



National Framework for Protecting Australia's Children 2009-2020

Input to implementing the successor plan

Australian Government Department of Social Services

5 August 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;
- 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; and.
- Addressing the legal needs of people interacting with the child protection and criminal justice systems.

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.

This submission shares our input into the online consultation run by the Australian Government Department of Social Service on implementing the successor plan to the national framework for protecting Australia's children.

Strategic Priority: Addressing the over-representation of Indigenous children in child protection systems

The 'Implementing the successor plan to the National Framework' Discussion Paper identifies the National Agreement on Closing the Gap's commitment of a 45% reduction in the over-representation of Aboriginal and Torres Strait Islander children in out of home care. This requires a 'reduction of over 8,000 Aboriginal and Torres Strait Islander children in out-of-home care by 2031'. To meet this commitment, early intervention and prevention in issues before they become child protection matters is critical, avoiding creating further problems in the children's lives.

The child protection system may drive or exacerbate disadvantage, when its objective should be to support health and wellbeing among the children and families it comes into contact with. Among Aboriginal and Torres Strait Islander community controlled organisations in our network, there is a strong view that the child protection system lacks understanding of cultural context and of Aboriginal and Torres Strait Islander styles of parenting; and that a key factor in this is institutional racism. They note that many of the staff employed within the child protection system are poorly equipped to appreciate the strength of culture and identity of the families they are there to serve. This further entrenches discriminatory practices within the administration of the child protection system.

Health justice partnership is an integrated service response bringing legal assistance into the healthcare teams and settings that people know and trust. Health justice partnerships provide multi-disciplinary responses to the multiple,

intersecting health legal and social needs that are experienced by families.

These partnerships demonstrate how health, legal and community services can work better together around the needs of children and families coming into contact with the child protection system. Over 100 health and legal services are working together in partnership across Australia, of which 20 involve Aboriginal and Torres Strait Islander community controlled services.

The following example from an Indigenous practitioner in an Aboriginal and Torres Strait Islander community controlled health service reflects the positive shift in their service responsiveness to child protection issues, now that they have a health justice partnership on site.

Now, when the child protection services contact [the health service] for medical records, the legal clinic is automatically notified so that they can move quickly to support families who may be petrified by the power of child safety or don't understand their rights and the concept of consent. With early legal assistance, some of the inappropriate requests being made by child protection services can be challenged, for example when child protection is seeking historical information that is not legally warranted. Working in health justice partnership has also increased referral pathways with the referrals often being more effective because other practitioners are engaged. For example, if an individual or family with disability is responding with anger and violence to an interaction with the child protection system, easy access to a psychologist or counsellor at the health service can result in a more positive outcome for the family.ⁱ

In an evaluation of a health justice partnership in an ACCHO, clients spoke of the importance of having a First Nations lawyer to talk with, being able to access legal help in an Aboriginal community-controlled organisation and having their cultural needs met as the key factors that made this approach effective.ⁱⁱ

Strategic Priority: A national approach to early intervention and targeted support for children and families experiencing vulnerability or disadvantage.

All levels of government should increase investment in health justice partnership as an effective early intervention service response that prevents crisis and restores health and wellbeing to families with complex needs.

People interacting with the child protection system are likely to be experiencing multiple, intersecting health, legal and social problems at the same time. But services tend to approach problems from a single vantage point making them poorly equipped to address this complexity.

Health justice partnership enables health and legal assistance services to wrap around the complex problems in the lives of people interacting with child protection. Through this collaborative approach, health justice partnership provides the means to prevent removal due to child protection concerns and to restore care and safety to children and their families.

Of the 107 health and legal services currently working together in this way,

- 18% are working with Aboriginal community controlled health services;
- 42% are in hospitals, with the rest in primary care, community health and other settings.

Health justice partnerships are active in every state and territory, with:

- 38% in Victoria;
- 31% in New South Wales.

Health justice partnership tackles complex need. One health justice partnership in an Aboriginal and Torres Strait Islander community controlled health service commenced a program to ensure full assessment of potential conditions or disabilities among children. This was an effort to prevent children becoming caught up in the child protection or criminal justice systems; and to ensure that they have access to NDIA packages or other supports they are entitled to at the earliest point of intervention.

Another ACCHO identified how their health justice partnership is building the capability of health and legal staff to work better together around child protection issues in the community.

Through the partnership we work collaboratively, facilitating greater understanding of the relationship between health and justice across our services. Our clinics and social emotional wellbeing teams have existing relationships of trust with clients which we can build on to help them overcome barriers to accessing legal assistance. We have seen how positive outcomes can be achieved where our teams work together to help vulnerable clients navigate complex systems like the NDIS and child protection system'.ⁱⁱⁱ

Health justice partnership is largely funded by justice agencies, yet this approach supports health and wellbeing by intervening early to prevent crisis and restoring safety to families with complex needs. This broad value is not yet reflected in funding commitments from health and social policy agencies. The opportunity to tackle complex health, legal and social problems that contribute to child health and safety concerns warrants a much more significant investment across these portfolios.

Strategic Priority: Improved information sharing, data development and analysis

Given the multiple and intersecting outcomes that can reduce child protection concerns and restore care and safety to children and families, outcomes measurement needs to move beyond siloed approaches to measure the shared value of working together across services and systems as a whole.

Data-sharing should be guided by equal commitment to the principles of transparency and accountability, as well as privacy.

Collaboration is critical if we want services to improve their responsiveness to complex need. Yet too often barriers around information-sharing undermine efforts to work together, particularly across siloed portfolios like health and justice. Client information needs to be recognised as just that: it belongs to clients. As such, the principles that guide how client information is used should balance the right to privacy with accountability for service effectiveness. A greater balance between privacy and accountability in what data is collected and used would likely improve the responsiveness of health and human (including legal assistance) services to people's needs at the times and in the places where people seek help.

There are multiple and intersecting outcomes that can reduce child protection concerns and restore care and safety to children and families. Outcomes measurement needs to recognise this complexity, moving beyond siloed approaches from single vantage points, to look at the shared value of working together across services and systems at a whole. For instance, the earlier health services can identify disability as a factor within a family (whether parent, child or both) the earlier disability support can be initiated. This not only benefits the health practitioner in their interaction with the families, but over the longer term will reduce the risk of child safety concerns due to insufficient support for the family. Too often we see services working in collaboration like health justice partnership, yet measuring

outcomes from a single lens (ie the perspective of the health or legal partner only).

We recommend the identification of outcomes at multiple levels, including the people interacting with the child protection system, the practitioners working within it and associated systems, the organisations delivering services, and the system as a whole. We offer the 'theory of change for health justice partnership', an outcomes framework co-designed with practitioners working through this approach across Australia, as an example of how this can be achieved:

<https://healthjustice.org.au/?wpdmdl=3652>

Strategic Priority: Strengthening child and family sector workforce capability

To support collaborative service responses, governments need to invest in the time it takes to develop a shared approach, across different organisational and professional contexts, to service models, desired outcomes and their measurement.

Continuing investment is also needed to develop the skills and capability of the workforce to learn about what difference they make in improving the care and safety of children and their families; and through those lessons, to improve responsiveness to these clients' needs.

Our evidence shows that many practitioners are cautious about raising or probing the multiple problems that might be driving complexity in someone's life, even when those factors are clearly identifiable, if they feel ill-equipped to tackle or respond to those problems. The value of health justice partnership in supporting multidisciplinary approaches and connecting practitioners to others with different expertise is reflected in the improved capability of practitioners, leading to improved outcomes for clients. From this experience, we have developed clear insights into what investment, measurement of outcomes, and capability is

needed to achieve the ambition of the next Framework.

More than ever before, services and the practitioners within them need the capability to collaborate in response to rising levels and severity of complex need. Working collaboratively is hard work, especially when policy and funding settings, time pressures and client loads can incentivise more transactional service approaches. To support collaboration, we need investment in how practitioners and services work together, not just what they do together.

Practitioners who are struggling with their own health and wellbeing will struggle to support the care and safety of the children and families they work with. This requires attention to the resilience and wellbeing of the people (practitioners, managers and others) working in this system, as well as the people interacting with it.



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ⁱ Health Justice Australia national consultation for Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020.

ⁱⁱ Allison, F (2019) Evaluation of the LawRight Wuchopperen Health Justice Partnership and Law Yarn.

ⁱⁱⁱ Health Justice Australia national consultation for Submission to the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, 2020.