



# Justice Reinvestment Program National Consultation

Submission

14 April 2023



## 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
- Providing early support to address the underlying health, legal and social needs that drive interaction with the child protection, juvenile justice 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.

## **Basis of our submission**

This submission is in response to the Justice Reinvestment Design Discussion Paper prepared by Jumbunna Institute for Indigenous Education and Research, about the future of the National Justice Reinvestment Program and the establishment of the Independent National Justice Reinvestment Unit (the Unit).

Our submission draws on two key areas of our experience and expertise.

The similarities between the growth of health justice partnership and the opportunity for increased justice reinvestment in Australia, given that each is a collaborative strategy in response to complex interactions in and around the justice system.

The lessons we learned through our establishment in 2016 as a national centre supporting innovation to improve justice outcomes, particularly in establishing strategy, purpose, structure and operations.

We do not address every question for consultation. We focus only on the key questions in the Discussion Paper where we have something to offer.

## **Recommendations**

1. Ensure that funding is flexible enough to enable partnership and other collaborative approaches; and to be accessible to all communities and stakeholders.
2. Develop a guiding purpose based on the intended impact in people's lives.
3. Take a systems lens to identify what the field requires now and to evolve as those requirements change in the future.
4. The Unit's resourcing should enable it to make the most of technological infrastructure to connect with people right across the country, as well as attending in place where that services purpose.

## **Discussion question on the future of the National Justice Reinvestment Program: How can the Government ensure the grants process is accessible to communities and organisations wanting to apply for justice reinvestment funding?**

*Recommendation 1: Ensure that funding is flexible enough to enable partnership and other collaborative approaches; and to be accessible to all communities and stakeholders.*

In our experience, unintended barriers such as business-as-usual funding processes to support innovative approaches can place barriers in the way of new approaches to address entrenched problems, even when the policy settings identify that objective.

Justice reinvestment is a collaborative strategy in response to complexity. That complexity is reflected in the multiple, intersecting legal, social and political factors, including the ongoing impacts of colonisation, that lead to Aboriginal and Torres Strait Islander people being massively over-represented in incarceration in Australia. That complexity is also reflected in the underlying evidence for justice reinvestment, which recognises that the solutions to incarceration and its upstream drivers sit outside the criminal justice system.

Similarly, health justice partnership demonstrates a collaborative response to complex, intersecting legal and other need. In our experience, siloed government funding is the single most significant barrier to the evolving and sustained impact of health justice partnership.

Government portfolios are intentional in setting boundaries around their areas of responsibility. While those boundaries may make sense from the perspective of government administration, they create significant structural barriers to government support of collaborative or

partnership-based approaches, even when that support is explicit in policy commitments.

We see this barrier routinely where justice funders cannot (or do not) fund legal assistance in health or social service settings because those settings are seen as beyond their scope. Conversely, health or social service funders who do not recognise the value of legal help in addressing their intended outcomes are unwilling to fund legal help within their operating environments.

Flexible approaches will be even more important to support community leadership of initiatives, a core principle of justice reinvestment. It will be important to ensure that the grants process itself doesn't make it inaccessible for some communities.

For justice reinvestment to have its best chance at impact, its policy foundations must recognise the importance of cross-sector, cross-portfolio and community-led solutions to the complex problems that it seeks to solve. These are critical mechanisms to enabling both cross-portfolio funding of justice reinvestment and funding of collaborative approaches that support justice reinvestment.

## **Discussion questions on the Independent National Justice Reinvestment Unit: How can the National Justice Reinvestment Unit best support justice reinvestment in Australia?**

*Recommendation 2: Develop a guiding purpose based on the intended impact in people's lives.*

We welcome this important question as it provides a pathway to establishing the most critical foundation for the Unit's impact: a clear purpose.

We recommend a purpose for the Unit that focuses on the intended impact in the lives of people and their communities, rather than on

justice reinvestment itself. While justice reinvestment is an innovative, systemic change, it is a means to an end. Enshrining purpose around the means (ie justice reinvestment) risks setting up the same dynamic that has entrenched systems and approaches, regardless of whether they work for the people they are intended to help.

For example, as the national centre of excellence in health justice partnership, Health Justice Australia's purpose is to improve health justice outcomes in people's lives. We support collaborative approaches like health justice partnership to reshape otherwise siloed service systems around the needs of the people they exist to help, particularly those held in disadvantage by complex (multiple, intersecting health, legal and social service) systems. We recognise health justice partnership as a means, not an end.

The processes to set our purpose and strategy have evolved over time, informed by the practitioners and funders whose efforts led to our establishment, and by the constant learning of our continuing work. These processes not only guided our work from our earliest stages as a startup, but also laid the foundations of a national network that continues to drive our core activity and impact.

## **What functions or services should the Unit provide?**

*Recommendation 3: Take a systems lens to identify what the field requires now and to evolve as those requirements change in the future.*

The landscape in which justice reinvestment is emerging has its own unique opportunities and challenges and we do not assume knowledge about these. However, the scope of its remit is familiar from our work, encompassing services, communities, governments and other stakeholders. From our experience at Health Justice Australia, this breadth of remit has required a systemic approach, recognising Health

Justice Australia as part of the systems we are working to change. A systemic approach also recognises that, as systems change, the approaches of actors within those systems need also to change.

In our experience, the growth and impact of health justice partnership has required us to provide national support in three areas or functions. We identify these functions as our core strategy (see above, p.2). Each reflects a change we are working to influence in the system.

- Knowledge and its translation

From articulating what is ‘health justice’ to developing evidence about the multiple, intersecting health, legal and other problems that hold people in disadvantage, we have developed the evidence for why collaborative solutions might be needed. While some of this is original research, much of it has required analysing and synthesising existing bodies of evidence that tell the same story from different perspectives. For instance, [our work to frame ‘justice’ in terms of social determinants](#).

- Building capability

Our establishment was underpinned by health and legal services innovating through partnership. But the capability to work collaboratively is not innate. Working in partnership is difficult, poorly understood and needs to be developed at all levels of the system, from practitioners to their funders and evaluators.

- Driving systems change

Neither an evidence base nor building practitioner capability will achieve our purpose alone, if we don’t also work with the systems in which services are designed, funded and delivered. For example, we have influenced the design of policy and then of the services that spring from that policy, and of funding decisions and their implementation, across health, legal and other service systems, to support the growth

and impact of health justice partnership. At the same time, we are influencing health justice partnerships themselves to continue to evolve in response to changing community need, whether shaped by extreme weather events or the Covid19 pandemic or financial pressures.

## **Where should the Unit be located?**

*Recommendation 4: The Unit’s resourcing should enable it to make the most of technological infrastructure to connect with people right across the country, as well as attending in place where that services purpose.*

With the onset of the Covid19 pandemic so quickly after our establishment prompting us to move to remote working, we have observed that the right technology can enable us to work far more inclusively with our national network. For example, when events that were previously in-person were run online, we significantly increased our national reach and engagement, particularly with members of our network located in regional settings. We have also been able to recruit much greater locational diversity in our team: at one point in our recent history we had staff in 5 states and territories across the country.

At the same time, ‘zoom fatigue’ is real. Evidence we are contributing to on burnout shows that isolation is a structural factor contributing to the experience of burnout among practitioners. We have also identified this isolation as a factor effecting different members of our staff team.

We are now moving to diversify our offerings through a combination of online and in-person activities. In addition, we work to identify opportunities for our team to visit and work with services, communities in different places around the country. Our aim is to ensure that our team remain highly engaged in their work and that the communities and services we are supporting have access to us and our resources in a range of different ways that suit them.



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