

Health Justice Australia

Report: Assessment of impact achieved by Health Justice Australia in its first four years

September 2020



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1. Executive summary

Health Justice Australia was established in 2016 to catalyse health justice partnership. Its vision is to reshape health and legal service systems – putting the client at the centre, to respond better to the complex, intersecting health and legal problems that hold people in disadvantage. To drive change in these systems, Health Justice Australia has been: developing knowledge about how these client-centred services deliver better outcomes for people; inspiring and catalysing a health justice partnership network to deliver client-centred services; and advocating health justice partnership to decision-makers.

Approach to this assessment

Health Justice Australia requested Social Ventures Australia (SVA Consulting) to undertake a project to assess Health Justice Australia's impact over its first four years, to understand the value contributed to date, as well as to inform the future.

Our assessment was anchored around a Theory of Change for Health Justice Australia. The outcomes in this Theory of Change underpin our assessment questions. The two main methods for gathering data were semi-structured interviews and document review.

Uniformly positive views as to the overall contribution by Health Justice Australia

Stakeholders believe that Health Justice Australia has contributed significant value in its first four years, establishing a well-respected organisation, bringing rigour and clarity to the health justice model and catalysing the network of health justice partnerships.

These achievements were emphasised as 'punching so far above their weight', 'amazing to consider they have produced so much with such a small team', and "with the time they've had, they've done a tremendous job'. Without Health Justice Australia, it was estimated that in 2020, there would be far fewer health justice partnerships. Those in existence would have been struggling and isolated. Australia would lack a national picture bringing together innovation and learning, and without this, there would be little to no funding or policy attention. The concept may have 'withered on the vine'.

Stakeholders pointed to the talent of the Health Justice Australia team as its critical asset. The small team is credited with great energy, strategic thinking, relationship excellence, being approachable and supportive. Special note was also made of 'incredible' leadership by the Chief Executive Officer.

Stakeholders also pointed to the importance of multi-year and flexible funding provided to Health Justice Australia. This enabled recruitment of a talented team and freed up leadership to deliver its strategy rather than being drawn into fundraising efforts.

Making a strong contribution towards developing an evidence base

Stakeholders consider that Health Justice Australia has made a significant contribution to the development of a knowledge base, with 'excellent quality thought leadership' and 'great quality' publications. Stakeholders pointed to the organisation's extremely strong research expertise.

Health Justice Australia has clearly established the rationale that underlies client-centred health justice joint working. Stakeholders also emphasise its 'very powerful contribution' to define an identity and consistent way of understanding health justice partnerships.

Health Justice Australia is setting the foundations for gathering evidence. The organisation is seen to be deeply committed to pushing towards these proof points, with general recognition that there is quite some way to go yet.

Catalysed the health justice partnership network and built capacity¹

The network of health justice partnerships has expanded and strengthened. Health Justice Australia played a critical role, providing coherence, profile and credibility to the model, supporting emerging partnerships and providing a neutral and independent voice. Practitioners reflected 'we wouldn't have conceived this without HJA's help'. Health Justice Australia has also successfully brought practitioners together to share learning, showing an 'impressive ability to facilitate these conversations'.

The support provided to health justice partnerships by Health Justice Australia is highly valued by practitioners, particularly the 'very clear', 'high-quality' resources, the health justice conferences (which many highlighted as a key achievement), and the one-to-one support – all of which was not available before the establishment of Health Justice Australia

Stakeholders noted that the skills and approach of Health Justice Australia have been important in this contribution. Health Justice Australia was described as 'approachable', demonstrating 'very good partnering and relationship skills'. Health Justice Australia has also shown a 'respectful approach' and is 'welcomed' by Aboriginal & Torres Strait Islander organisations and communities.

Policy and advocacy influence established and reaching many of the right people

Health Justice Australia is seen to have made valuable progress in developing its policy and advocacy strategy. It has firmly established a broad range of 'strong' connections with decision-makers who influence research, policy and funding, having 'built a good reputation in just four years' and 'gained a seat at the table'.

Stakeholders perceive that Health Justice Australia advocacy work is targeting the right issues in a robust way. Policy positions, statements and contributions are informed by a blend of domestic and international research and practitioner experience. Health Justice Australia deploys a broad range of strategies to advocate across the many different sectors that it seeks to influence.

Stakeholders believe that Health Justice Australia has become an authoritative voice, with early signs that this voice is starting to influence some policy and decisions. Health Justice Australia's level of influence within the legal assistance sector is deeper and more embedded than within the health landscape, which reflects the genesis of the health justice movement from within the legal assistance sector. The relative scale and complexity of the health system compared to the legal assistance sector has required a different approach, with Health Justice Australia engaging influential organisations like health research bodies. Given the enormity of making inroads of influence into the health system with such a small team, engagement from the health sector is still being embedded.

Looking ahead

Stakeholders encourage Health Justice Australia to maintain its focus, pressure and energy on the current endeavour – 'HJA's time is absolutely now', 'on the road to even greater success'. Some key suggestions for the future are:

- Continue to strive towards the fundamental research questions around impact and the types of collaboration that lead to positive outcomes for end beneficiaries.
- Maintain persistence to drive engagement from across the health sector.
- Step even more boldly into the role of accepted leader of this movement, without being limited by an alternate identity of a membership-based organisation.

¹ The term **capacity** in this report refers to the concept of 'capacity building' – a broad label encompassing a range of approaches to developing and strengthening a non-profit organisation to enable it to achieve its mission. This can involve developing the required skills/capabilities, processes and also resources. Health Justice Australia has played a *capacity building* role for the health justice partnership network – this activity is referred to in the Health Justice Australia Theory of Change as 'Practitioner Capability'.

2. Purpose & methodology

Purpose of this assessment

Health Justice Australia was established in 2016 as a national centre of excellence for health justice joint working. The vision of Health Justice Australia is to reshape health and legal service systems, so they are better able to respond to people’s needs (client-centricity). To drive change in these systems, Health Justice Australia has pursued three domains of focus:

- Developing **knowledge and an evidence base** of how, and to what extent, client-centred services deliver better outcomes for people (*Section 4 of this report*).
- Inspiring and catalysing the **health justice partnership network** and **practitioner capacity** to deliver client-centred services (*Section 5 of this report*).
- Undertaking **advocacy to influence** actors who make decisions about service design, research, funding and policy (*Section 6 of this report*).

Four years into a 10-year strategic journey, it is timely to review Health Justice Australia’s progress to date and look at how the organisation envisages influencing change in the future. Health Justice Australia requested Social Ventures Australia (SVA Consulting) to undertake a project to assess Health Justice Australia’s impact over its first four years. The purpose of the assessment is twofold:

- To tell the story of Health Justice Australia’s current value to partners, including funders
- To inform Health Justice Australia’s decisions and future direction.

Methodology for the assessment

Our assessment was anchored around a Theory of Change for Health Justice Australia. This defines the outcomes and impact that was intended and the evolving nature of those outcomes as the organisation moved from ‘start-up’ to a maturing, established body. For the purpose of the assessment, we set out a more granular Theory of Change (see outcomes in Figure 1 and the full Theory of Change at Appendix B). This may inform a future Theory of Change for Health Justice Australia.

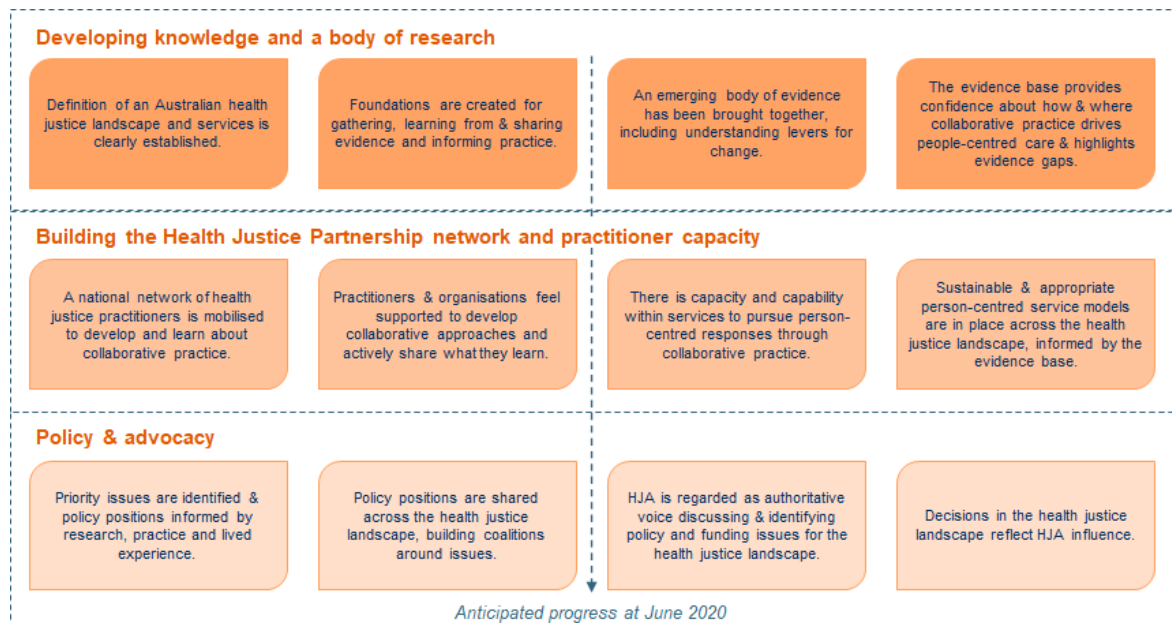


Figure 1: Outcomes from the assessment Theory of Change

Note: This view was created for the purpose of the assessment. It may inform the future Theory of Change for Health Justice Australia.

The outcomes from this Theory of Change created a basis for the assessment topics and assessment discussion questions (see Figure 2).

Domain	Assessment topic	Discussion areas
Overall		What is HJA's single most important action/achievement over the past 4 years? Which HJA organisational capabilities (eg people/skills, connections/relationships, tools/knowledge, culture/ways of working) have contributed most significantly? If HJA did not exist, what would have happened over the past 4 years? What could HJA do differently, change, improve?
RESEARCH / KNOWLEDGE	Defining the issues	Establishing the need that underlies health justice partnerships Defining the health justice landscape and health justice partnerships
	Mechanisms for gathering knowledge/evidence	Collating information about the health justice landscape Foundations for others to collect data/insights New knowledge/framing of information
	Curating information & making it accessible	Curating knowledge so it can be accessed for variety of audiences/purposes Practitioner/organisation use of the knowledge to date Practitioner/organisation perceptions of the utility/relevance of the knowledge
	Body of evidence	Formation of a body of research/evidence - expectations of progress to date Experiential/practice-based evidence and lived experience in that body of research
PRACTICE CAPABILITY	Development of partnership network	Mobilising a health justice partnerships network Brokering/convening connection between practitioners
	Resources & support for practitioners	Equipping practitioners with knowledge & tools
	Capability & capacity across landscape	Progress for practitioners in identifying need, initiating new ways of working Changes within/across services Increases in multi-disciplinary knowledge/capability Sustainability of the new ways of working
POLICY & ADVOCACY	Establishing the policy agenda	Reflection of practitioner & research findings in policy agenda Establishing relationships with actors who influence research, policy and funding
	Quality & reach of policy outputs	Value & timeliness of policy positions Reaching the right people with the right messages/knowledge Driving coalitions around key issues
	HJA influence	Perception of HJA in key policy discussions - recognition of HJA role/value Contributions being taken-up/applied by policy-makers and funders

Figure 2: Assessment topics

The two main methods for gathering data were:

- Semi-structured interviews, focus groups and questionnaires with internal and external stakeholders (a full list of stakeholders engaged for the assessment is included in Appendix A).
- Comprehensive review of available documentation.

It should be noted that the stakeholders identified by Health Justice Australia are senior leaders in their areas of expertise. Without exception, they all made time for the consultation to support Health Justice Australia reflect and learn.

The assessment looked primarily at what has been achieved by Health Justice Australia. It also ensured *one eye on the future* and what is possible (including recognising the changing landscape that Health Justice Australia and health justice partnerships may be operating in due to COVID19).

This report contains the findings of our assessment. In it, we provide verbatim language used by stakeholders where possible, to ensure the tone and intent is translated as far as possible. These are provided without attribution, to ensure fairness to those that share their perspectives.

3. Overall contribution

In assessing the overall contribution made by Health Justice Australia in its first four years, we explored these key research questions with stakeholders:

- What is Health Justice Australia’s single most important achievement to date?
- If Health Justice Australia did not exist, what would have happened over the past four years?
- Which organisational capabilities have contributed most significantly?
- What could Health Justice Australia do differently, change, improve?

Uniformly positive perceptions of value contributed to date

In terms of the most important achievement by Health Justice Australia, stakeholders pointed to three key areas of contribution (Figure 3):

- Establishing and sustaining a well-respected organisation.
- Bringing rigour and clarity to the model of health justice joint working.
- Catalysing the network of health justice partnerships.

These achievements were emphasised against what would have been expected within the short time period and with such a small team and budget. For the first year, Health Justice Australia had one team member only. By June 2019, the team size had reached 4.9 FTE and is now 6.5 FTE². This was described as ‘punching so far above their weight’, ‘amazing to consider they have produced so much with such a small team’, ‘absolutely extraordinary’, an ‘express train’ and “with the time they've had, they've done a tremendous job’.

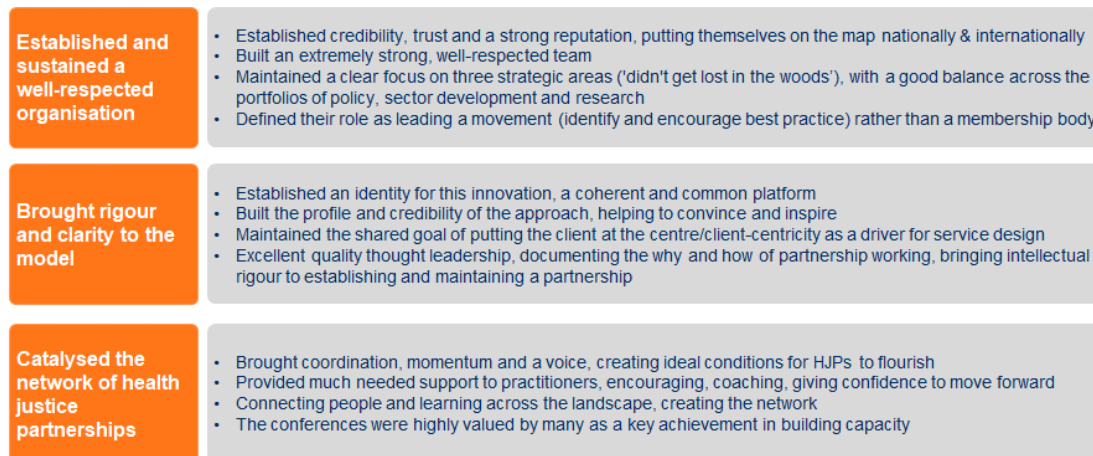


Figure 3: Stakeholder feedback on most significant value contributed by Health Justice Australia

Without Health Justice Australia, few believe progress could have been achieved

When asked to consider what might have occurred without the presence of Health Justice Australia, stakeholders described a scenario of limited, fragmented local efforts, with the innovation potentially ‘withering on the vine’. This scenario would likely have included:

- Far fewer health justice partnerships in existence – especially outside Victoria. New partnerships would have been less likely to start, lacking the knowledge and encouragement to proceed.
- Existing health justice partnerships would be struggling for existence due to funding challenges and little access to capacity building – with potential competition for scarce resources.

² Annual operating expenditure for Health Justice Australia has been: FY18 \$645,437; FY19 \$883,029; and FY20 \$1,231,144.

- There would be no national picture, no identity that would encourage and strengthen efforts across the country.
- Legal outreach clinics would likely have remained more common, without integration of service.
- Health justice practitioners would have felt very isolated, lacking connection and shared learning.
- Absence of ongoing innovation.
- International network would not be convened, and the learnings shared internationally would not be taking place.
- Little to no funding or policy attention.

Excellence of team underpins all that Health Justice Australia does

Stakeholders pointed to the strength of the Health Justice Australia team as the key asset underpinning the organisation’s achievements to date. The small team is credited with great energy, strategic thinking, relationship excellence, being approachable and very supportive (see Figure 4). Special note was also made by most stakeholders of ‘incredible’ leadership by Health Justice Australia Chief Executive Officer – ‘can’t speak highly enough of Tessa’, ‘leadership has been critical’, ‘great asset’, ‘brilliant policy mind’, and ‘Tessa has done an extraordinary job’.

Alongside team capabilities, several stakeholders also pointed to the importance of the initial and ongoing funding of Health Justice Australia. This multi-year and flexible funding enabled two key enablers. It ensured the targeted recruitment of a quality team. It also freed up the Chief Executive Officer to engage deeply in all aspects of delivering its strategy, instead of being drawn into the common focus of small, non-profit leaders - fundraising.



- Extraordinary energy, vision, commitment, strategic thinking, professionalism
- Bring structure, rigour, clarity of thought
- Experts in their field, depth of understanding



- Very good partnering skills, great at relationships, don't try to own things
- A lifting organisation, collaborative, empowering, create space to allow things to grow
- Good at trialling new things – don't shy away from testing, learning



- Strong communication skills, ability to connect/engage people, approachable
- Very open, accessible, supportive to practitioners, HJPs can turn to HJA
- Respectful approach in working across the Aboriginal & Torres Strait Islander landscape

Figure 4: Stakeholder observations on most important Health Justice Australia team capabilities

Encouragement to maintain current focus, with some future suggestions

Pointing to the critical need for integrated services, stakeholders encourage Health Justice Australia to maintain its focus, pressure and energy on the current endeavour – ‘HJA’s time is absolutely now’, ‘on the road to even greater success’, and ‘keep the blow torch on’.

A range of ideas are included in Sections 4, 5 and 6, however three key suggestions are:

- Continue to strive towards the fundamental research questions around impact and the types of collaboration that lead to positive outcomes for end beneficiaries.
- Maintain persistence to drive engagement from across the health sector.
- Step even more boldly into the role of accepted leader of this movement, without being limited by an alternate identity of a membership-based organisation.

4. Developing knowledge and a body of research

This section examines the first of three strategic domains of focus for Health Justice Australia – its work to develop a knowledge base and body of research to explain and evidence health justice collaboration.

Our assessment looked at the outcomes that Health Justice Australia is seeking to achieve in the Knowledge/Research domain. We explored progress against what had been anticipated in its first four years (the left side of Figure 5), as well as the extent to which Health Justice Australia has set itself up to achieve longer-term outcomes (the right side of Figure 5).



Figure 5: Outcomes that informed this assessment for HJA's **Knowledge/Research** domain

Overall, stakeholders consider that Health Justice Australia has made a significant contribution to the development of a knowledge base, with 'excellent quality thought leadership' and 'impressive', 'great quality' publications that are 'accessible'. Stakeholders pointed to the organisation's extremely strong research expertise, which 'gives weight to what HJA is publishing'. This includes: (a) research undertaken directly by Health Justice Australia; (b) collating information from practitioners; and (c) working with others who will undertake research.

Health Justice Australia is credited with setting the foundations for gathering evidence about the way in which partnership working can deliver better outcomes. There is a desire for even more in the future, with suggestions about the areas of research that will be most useful to stakeholders. The organisation is seen to be deeply committed to pushing towards these proof points, but there is a general recognition that there is quite some way to go yet.

Research from Health Justice Australia is now informing work in the US³ and the UK and valued by those institutions, despite the US counterpart having been established for nearly 20 years.

4.1 Defining the health justice landscape

Clearly established the rationale that underlies health justice partnerships

There are several clear and well-known publications that explain why new ways of working are required in order to respond to people's legal and health needs. These include:

1. *The rationale for health justice partnership - Why service collaborations make sense*, 2018.
2. *Data supporting health justice partnership* (2018).⁴

Stakeholders credit Health Justice Australia with driving awareness of health inequity and building 'an impressive narrative', 'terrific materials' to explain why service collaboration makes sense. This emphasis has been seen to be important given the range of parties involved with differing expectations – 'the focus on rationale has been really strategic'. There has been value in pushing the thinking so broadly to explain the health impacts of legal issues (Social Determinants of Health) – described as a 'light bulb moment' on seeing the framework for articulating this.

³ HJA's US counterpart, the US National Centre for Medical Legal Partnerships, has been established for nearly 20 years.

⁴ The rationale for health justice partnership - Why service collaborations make sense, HJA 2018 <https://healthjustice.org.au/?wpdmdl=2680> & Data supporting health justice partnership, HJA December 2018 <https://healthjustice.org.au/?wpdmdl=2677>

Health Justice Australia has maintained a consistent focus on explaining this rationale, in new publications⁵, engagements and interactions with practitioners - 'HJA has done so much to win the day, kept emphasising the connection between wellbeing and legal need' and 'maintaining the focus on client-centricity as a driver for service design'.

Defined an identity and consistent way of understanding health justice partnerships

Whilst a number of health justice partnerships existed prior to 2016, there was no single definition about what this meant. Health Justice Australia set out key features of the health justice landscape in its 2018 report "Service models on the health justice landscape: a closer look at partnership".⁶ It intended to create greater clarity in order to underpin future research into which features are most effective in what circumstances (which is ongoing work – see [Section 4.3](#)).

This definition work has been lauded by practitioners as a 'very powerful contribution', from a point where the 'concept was disjointed, there was no cohesion amid the complexity'. It has established for them an 'identity', 'common language' or 'brand' for this work, which has then lead to 'a coherent platform to convince decision-makers', 'inspiring practitioners' and giving practitioners 'confidence to do the work'.

Another important area of definitional work, has been the census or mapping of health justice partnerships undertaken in both 2017 and 2018:

- *Mapping a new path: The health justice landscape, 2017*
- *Joining the dots: 2018 census of the Australian health justice landscape*⁷.

A wide range of different stakeholders noted this 'important' work that 'adds a lot of value', helping to understand scale and legal need. Recognising the significant work involved for Health Justice Australia to deliver this census, it was described as a 'critical' resource for practitioners, helping them to build an evidence base and connect to others.

4.2 Creating foundations for a body of research

Working with others to encourage development and sharing of knowledge

As a small team, Health Justice Australia is deemed to be making sound decisions to work closely with others to progress the body of research underpinning health justice partnership rather than trying to assume this role (noted also by their US counterparts). There are several examples cited by stakeholders of research collaboration and influence that highlight how Health Justice Australia has been able to inform research approaches – this has been seen as 'impressive after only four years':

- Partnered with two National Health and Medical Research Council-funded Centres of Research Excellence' and has helped set a research agenda.
- Engagement with research partnerships such as Sydney Partnership for Health, Education, Research and Enterprise (SPHERE) and the Origins Project in Western Australia.
- Leading an international workshop on 'Developing the Health Justice Evidence Base' with UK and US colleagues.
- Informed research and evaluation being undertaken by University of Technology, Sydney and University of New South Wales with health justice partnerships.

⁵ For example, January 2020 "Response to the Productivity Commission's Inquiry into Mental Health, Draft Report" https://www.healthjustice.org.au/wp-content/uploads/2020/01/Health-Justice-Australia-Submission-to-Productivity-Commission-Mental-Health-inquiry_Jan2020.pdf

⁶ Forell, S, and Boyd-Caine, T (2018) Service models on the health justice landscape: a closer look at partnership, Health Justice Australia, Sydney <https://healthjustice.org.au/?wpdmdl=2682>

⁷ Forell, S (2018) Mapping a new path: The health justice landscape, 2017, Health Justice Australia, Sydney <https://www.healthjustice.org.au/wp-content/uploads/2018/08/Health-Justice-Australia-Mapping-a-new-path.pdf> & Forell, S, and Nagy, M (2019) Joining the dots: 2018 census of the Australian health justice landscape, Health Justice Australia, Sydney <https://www.healthjustice.org.au/wp-content/uploads/2019/10/Health-Justice-Australia-Joining-the-dots.pdf>

Working with practitioners to develop experiential research is another area of focus. Health Justice Australia recognises that there is an extensive amount of emerging knowledge that they are yet to curate and translate into research output. Going forward, the potential from digital opportunities to both collect and share knowledge was noted by stakeholders.

In future, the shared outcomes framework for health justice partnerships will assist in bringing together consistent data about what is taking place *at the frontline* and the changes experienced by service users. Published in July 2020 after a long, collaborative development process, the health justice partnerships theory of change⁸ is welcomed by practitioners – albeit recognising the challenges of data and system barriers to track outcomes information.

Respected and valued knowledge has been published

As noted earlier in this section, Health Justice Australia is regarded as being ‘skilled at publications, producing really high-quality material that is accessible’. This is driven in large part by its ‘intellectual rigour’ and ‘crack research skills’.

Practitioners also noted the respectful tone of Health Justice Australia publications. These are informed by the practitioner voice and reflect what is happening in different communities, without conveying any sense of being the only experts. Most recently, this was seen in Health Justice Australia’s COVID-19 responses, such as the COVID19 position statement, COVID19 Legal Assistance Working Group Communique and health justice partnership in the time of COVID survey published March-May 2020.⁹

Counterpart organisations in the US (which has been in existence far longer) and in the UK, urged Health Justice Australia to maintain international collaboration, seeing value from their contribution. The US National Centre for Medical Legal Partnerships noted that it depends on insights coming from Australia and are learning a lot from Health Justice Australia.

4.3 Looking ahead

There are several fundamental research questions that Health Justice Australia and its stakeholders have identified for focus going forward:

- What impact is being experienced by clients/end-beneficiaries?
- What types of collaboration deliver the impact / what extent of partnership is required?
- What costs are involved / how can this approach be sustained?
- Does this health justice service model deliver more than any other approach?

There was general recognition that these are incredibly complex and difficult research areas – ‘it will be a hard slog’. Health Justice Australia was encouraged to keep a realistic vision of what is possible in moving forward this evidence base and to maintain pressure.

There were other areas of research suggested that may provide opportunities in the shorter-term:

- How to change practice, enabling the shift from one approach to new, multi-disciplinary service models (case studies).
- Insights into health settings where health justice partnerships tend to thrive.
- Learning about efficiencies achieved as well as any unintended consequences.

In time, it was also suggested to explore how to feed this learning into professional curricula as part of legal and health qualifications, given early interest from some universities and practitioners.

⁸ Health Justice Australia (2020), “Theory of change for health justice partnership”, <https://www.healthjustice.org.au/wp-content/uploads/2020/07/Health-justice-partnership-theory-of-change-June-2020-Health-Justice-Australia.pdf>

⁹ Health Justice Australia (2020), “Unmet legal need will worsen people’s health during COVID19”, Position Statement, <https://www.healthjustice.org.au/wp-content/uploads/2020/03/HJA-position-statement-on-COVID19-31-3-2020.pdf>

5. Building the capacity¹⁰ of the health justice partnership network and practitioners

This section examines the second strategic domain for Health Justice Australia – its work to inspire and catalyse the national network of health justice partnerships and to build the capacity of practitioners and organisations. Our assessment explored progress against what had been anticipated in this domain (the left side of Figure 6), as well as the extent to which Health Justice Australia has set itself up to achieve longer-term outcomes (the right side of Figure 6).



Figure 6: Outcomes that informed this assessment for HJA's **Practitioner Capability** domain

Overall, Health Justice Australia is very well regarded in terms of its work to lead, encourage and support the network of practitioners and partnerships in the health justice landscape. The key value created by Health Justice Australia is deemed to be:

- **Establishing a coherent, common identity** (see [Section 4.1](#)) – by elevating what was happening in fragmented ways at the 'grass roots' level and creating a shared way of talking about this approach, potential and existing health justice partnerships were able to convince others and have the confidence to take things forward.
- **Facilitating connection** - bringing together different organisations to learn from each other, Health Justice Australia has shown an 'impressive ability to facilitate these conversations', 'connecting people, creating linkages' and bringing in different perspectives.
- **Providing support** – by encouraging, coaching, providing tools and knowledge building opportunities, Health Justice Australia has provided 'much needed support to practitioners', for whom this role can 'feel very isolating'. The support is highly valued and you 'always learn from every engagement' with the Health Justice Australia team. This body of content and resources was not available before the establishment of Health Justice Australia.

Reflecting the relatively lower levels of engagement from the health sector than the legal assistance sector (see [Section 6.2](#)), it is worth noting that there was stronger practitioner input to this assessment from community legal centres and legal aid bodies than from health sector bodies.

5.1 Leadership of the national network of practitioners

The network of health justice partnerships has expanded and strengthened

It is clear, both from the number of health justice partnerships (HJP) and feedback from practitioners, that Health Justice Australia (HJA) has played a critical role in catalysing and strengthening this network. In contributing to this expansion, it was noted 'the network has absolutely grown as a result of HJA's work', and it has been 'very successful at catalysing the HJP network'. Practitioners reflected that 'we wouldn't have conceived this without HJA's help', 'we might not have got there', and we would have been 'floundering'. For example:

¹⁰ As noted in the Executive Summary, the term **capacity** in this report refers to the concept of 'capacity building' – a broad label encompassing a range of approaches to developing and strengthening a non-profit organisation to enable it to achieve its mission. This can involve developing the required skills/capabilities, processes and resources. Health Justice Australia has played a *capacity building* role for health justice partnerships.

- A coherent identify, common language, greater profile and credibility allowed more partnerships to be conceived, decision-makers to be convinced and practitioners to have the confidence to push forward.
- ‘Very responsive’ support to emerging partnerships (including brokering partners, coaching, providing tools such as the Memorandum of Understanding resource kit¹¹)
- Offering a neutral and independent voice to build trust between two potential partners as they set expectations in setting up eg MoU, objectives, ways of working, professional confidentiality and information sharing¹².

Stakeholders noted that the skills and approach of Health Justice Australia have been important in this contribution. Health Justice Australia was described as ‘very open, accessible’, ‘approachable’, seen as a ‘go-to’ that ‘proactively wants to hear about challenges and get feedback’. Their approach has been ‘collaborative’, not ‘trying to own things’ but ‘creating space to allow things to grow’, demonstrating ‘very good partnering and relationship skills’. Health Justice Australia has also shown a ‘respectful approach’ and is ‘welcomed’ by Aboriginal & Torres Strait Islander organisations and communities.

In its 2018 Census (see Figure 7), 73 health justice services were identified – the number now is estimated to be ~100 such services. However, throughout the assessment, it was emphasised that the number of health justice services is only one measure of success – it should not distract from the focus of the quality of outcomes generated and the strengthening of each individual partnership or service.

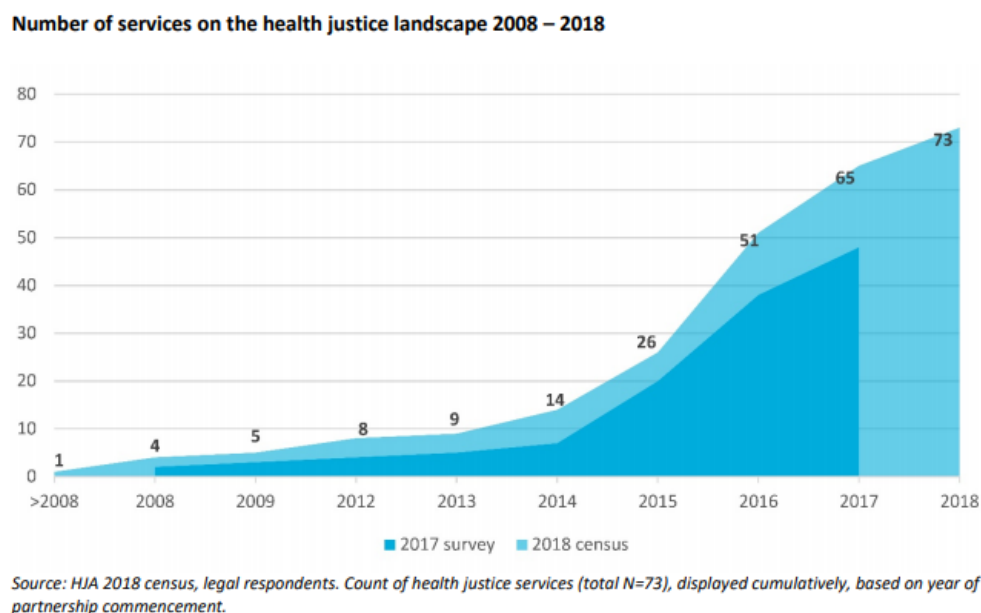


Figure 7: Health Justice Australia data¹³ on growth in health justice services

Without Health Justice Australia, stakeholders believe that far fewer health justice partnerships would exist – especially far fewer examples outside of Victoria. It was envisaged that existing health justice

¹¹ Health Justice Australia (2018) Entering into a health justice partnership – Memorandum of understanding resource kit. Sydney, Health Justice Australia. <https://www.healthjustice.org.au/practitioners/>

¹² Information-sharing in health justice partnership: insights from practice <https://healthjustice.org.au/?wpdmdl=2782>

¹³ The 2017 and 2018 survey numbers reflect both an increase in the number of services, but also greater engagement with Health Justice Australia – some services were operating in 2017 but had not participated in the 2017 survey.

Forell, S, and Nagy, M (2019) Joining the dots: 2018 census of the Australian health justice landscape, Health Justice Australia, Sydney <https://www.healthjustice.org.au/wp-content/uploads/2019/10/Health-Justice-Australia-Joining-the-dots.pdf>.

partnerships may have been struggling for existence, notably due to funding challenges and little access to learning and capacity building. Legal outreach clinics would have remained the more common model, without integration of service.

Health Justice Australia has successfully brought practitioners together

Health Justice Australia is seen to work in a way that encourages a collaborative and inclusive landscape, with ‘no sense of competition between actors’. It has been described as ‘very successful at bringing together different organisations to learn from each other’, ‘connecting people, creating linkages’ with an ‘impressive ability to facilitate these conversations’. Most stakeholders have been struck by the variety of different perspectives that are being brought in by Health Justice Australia, not just focusing on legal assistance or health practitioners.

One of the aspects most valued by practitioners is being brought together to share learning and experiences, convened through Health Justice Australia events (e.g. national conference, learning networks and virtual ‘Tea Break’ sessions) – see [Section 5.2](#) for more. This includes the Victorian Learning Network, which is managed by practitioners, with strong support from Health Justice Australia – this may provide a model to facilitate connection for other groups.

Health Justice Australia notes that it has explored a range of different approaches and platforms (physical and virtual) to support peer interaction (e.g. online collaboration tools and networking events). The learning from this experience will be taken forward by the newly recruited National Network Coordinator. Given the current environment, some stakeholders have suggested maximising the growing acceptance of online delivery, for example engaging practitioners in more remote areas.

5.2 Building the capacity of practitioners

The support provided to health justice partnerships by Health Justice Australia is highly valued by practitioners, particularly:

- **Resources** – the documents and tools are described as ‘very clear’, ‘high-quality’, ‘extremely valuable’, ‘welcomed’, ‘being used extensively by practitioners’. Highlighted materials included:
 - The Memorandum of Understanding resource kit - ‘very helpful’
 - Legal needs assessment ‘invaluable’ to understand what sort of legal assistance is required
 - Behaviours to support practice
 - Summaries of impact and language to influence funders or decision-makers

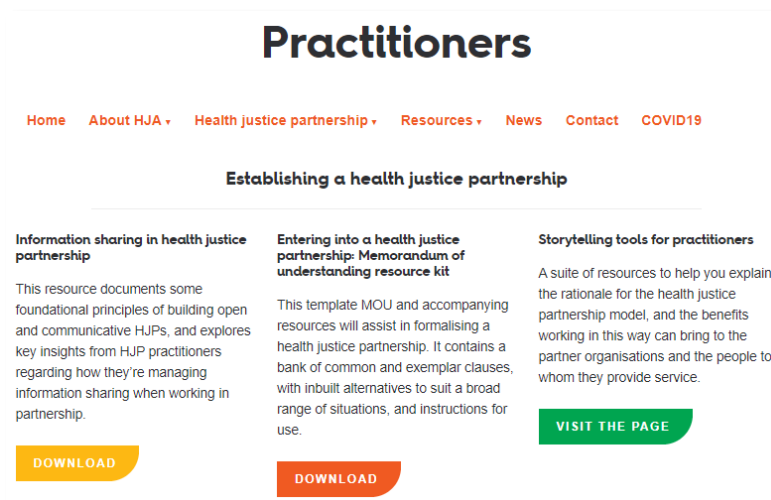


Figure 8: Health Justice Australia website page for practitioners

- **Conferences** – Health Justice Australia conferences (and other engagements) are ‘very well planned and delivered’, ‘helpful to their audiences’. The conferences were specifically highlighted as a critical achievement in connecting practitioners, rapidly getting people up to speed, providing safe space for shared learning and deep dives and reinvigorating passion. Of particular note at *Health Justice 2019* conference were the sessions on hurdles and challenges, the participation of HJP clients, and sessions for more mature and less mature health justice partnerships.
- **One-to-one interactions** – calls or visits from the Health Justice Australia team are ‘valued very highly’. Practitioners expressed gratitude that the team is ‘so available’ for this type of support, to ‘talk through an issue’, ‘frame key messages’.

This result of this type of support has been three-fold from the perspective of practitioners. First, it has given practitioners a ‘deeper understanding of partnership’, helped to ‘elevate thinking’ and ‘understand the bigger picture’. It has also developed understanding and skills in partnership working, and processes to respond to challenges that may emerge. Finally, and very importantly, practitioners noted that the support has reduced the sense of isolation that many of them feel from leading this new way of working. The encouragement and sense of confidence contributes to the sustainability of the professionals themselves and their endeavour. This significant volume of content and resources was not available before the establishment of Health Justice Australia.

5.3 Looking ahead

In coming years, some stakeholders noted an interest in the development of further practical tools and guidance. Others suggested more learning networks (which are organised by practitioners but supported in some depth by Health Justice Australia). Several stakeholders spoke of the need to consider sustainability and funding more deeply.

This presents a key challenge for Health Justice Australia going forward - how to manage an audience increasing in size, with varied stages of experience in health justice partnership and expanding expectations? For example, small community legal centres that embark on this work may have very limited capacity, compared to larger legal aid bodies, or the structure of some health bodies may be so diverse as to create demand for a wider range of formats for different stakeholder groups. This may require some innovation in the way capacity building and support is delivered.

6. Influencing policy

This section examines the third strategic domain for Health Justice Australia – its work to influence decision-making through policy development and advocating for change. Our assessment explored progress against what had been anticipated in terms of policy and advocacy to date (the left side of Figure 9), as well as the extent to which Health Justice Australia has set itself up to achieve longer-term outcomes (the right side of Figure 9).



Figure 9: Outcomes that informed this assessment for HJA's **Policy & Advocacy** domain

Overall, Health Justice Australia is seen to have made valuable progress in developing policy positions, relationships with key actors and its voice beginning to have genuine influence – ‘impressive to have this level of influence in such a short time’. It was noted by the US counterparts that it took the US movement longer to come to this.

Health Justice Australia deploys a broad range of strategies to advocate across the many different sectors that it seeks to influence. Stakeholders noted that the necessary relationships and engagement by Health Justice Australia spans a broad spectrum, each sector being multi-faceted and complex – just some of the key actors that Health Justice Australia is engaging with include:

- Legal/legal assistance sector (e.g. Commonwealth Attorney General's Department, State Attorney Generals, Community Legal Centres, Aboriginal and Torres Strait Islander legal services, state legal aid commissions, Law Council of Australia, Family Violence Prevention Legal Services and the respective peak bodies such as CLCs Australia, National Aboriginal & Torres Strait Islander Legal Services, National Legal Aid and National Family Violence Prevention Legal Services).
- Health sector (e.g. Commonwealth Department of Health, State Departments of Health, National Aboriginal Community Controlled Health Organisation (NACCHO), Primary Health Networks, Aboriginal Community Controlled Health Organisations, Australian Healthcare and Hospitals Association (national peak body for public and NFP health services), Australasian College of Health Service Management, health services, hospitals, community health centres)
- Social policy landscape (e.g. State Departments of Justice/Community services and policy actors such as Centre for Social Impact; The Australian Centre for Social Innovation; Collaboration for Impact) which enables Health Justice Australia to engage with connected social issue areas such as family violence, child protection, drug and alcohol prevention, elder abuse, mental health and education.

Health Justice Australia's level of influence within the legal assistance sector is seen to be deeper and more embedded than within the health landscape. This in part reflects the genesis of the health justice movement from within the legal assistance sector, as well as the relative scale and complexity of the health system. Engaging the health sector has required a different approach, with Health Justice Australia engaging influential organisations like health research bodies. Given the enormity of making inroads of influence into the health system with such a small team, engagement from the health sector is still being embedded and will continue to be tackled with different strategies.

6.1 Establishing a policy and advocacy strategy

Firmly established a broad range of relationships

Health Justice Australia has achieved 'strong' connections with a broad range of actors who influence research, policy and funding. It is described as having 'built a good reputation in just four years with public servants and politicians' and 'gained a seat at the table despite only being around for a short time'.

Relationships and connections across the legal assistance sector are well developed. Stakeholders perceive that Health Justice Australia is 'listened to' at the Federal government level. Health Justice Australia is seen as a 'valued partner' by the Commonwealth Attorney General's Department, 'uniquely placed to coordinate information from across the sector' and encouraging a focus on outcomes across the sector. It is part of a select group of bodies that sit on the Commonwealth Government Legal Assistance Services Advisory Group that informs the national approach to provision of legal assistance. Health Justice Australia is also invited to contribute to a range of ad hoc advisory groups. Health Justice Australia is seen to play a 'key role bringing together players across a fragmented legal sector - no other collective body can do this'.

Relationships and connections in the health sector are developing, but not as embedded as within the legal assistance sector. Health Justice Australia notes increasing engagement from across Commonwealth Department of Health, the Primary Health Network and evolving relationships within the mental health sector. Given the size and complexity of the health system, Health Justice Australia has prioritised engagement with influential health research bodies (see [Section 4.2](#)). It is also looking beyond health and justice to other social issue areas where legal need is interwoven and seeking to develop key connections (e.g. mental health, family violence and child protection).

This strong progress in establishing relationships is attributed to Health Justice Australia leadership who 'demonstrate expertise in dealing with government' and 'really skilled at big picture conversations'.

Targeting the right issues in a robust way

Stakeholders perceive that Health Justice Australia advocacy work is focused on priority issues, 'reminding decision makers about the importance of this model of client centricity' as well as being 'responsive and nimble' to issues as they arise (ranging from COVID19 to elder abuse). On COVID19, legal assistance bodies were supportive of 'how vocal HJA was on discussions around vulnerability' and how they 'quickly mobilised the working group to identify clients most acutely impacted'. Given limited resources, it was noted that Health Justice Australia knows which issues or discussions to prioritise.

They have contributed to a significant number of consultations and policy discussions - those particularly highlighted were:

- COVID19, including the Legal Assistance Working Group Communique¹⁴
- National Plan to address Elder Abuse
- National Strategic Framework for Legal Assistance¹⁵

These policy positions, statements and contributions are informed by a blend of important sources. Health Justice Australia seeks extensive practitioner input, which has been through surveys (e.g. mental health and COVID19 submission) or roundtables (e.g. the 2020 consultation with the health justice partnership network to inform a policy submission to the Senate Inquiry into domestic and sexual violence, which is informing the next national plan on Violence Against Women). Health Justice Australia

¹⁴ COVID19 Legal Assistance Working Group Communique 1 May 2020 <https://www.healthjustice.org.au/covid19/>

¹⁵ Letter on "Review of the National Strategic Framework for Legal Assistance 2015-2020" 17 January 2020 <https://healthjustice.org.au/?wpdmdl=2934>

is also seen to reflect international research and experience and look to other social issue areas to explain legal need.

6.2 Becoming an authoritative voice

Influence established and reaching many of the right people

Having established credibility and key connections, stakeholders believe that the views of Health Justice Australia are sought out, that it has become an authoritative voice. There are early signs that this voice is starting to influence some policy and decisions, for example:

- Playing a role in defining the National Strategic Framework for Legal Assistance and National Partnership Agreement for funding of the legal assistance sector – funding has been secured for Commonwealth-funded HJPs for another five years from 1 July 2020.
- Informed a 'significant policy change' in the next 10-year Closing the Gap agreement which reflects the need for legal issues to be tackled alongside health.
- Informed a model for Adult Mental Health Centres being rolled out by the Commonwealth government in eight sites.
- Shaped the response for the National Plan to address Elder Abuse, and a 'direct influence' on the model for Elder Abuse units.
- Government and Opposition policy in the 2019 Election included direct funding of health justice partnerships.
- At a State level, there is evidence of increased interest in the model from health and justice departments (e.g. Tasmania).
- Finally, at a local level, some agencies and organisations have committed funding to health justice partnerships.

Engagement from the health sector still being embedded

Health Justice Australia has developed relationships with a range of health sector representatives. Given the enormity of the endeavour to make inroads into the health system with such a small team, this has met expectations of stakeholders. It has required strategic choices for Health Justice Australia, such as engaging influential organisations like health sector peak and research bodies.

Stakeholders noted that there is still a significant way to go to secure deep engagement from the health sector in policy, prioritisation and funding. This has been a similar experience in the UK and the US. One health expert noted that prevention makes up a very small proportion (approximately 1.5%) of the national health budget. As such, health justice preventative work (tackling social determinants of health) does not attract the attention of decision makers. One health sector practitioner described the challenge of health justice work being 'very hard to get on the agenda' or to 'get any traction' in a large health service.

Four years is early in terms of making progress with such a large and complex sector. Iteratively, and often at the community or regional level, Health Justice Australia is noting that health services are beginning to notice the value of legal input to address problems impacting a person's health.

6.3 Looking ahead

Building on the progress to date, stakeholders suggested some targeted areas Health Justice Australia could explore in the future, whilst maintaining a strong and consistent voice on the model.

In addition to current approaches being deployed by Health Justice Australia, stakeholders from within the health sector spoke of other strategic opportunities to make inroads to this sector. This could include:

- Relationship-based work – tackling the 31 Primary Health Networks one-by-one or in groups, using key issues to broker engagement.
- Macro advocacy – leaning into processes such as: Commonwealth Primary Care planning; National Health Reform agreements with hospitals; Regional planning and coordination for Primary Health Networks; outcomes from the Aged Care Royal Commission.
- Data-based story telling – developing more outcomes data in health sector terms, to capture this audience’s attention (such as length of hospital stay, number of patient presentations).

A bold health sector aspiration expressed by one practitioner would be to secure legal assistance as a Medicare preventative option for rebates, having convinced health policy makers that legal input can be a deliverable for good health.

Other stakeholders suggested issue or geographic areas of focus:

- Continue to build more coalitions around key issues, priority clients and communities (e.g. elder abuse, Aboriginal & Torres Strait Islander peoples and incarceration, family violence).
- At a State level, continue working to identify champions in government to unlock conversations within each State.

7. Concluding remarks from SVA Consulting

As Australia's leading social sector consulting team, SVA Consulting has worked with a broad range of organisations and issues across the for-purpose landscape. So when Health Justice Australia asked us to undertake this impact assessment, we were extremely interested to understand the progress that this new organisation had made in encouraging and championing integration of health and legal services to put clients at the centre – issues that many different organisations are grappling with.

Health justice is a critically important area of work. Through this assessment, we have more deeply understood how complex, intersecting health and legal problems hold people in disadvantage, with adverse effects on their health and wellbeing¹⁶. Working alone, health and legal service systems struggle to fully address these complex problems. As demonstrated by the 100 health justice services across the country, there is huge opportunity to integrate health and legal services to better respond to people's needs and reach people who wouldn't otherwise access help.

Driving change in these complex health and legal service systems is not a straightforward or short-term undertaking. As such, our approach to this assessment required not just a focus on the past four years, but also keeping one eye to the future. We anchored our assessment questions in a Theory of Change that described what was intended, or expected, to date, as well as setting out future aspirations. In our interviews, focus groups and questionnaires, we asked the 24 stakeholders about progress - in the context of an ongoing endeavour. And so, our report certainly describes the contribution to date made by Health Justice Australia, but it also identifies questions and suggestions that can inform the future of this fascinating organisation.

Just four years into its journey, Health Justice Australia is already seen as an extremely important organisation in reshaping health and legal service systems – in short, the organisation is needed. All stakeholders pointed to an extraordinary level of achievement in just four years, especially with such a small, yet highly talented, team. From our experience, it is rare to hear this degree of consistency and positivity about an organisation, especially given the breadth of ground that Health Justice Australia covers. It is also very interesting to observe that a small group of people can make such a difference.

It is also worth noting the importance of the multi-year and flexible funding Health Justice Australia secured for its first four years. Funding pressure is a concern across the non-profit space and the need to focus on fundraising year-to-year can distract an organisation, or at least its leadership. The funding of Health Justice Australia to date has enabled the recruitment of a talented team and determined concentration on delivering its strategy.

We would like to acknowledge and thank the Health Justice Australia for the positive way in which they have engaged throughout the assessment, with a strong focus on sharing and learning.

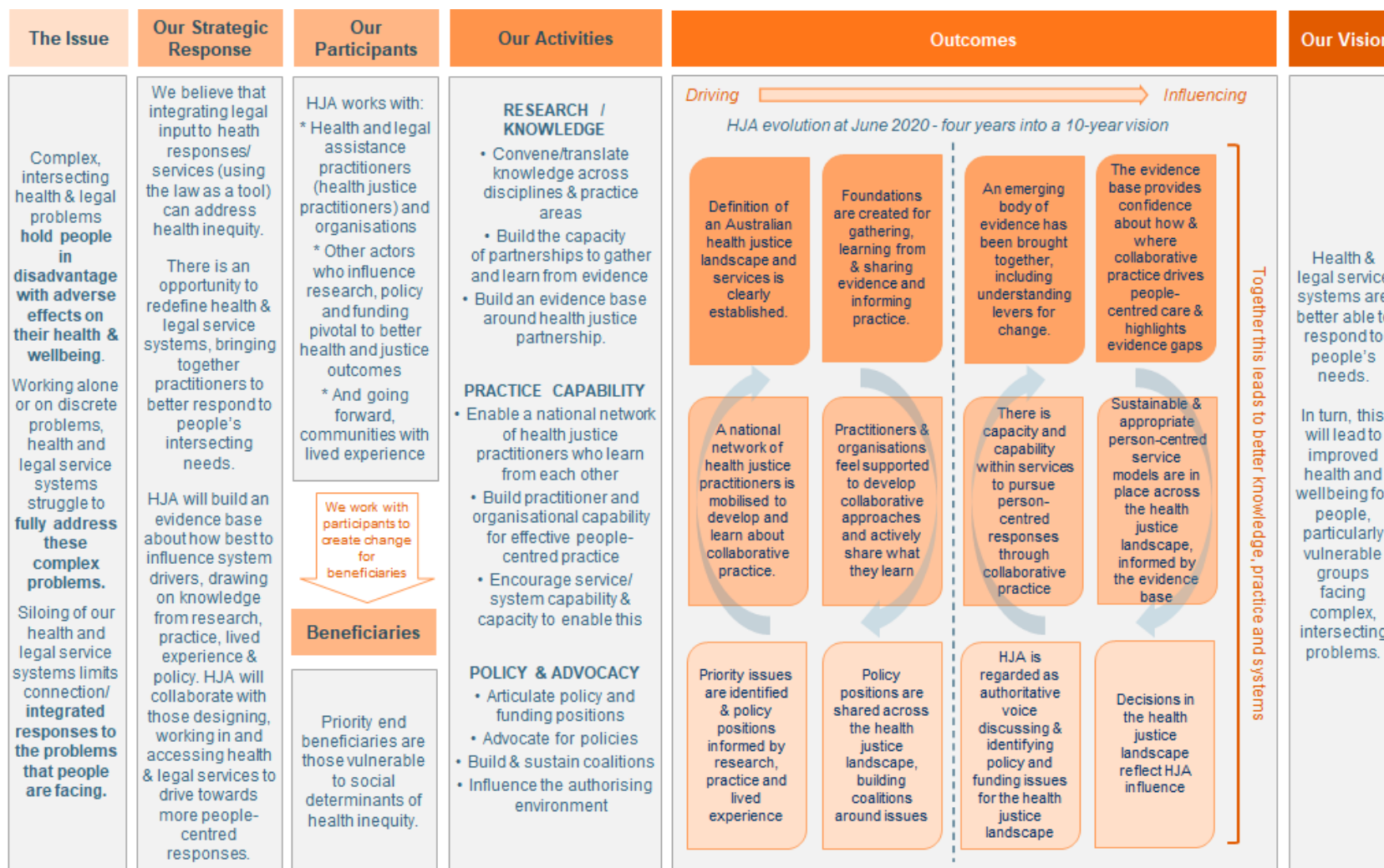
The SVA team

Lou Campbell & Simon Faivel

¹⁶ "Since the World Health Organization's ground-breaking report from the Commission on Social Determinants of Health (2008), evidence has continued to grow regarding the importance of social and environmental factors in driving poor health outcomes for individuals and communities. These factors include poor-quality housing, unstable or insecure work, limited income and low social support", excerpt from Forell, S, and Boyd-Caine, T (2018) Service models on the health justice landscape: a closer look at partnership, Health Justice Australia, Sydney <https://healthjustice.org.au/?wpdmdl=2682>

Appendix A: Theory of Change for this assessment

Our assessment was anchored around a Theory of Change for Health Justice Australia. This refreshed, more detailed view of Health Justice Australia's Theory of Change was created for the purpose of the assessment. It may inform the future Theory of Change for Health Justice Australia.



Appendix B: Stakeholder interviews and engagement

Interviews, focus groups and questionnaires formed a key part of this assessment, so we sought to engage with a broad range of stakeholders (Figure 10).

Organisation	Stakeholder	Role
Government		
Department of Health	Martin Rocks	Assistant Secretary Health Workforce Training Branch
Commonwealth Attorney General's Department	Ariane Herman	Assistant Secretary Legal Assistance Branch
International		
US National Centre for Medical Legal Partnerships	Ellen Lawton	Co-Director
Brown University School of Public Health	Elizabeth Tobin Tyler	Associate Professor of Family Medicine and Medical Science
University College London	Prof. Dame Hazel Genn	Professor of Socio-Legal Studies
Legal assistance sector		
National Association of Community Legal Centres (NACLC)	Nassim Arrage	CEO
Victoria Law Foundation	Lynne Haultain & Hugh McDonald	CEO Principal Researcher
Justice Connect	Chris Povey	CEO
Victoria Legal Aid	Peter Noble	Executive Director, Services and Innovation
Health sector		
Royal Women's Hospital, Melbourne	Sandra Gates	Director of Allied Health
Murdoch Children's Research Institute Royal Children's Hospital Health Services Research Unit	Dr. Harriet Hiscock	Group Leader, Health Services Director
	Dr. Greg Stewart	Former Director of Primary & Integrated Health SE Sydney
HJP practitioner focus groups or questionnaires		
Monash Health	Carol Quayle	Manager, Social Work
Legal Aid WA	Justin Stevenson	Director, Civil Law Division
Redfern Legal Centre	Luke Carr	Solicitor
Eastern Community Legal Centre	Marika Manioudakis	Manager, Family Violence Initiatives
Women's Legal Service Tasmania	Yvette Cehtel	Chief Executive
Gateway Health, Wodonga	Jonelle Hill-Uebergang	Service Manager, Primary Care
North Australian Aboriginal Justice Agency (NAAJA)	John Rawnsley	Law and Justice Manager
LawRight QLD National Aboriginal Community Controlled Health Organisation	Donnella Mills	Senior Lawyer Chair
West Heidelberg Community Legal Centre	Stephanie Price	Principal Lawyer
Legal Services Commission of SA	Catherine Coleiro	Team Leader
Legal Aid NSW	Meredith Osborne	Director, Civil Law

Figure 10: Stakeholders that provided input to this assessment

We also interviewed the Health Justice Australia leadership team and Board.