios
  - harmonising reporting requirements across funders, and recognising that the definitions of success underpinning outcomes frameworks should reflect meaningful, shared outcomes for all stakeholders
  - maximising learning from these models through investing adequate resources to allow for robust and shared learning, monitoring and evaluation
  - providing sustainable funding that recognises that successful partnerships require early and sustained investment.

Strengthening the references to collaborative service models, and what is needed to develop and sustain them, would strengthen the case for services and funders to invest in the design and delivery of collaborative service models, helping to achieve the aim of holistic responses indicated in the draft National Plan. It would also help governments and funders to recognise their own role in enabling collaborative service delivery.

### **Recommendation 3: Provide clearer direction on the outcomes to be achieved**

Health Justice Australia welcomes the commitment to an outcomes framework and the development of targets around the provision of services and the effectiveness of supports.

We welcome the inclusion of ‘integrated’ services as a service-level outcome, and services being delivered in a ‘collaborative and productive’ way as a system-level outcome, in the conceptual framework within the draft National Plan. However, as the framework is developed, we recommend clarifying how these terms are being used in this context, including by identifying how collaboration or integration ultimately achieves the aims of more effective and responsive services. Clarifying what is meant by ‘collaboration’ and ‘integration’ would also be helpful to translate the outcomes into meaningful indicators, given the continuum of ‘integration’ and the many different forms that collaboration can take. We would also welcome clarification of what is intended by services providing ‘transition from prevention through to recovery’, noting that this these transition to recovery are not necessarily a linear process.

We also support the inclusion of an outcome of ‘services engaging in building and applying the evidence base’, and the draft National Plan’s commitment to addressing the need for service-level data. We recognise the enormous potential of services collecting and sharing consistent and useful data across the sector; but we also point to the challenges this presents for service providers. Services seeking to deliver a range of supports to people experiencing family, domestic and sexual violence are likely to have multiple funding agreements with multiple departments across state/territory and Commonwealth governments, in addition to other funding sources, each with their own set of indicators and reporting requirements.

As a start, it would be useful for the draft National Plan to recognise the importance of governments and funders resourcing and supporting services to identify and monitor their contribution to ending violence against women and their children, as a core part of providing services. This would be consistent with Recommendations 10, 20 and 22 of the recent parliamentary inquiry into family, domestic and sexual violence. We also call for service providers across sectors to be genuinely engaged in any projects on service-level data, and for the need for harmonisation across funders to be considered in developing reporting requirements and outcomes measures.

## **Recommendation 4: Provide an opportunity for consultation on the role of the Domestic, Family and Sexual Violence Commission**

The Draft National Plan indicates that the proposed Domestic, Family and Sexual Violence Commission will be responsible for monitoring and reporting on accountability and evaluation frameworks.

We observe that the proposed Commission differs from the recommendation of the Parliamentary Inquiry into family, domestic and sexual violence in being established as an executive agency rather than an independent statutory office. It is unclear if it is intended to have a role in policy development, research or data collection, as recommended by the Inquiry. It is also unclear whether the proposed Commission will have a role in providing a formal consultation mechanism with victim-survivors and non-government organisations or providing an annual report, as also recommended by the Inquiry.

We also note that many stakeholders did not have an opportunity within the inquiry itself to address these issues, as the proposal appears to have arisen from the Committee rather than from the submissions of

stakeholders. Finally, we are concerned about risks of duplicating purpose and activities currently undertaken by other bodies.



While we see the potential of a new body, to fulfil this potential there is a need for an open consultation process on its structure, scope and responsibilities, especially in relation to existing bodies within the field.



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