

Advocacy tools for health justice partnership

Four key messages

Health justice partnerships are collaborations that embed legal help into healthcare settings to address the legal and social problems that make or keep people unwell. This quiet revolution in service delivery is connecting healthcare and legal help 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.

Despite their innovation and increasing popularity, the funding and policy environment for health justice partnerships can be uncertain and limiting. Attracting sustainable funding for health justice partnerships has been identified as a key challenge for services across the national health justice landscape. From a policy and funding perspective, key factors that are contributing to these challenges include:

- lack of clarity about what a health justice partnership is
- confusion about the work health justice partnerships do
- the need to better articulate the distinction between health justice partnerships and other legal assistance services, and what health justice partnerships offer that separate health and legal services, or even outreach services, cannot provide.

The following key messages help address some of these challenges by clearly articulating the ‘what’ and ‘how’ of health justice partnership.

These key messages have been drafted for you to copy and use the content in your own submissions. You can also reference Health Justice Australia as the national centre of excellence that is supporting your effectiveness in this way of working.

1 Include the evidence that supports the health justice partnership model

Since the World Health Organization’s groundbreaking Commission on the Social Determinants of Health (CSDH, 2008), the evidence has continued to grow about how factors beyond the medical drive poor health outcomes for individuals and communities. These factors include poor-quality housing, unstable or insecure work and family breakdown (Marple, 2015; Williamson et al, 2018).

In 2012, the landmark Legal Australia-Wide survey (LAW survey) established that over one-fifth of people in Australia experience three or more legal problems in a given year. Among these issues were housing and work-related issues, money issues, and family conflict and breakdown. Critically, the evidence further indicates that many people seek no advice for these problems, but when they do, they are more likely to ask a non-legal advisor, such as a health professional, than a lawyer (Coumarelos et al, 2012; Pleasence, Balmer & Buck, 2008). This evidence points to common groups of people with intersecting health and legal issues. The collaboration between health and legal services at the heart of health justice partnerships is a response to this evidence.

In the United States, evidence is emerging that health justice partnerships can act as a positive upstream intervention: reducing compounding and acute healthcare needs for clients, as well as providing them with more timely, equitable access to justice. The same evidence suggests this can, in the long-term, help reduce the cost of healthcare and other services and the need for lengthy hospital admissions (Tobin Tyler, 2019).

2 Clearly define what health justice partnership is

Health justice partnerships are collaborations that embed legal help into healthcare 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 integrating service responses around client needs and capability
- vulnerable populations through advocacy for systemic change to policies and practices that affect the social determinants of health (Forell & Boyd-Caine, 2018).

As an integrated approach, health justice partnerships address the complexity and fragmentation of service systems, while partnering between services enables improved responsiveness to the intersecting health, legal and social issues causing problems in people's lives. Health justice partnerships aim to reach and provide wrap-around services to people disproportionately affected by health inequity and injustice, including women and children experiencing or at risk of family violence, Aboriginal and Torres Strait Islander peoples, people with acute or enduring mental health conditions, people experiencing homelessness and older people at risk of or experiencing elder abuse.

Health justice partnership is a place-based, person-centred service model. While the design and implementation of activities and processes will vary depending on the context in which a health justice partnership operates, Health Justice Australia has identified some common characteristics of health justice partnerships across Australia. These include:

- the identification of what can be done differently by working in partnership
- the identification and recording of shared goals for the partnership
- the provision of legal help in a healthcare setting
- informal and formal two-way referral processes between the health service and legal service
- interdisciplinary training; secondary consultations as a pathway to assistance
- pooling of resources (skills, knowledge, networks) to provide more collaborative, coordinated care
- engagement in shared policy advocacy and systemic change (Forell, 2018; Forell & Nagy, 2019).

3 Articulate why you're working in partnership and what you hope to achieve

[Health Partner] and [Legal Partner] have entered/ are entering into a health justice partnership. Our partnership seeks to close the service gaps through which people vulnerable to health-harming legal need routinely fall. By working together, we aim to:

- Create a new/continue to build a collaborative service model that brings together the unique skills and resources we each offer to address the complex and compounding issues that drive poor health and access to justice
- Work with our patients/clients to build a shared understanding of their goals, and what is going to help support those goals
- Provide more equitable and timely access to legal assistance services (for those who need legal help but who otherwise would not access it)
- Support the capability of the health and human service/welfare workforce to more effectively identify and respond to the social needs and goals of their patients and clients
- Improve health literacy of legal practitioners, including their capability to provide legal assistance informed by the health needs, experiences and goals of their clients
- Provide complementary and coordinated care to shared patients/clients
- See improved/sustained client outcomes, including [include specific outcomes, for example: improved wellbeing, reduced stress or anxiety, better understanding of legal rights, improved circumstances/safety/financial stability, family stability etc]
- Strengthen ties between providers of legal assistance and healthcare for the benefit of the community
- [Insert additional drivers, goals and anticipated outcomes as decided].

[You might also provide compelling examples of work your health justice partnership has been/will be focusing on.]

4 Describe your funding needs to achieve your desired outcome, including what it takes to partner effectively

Effective health justice partnerships require resourcing for their outputs and activities; for the relationships, processes and infrastructure that enable them to happen; and for the monitoring and evaluation strategies designed to measure their impact and effectiveness.

The collaboration that is so central to healthy partnering requires sustained investment of time and funding. Funding will enable us to undertake the critical work of:

[New health justice partnerships might consider listing the following:]

- Identifying and understanding local need, and those with an interest in responding to that need
- Identifying potential partners, and working together to explore our drivers, expectations and interests in adopting a partnership approach
- Mapping the ways in which each partner will resource and contribute to the partnership, and securing commitment for the partnership (through the development of an MOU or other agreement)
- Building relationships of trust between partnering services and practitioners
- Supporting partnering capability across our partnership, including identifying and building the necessary skills and mindsets of the people involved in the partnership; and the systems and processes that will enable effective collaboration within and across our organisations
- Working together to plan the activities and outputs of our partnership [list any activities and outputs you have already mutually agreed to undertake, e.g. interdisciplinary training, secondary consultation, care coordination etc]
- Identifying what will be required to maintain our partnership, including establishing an evaluation framework, governance structure, communications protocols, a work plan and reporting protocols.

[Existing health justice partnerships might consider listing the following:]

- Embedding legal help within [Health Partner]
- Deepening engagement across our partnership, and maintaining relationships of trust between partnering services and practitioners
- Supporting partnering capability across our partnership, including by identifying, adapting and building the necessary skills and mindsets
- Regularly reviewing the ways each partner is resourcing and contributing to the partnership
- Regularly reviewing what is required to maintain our partnership, including the governance structure and communications protocols
- Regularly reviewing how working in partnership is adding value to our services and the outcomes for the people accessing them
- Adapting service systems in response to the lessons we're learning in the partnership
- Co-creating a plan for how we are going to sustain our outcomes
- Exploring opportunities to collaborate on activity to shift the conditions that exacerbate and drive the health-harming legal problems faced by our shared patients/clients
- [list any other activities you have mutually agreed to undertake, e.g. interdisciplinary training, secondary consultation, care coordination etc].

Budget breakdown for a health justice partnership

In a funding proposal, you will likely provide a costs breakdown of the specific resourcing, personnel, systems and operational costs for your individual health justice partnership. Funding items might include: building partnering capability; staff (solicitor, coordinator, evaluation officer, FTE/in-kind contribution of health staff); IT and operational equipment and services (phones and plans, laptops/computers, internet access, desk space); partnership and evaluation support and assistance (this can be provided by Health Justice Australia); the design and implementation of an evaluation framework (this can be supported by Health Justice Australia); and the necessary support services to maintain staff wellbeing (external debriefing and supervision, access to Employee Assistance Program etc).

References

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