



Australian Government Pre-Budget Submission 2023–24 Budget

27 January 2023



Health justice partnerships

Health justice partnerships (HJPs) 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:

- Addressing legal needs related to severe and persistent mental illness including under mental health acts and guardianship processes; relating to discrimination in employment, education, and insurance; housing across public and private rental and boarding house accommodation; and social security issues
- Advising on options for people experiencing family violence or elder abuse; and supporting their healthcare professionals to respond appropriately when they identify these needs among their patients
- Supporting people, including Aboriginal and Torres Strait Islander families, to understand and exercise their rights and responsibilities when interacting with childcare and protection agencies.

These are just some of the many legal issues that people can face in life. By integrating legal services into health settings, we can improve access to justice, address the social determinants of health and increase wellbeing.

Health Justice Australia

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

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

2023–24 Budget proposals

1. Improve the **safety of women, children, and older people**, by building and scaling up investment in health justice partnership.
2. Improve **adult mental health** by investing in the capability for Head to Health services to integrate legal assistance as part of a response to the complex needs that arise for people with persistent mental ill-health.
3. Follow through on the commitment of the **National Preventive Health Strategy** to increase funding for preventive health and ensure preventive health funding is available beyond healthcare to address the social determinants of health and their impact upon health treatment and outcomes.

Summary of costed proposals

No.	Proposal	Description	Spending commitment year 1	Spending commitment over 4 years
1a	Improve the safety of women and children	Investment in health justice partnerships responding to family and domestic violence	\$2.6m	\$17.6m (for 10 locations)
1b	Improve the safety of older people	Building and scaling up health justice partnerships responding to elder abuse	\$2.1m	\$14.1m (for 8 locations)
2	Improve adult mental health by investing in capability for service collaboration	Building capability for integration of legal help into Head to Health sites across Australia	\$163,200	\$5m (including legal assistance for 5 locations from year 2) \$10m (including legal assistance for 10 locations from year 2)

About these proposals

These **fully developed and costed proposals** draw on our 2022-23 pre-Budget submission, support current policy reform processes, and directly contribute to the Government’s wellbeing agenda.

These proposals support **existing cross-government frameworks**, such as national plans to respond to violence against women and children and older people, the Closing the Gap Agreement, and the National Preventive Health Strategy. These frameworks are based on broad cross-sector and community consultation, and are well-placed to contribute to the architecture of a [wellbeing agenda](#).

These proposals are designed to improve health, justice and wellbeing outcomes of individuals and families facing complex health, social and legal need. These investments can be drawn upon in the upcoming review of the **National Legal Assistance Partnership Agreement (NLAP)**, as examples of how NLAP could enable innovation in how legal assistance is provided to reach those most in need. They can be adopted immediately and are urgently needed to address the increased complexity of problems people are experiencing, whether as a result of extreme weather events, the continuing impacts of the COVID-19 pandemic, or other factors that underlie and compound disadvantage in people’s lives. By improving service capability to identify and intervene earlier to address complex needs, these measures are a cost-

effective way to respond to workforce shortages and unmet demand from patients and clients in health and legal services.

Each of these proposals **to support service improvement** includes **a component for building the capability for cross-sector collaboration**. This capability is a necessary foundation for the success of each proposal.

In this submission, we provide **costings for four years** to align with the Federal Budget process. Long-term, sustained funding as foundational to the effectiveness of service and system collaboration in response to complexity.

Collaboration as a foundation for wellbeing

The promise of the Australian Government's wellbeing agenda is that policy frameworks and service delivery work with communities around intersecting, complex need, recognising that just as challenges intersect, so too must their solutions. As a shared goal, wellbeing can break down departmental or jurisdictional silos, providing coherence around the different parts of people's lives and experiences that intersect.

A wellbeing agenda can also support the consistent direction in policy frameworks towards person- or client-centred service design. This type of design is a key strategy to ensure that services are responsive to needs, capabilities and contexts of clients with more complex and intersecting issues, and is at the heart of multiple policy frameworks (see box).

Collaboration and partnership are foundational to improving wellbeing and are priorities in key national policies

The **National Plan to End Violence against Women and Children** emphasises the need for 'person-centred coordination and integration' and a 'holistic multi-sectoral and culturally informed approach' that includes mechanisms to 'enable coordination and collaboration across jurisdictions, sectors and settings'.

The **National Plan to Respond to the Abuse of Older Australians (Elder Abuse)** included as a priority the strengthening of service responses, including through the trialling of health justice partnership and other collaborative approaches.

Partnerships and collaboration between sectors are one of the seven enablers to mobilise a prevention system in the **National Preventive Health Strategy**; and are foundational in the focus on holistic health and wellbeing to improve outcomes for Aboriginal and Torres Strait Islander people through the **National Aboriginal Health Plan**.

The **National Framework for Protecting Australia's Children** prioritises multidisciplinary models that work for families with multiple and complex needs and 'strengthening the interface between children and family services' and other services, including services for justice.

The **National Children's Mental Health and Wellbeing Strategy** includes as objectives collaborative care that is driven by community and responds to complexity.

Health justice partnership is an established and successful model of collaboration

Health justice partnership is an innovative, place-based, and person-centred approach that places legal help in healthcare settings and teams to support people with intersecting health, legal and social problems – including housing, employment, discrimination, debt and family issues. These intersecting issues create barriers to health and wellbeing and hold people in cycles of disadvantage.

Health justice partnership:

- reshapes services around the needs of the people they assist, providing support in the places people need it and making it easier for people to navigate complex systems as they search for help
- is place-based and has developed out of evidence about the multiple, intersecting problems in people's lives that hold them in disadvantage
- builds the capability of practitioners in health, legal and social services to respond to complex problems within the communities they support.

There are [105 health justice services in Australia](#).¹ Our first two proposals seek to build on this established service model in priority policy areas of domestic and family violence, elder abuse and mental health. Health justice partnership is already proving successful in each of these priorities.

Investing in building the capability for collaboration and partnership

Effective collaboration requires investing in the capability to work together

The proposals in this submission recognise the need to build capability for collaboration and partnership. This is an integral element of each proposal, and is essential to the success of collaborative service models.

The purpose of service collaborations is to improve how services respond to complex needs among the people they help. Partnership is foundational to the effectiveness of collaboration for this purpose and it requires a range of processes, relationships and capabilities to work together, successfully, towards shared goals. This is what we describe as capability to collaborate, and it requires sustained investment to build relationships between multidisciplinary practitioner teams, and to build trust and work collaboratively with people needing help. For example, through health justice partnership we can build capability across workforces of otherwise-siloed service settings, so that health workers can better identify and respond to underlying legal need driving poor health and lawyers can better identify and respond to the health-harming legal needs of their clients.

Investing in building the capability to collaborate is a cost-effective measure that can:

- enable services to coordinate more holistic and effective care for people with complex needs
- reduce inefficiencies caused by siloed service systems, enabling services to do more with what they have
- invest in and sustain workforce capability, by improving the capacity of sectors to identify and respond to complex need

¹ Health Justice Australia, 'Health Justice Landscape', Snapshot, November 2022, <https://healthjustice.org.au/?wpdmdl=4367>.

- help seed cultural change and create champions across services as a foundation for major systems reform.

The need to invest in this capability has become urgent with the disruption and stress placed on health and legal services, and the people who work for them, by the COVID-19 pandemic. This stress comes at a time when governments across Australia are also undertaking necessary, and necessarily disruptive, service reform. Building the capability of frontline practitioners to collaborate as part of the pandemic recovery will help those services to meet the needs of the communities they serve.

Health Justice Australia is uniquely positioned to build capability for service collaboration

We have experience and expertise in:

- building capacity to assess legal need within priority locations
- identifying potential partnership service models in response to identified needs
- providing dedicated support to build capability of practitioners and service leaders in each partnership
- connecting services into local communities of practice and a national network of peers to drive learning and service effectiveness
- developing and implementing shared and comparable outcomes measurement across locations.

This work is integral to our mission to support the effectiveness, sustainability and expansion of service responses that improve health and justice outcomes. As a non-profit with specialised expertise, we are ideally placed to build the capability for service collaboration. We also use this experience to inform data, research and evaluation to support building an evidence base on ‘what works’ in responding to complex need.

The work to build capability in each of the costed budget proposals is designed to be integrated directly into funding programs. Incorporating this work from the outset of any new funding will enable capability-building activities to be delivered across cohorts of funded services, maximising learning and collaboration opportunities, including to inform policy review and future development.

1. Cross-sector responses to improve the safety of women, children, and older people

a. **Policy priority:** National Plan to End Violence against Women and Children, 2022–2032

Expanding health justice partnership as an innovative model that is already responding to family and domestic violence

Almost all (90%) of existing health justice partnerships are already responding to family violence, with nearly half (48%) specifically targeting people experiencing family and domestic violence. Evaluations of health justice partnerships that respond to family and domestic violence have identified that:

- clients found it easier to access timely, reliable legal information and support, leading to positive legal outcomes
- legal assistance is available in convenient, safe, child-friendly spaces, at a time and place appropriate to individual client needs
- clients are less stressed, report increased wellbeing, and are more positive about the future
- clients and their children are, and feel, safer because of the legal steps they have taken
- health practitioners are more confident in identifying domestic and family violence and linking clients with legal help
- practitioners in health justice partnerships consult and share their expertise with each other more often than outside of health justice partnerships.²

The value of health justice partnership was widely acknowledged by stakeholders in the national consultations leading up to the next National Plan, with health justice partnership held up as a demonstration of ‘what it looks like to really transform service system responses.’ However, as stakeholders also pointed out, health justice partnership needs to be ‘embedded into funding agreements’ over a longer timeframe.³ One of the key recommendations from these national consultations was for the next National Plan to provide ‘increased support and embed funding for health-justice partnerships into service agreements.’⁴

There is also growing interest in how health justice partnership can support work with perpetrators of family violence to identify and change their behaviour, for instance through partnerships between legal

² Social Compass, ‘Evaluation of the Pilot Program of Specialist Domestic Violence Units and Health Justice Partnerships Established under the Women’s Safety Package’, February 2019, <https://www.ag.gov.au/legal-system/publications/evaluation-pilot-program-specialist-domestic-violence-units-and-health-justice-partnerships-final-report>; Kelsey Hegarty et al., ‘Acting on the Warning Signs Evaluation’ (University of Melbourne, Inner Melbourne Community Legal and The Royal Women’s Hospital Victoria, August 2014), <https://imcl.org.au/assets/downloads/FINAL%20REPORT%2029%20August%202014.pdf>.

³ Kate Fitz-Gibbon et al., ‘National Plan Stakeholder Consultation: Final Report’ (Monash University, 13 July 2022), 160–61, <https://doi.org/10.26180/20304420.v1>.

⁴ Fitz-Gibbon et al., 16.

assistance and alcohol and other drug or mental health services who may already be working with these clients.⁵

b. Policy priority: National Plan to Respond to the Abuse of Older Australians (Elder Abuse)

The Australian Government invested in health justice partnerships under the National Plan to Respond to the Abuse of Older Australians, which is due to be reviewed this year. Those services have been evaluated, although this evaluation is yet to be publicly released.

The success of these partnerships is evidenced in the recommendation of the Victorian Parliament's Inquiry into support for older Victorians from migrant and refugee backgrounds. This inquiry found that specialist elder abuse responses, including health justice partnerships, 'can effectively address their abuse because they consider the needs of an older person holistically, provide culturally responsive and place-based services, built trust with clients and build effective partnerships with other service providers'.⁶

As that inquiry noted, people experiencing elder abuse tend not to seek professional help; but of those who do, 29.4% seek help or advice from a GP or nurse, compared to 15.4% seeking legal help.⁷ The National Elder Abuse Prevalence Study, commissioned by the Australian Government, recommended that more should be done to develop 'proactive mechanisms' to identify and respond to elder abuse, including strategies that target health professionals.⁸

The inquiry also found, however, that they are 'not sufficiently funded to meet current demand' and recommended increased funding.⁹ While Commonwealth funding for existing health justice partnerships has recently been continued under a new grants program, the level of funding does not reflect the demand for these services and, due to the expiry of some additional funding, is likely to result in a reduction of the scope of some health justice partnerships.

Building and scaling up investment in this model nationally

The Australian Government has already invested in the development of health justice partnership under the Women's Safety Package and the National Plan to Respond to the Abuse of Older Australians, and recognised the value of health justice partnership in preventing violence and abuse through continued funding of these HJPs.

⁵ Donna Chung et al., 'Improved Accountability: The Role of Perpetrator Intervention Systems', Research Report (ANROWS, 2020), <https://www.anrows.org.au/publication/improved-accountability-the-role-of-perpetrator-intervention-systems/>.

⁶ 'Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds', Final Report (Legislative Assembly Legal and Social Issues Committee, Parliament of Victoria, 2 August 2022), Finding 55, <https://www.parliament.vic.gov.au/lsc-la/inquiries/inquiry/1022>.

⁷ 'Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds', 190; citing Lixia Qu et al., 'National Elder Abuse Prevalence Study: Final Report', Report (Australian Institute of Family Studies, 22 December 2021), 84, Australia, <https://apo.org.au/node/315734>.

⁸ Qu et al., 'National Elder Abuse Prevalence Study', 5.

⁹ 'Inquiry into Support for Older Victorians from Migrant and Refugee Backgrounds', Recommendation 67, Finding 55.

While family and domestic violence and elder abuse overlap in many ways, there are key differences in the needs and profiles of clients, the types of abuse, and the types of support that are needed to respond effectively. This is reflected in our separate, although similar, budget proposals for each policy priority.

With the new National Plan to End Violence against Women and Children and the review of the National Plan on the Abuse of Older People, this is a critical time to secure ongoing investment in existing service responses, to ensure that the collaborations they have been built can be sustained and expanded further. There is an opportunity to build on this potential through:

- increasing resourcing to meet client needs in existing health justice partnerships
- investing in existing health justice partnerships that are not currently funded by the Commonwealth Government
- a strategic national expansion of health justice partnerships, following a process of assessing needs and opportunities, and building the foundations of partnership.

Through the next National Plans to End Violence against Women and Children and to Respond to the Abuse of Older Australians, the Government can build on the success of its investment by expanding health justice partnership for people experiencing unmet legal need in priority cohorts. This will support systemic capability across mainstream health, social and legal assistance services, as well as specialist services, to respond to complex health and legal problems faced by people experiencing domestic and family violence and/or elder abuse, and to address the growing complexity of issues for a population scarred by the ongoing social and economic stresses of the COVID-19 pandemic.¹⁰

Dedicated investment to scale up and expand health justice partnership provides the opportunity to:

- increase the impact of this integrated model in improving the safety of women, children, and older people, supporting cross government strategies focused on **priority populations**¹¹
- **build evidence** about seamless, safe, and effective pathways for victim/survivors towards safety and identifying and responding to perpetrators
- demonstrate how services can move from siloed to **person-centred approaches** that improve the wellbeing and safety of women, children, and older people
- **build evidence** around the difference HJP makes in different contexts and for different cohorts.

These proposals include costings for building the capacity to collaborate, but other kinds of essential capacity or capability-building, such as developing trauma-informed practice, will also be required that will require resourcing directly to services.

¹⁰ Naomi Pfitzner, Kate Fitz-Gibbon, and Jacqui True, 'Responding to the "Shadow Pandemic": Practitioner Views on the Nature of and Responses to Violence against Women in Victoria, Australia during the COVID-19 Restrictions', Report (Monash University, 8 June 2020), Victoria, <https://apo.org.au/node/306064>.

¹¹ As identified in Closing the Gap; Australia's Disability Strategy; National Mental Health and Suicide Prevention Plan; National Framework for Protecting Australia's Children.

1a Safety of women and children			\$17.6m (over 4 years)
Activity	Outcome	Assumptions	Cost
Building collaboration capacity, capability	Foundations built for effective partnering; lessons are evaluated and shared to inform future expansion	Includes: review of the health of existing partnerships; local health, legal needs and opportunity assessments conducted in new locations, including assessment of health practitioner capability to recognise and respond to legal need; and a cohort program designed specifically for newly funded HJPs to build partnership capability, including how to plan, monitor and evaluate shared outcomes	\$138,000 (year 1)
Legal and other assistance - sustaining existing services and expanding in new locations	Prevention and early intervention of legal issues related to DFV	\$500,000 per setting pa for a mix of legal practitioners and other staff and supports - 5 existing HJP services, scaling to 10 locations nationally	\$2,500,000 (year 1) \$5,000,000 (from year 2)
Cross-site evaluation		Recommended at 10% of programming budget	

1b Elder abuse			\$14.1m (over 4 years)
Activity	Outcome	Assumptions	Cost
Building collaboration capacity, capability	Foundations built for effective partnering; lessons are evaluated and shared to inform future expansion	Includes: review of the 'health' of existing partnerships; local health, legal needs and opportunity assessments conducted in new locations, including assessment of health practitioner capability to recognise and respond to legal need; and a cohort program designed specifically for newly funded HJPs to build partnership capability, including how to plan, monitor and evaluate shared outcomes	\$110,400 (year 1)
Legal and other assistance - sustaining existing services and expanding in new locations	Prevention and early intervention of legal issues related to elder abuse	\$500,000 per setting pa for a mix of legal practitioners and other staff and supports - 4 existing HJP services, and increasing to 8 locations nationally	\$2,000,000 (year 1) \$4,000,000 (from year 2)
Cross-site evaluation		Recommended at 10% of programming budget	

2. Invest in building the capability to collaborate in Head to Health sites

Policy priority: National Mental Health and Suicide Prevention Plan

[Staff] identified the legal clinic as delivering good legal and health outcomes for their clients. “It enhances wellbeing of our mob. It’s a one-stop shop. You get your health needs met, and also your legal needs.” ... Staff see the [partnership] as beneficial for clients and for themselves. Being able to deliver good legal and wellbeing outcomes adds value to their work. “It’s made a huge difference for me because I know there’s an option for referral. You don’t want to open up that can of worms if there’s nowhere for people to go”.¹²

The connection between mental health and legal need

Research indicates that people experiencing mental ill-health are more likely than others to have legal problems, more likely to have large numbers of problems, and more likely to report a broad range of adverse consequences from their problems.¹³

As the National Mental Health Commission has recognised, justice is one of the areas where early intervention can both prevent mental illness later in life and can reduce the likelihood of consumers needing costly supports, services and systems.¹⁴ The Productivity Commission has also recommended ‘integrating legal and health services (including through health justice partnerships) so that people with mental illness are better supported to resolve legal matters and participate in the justice system.’¹⁵

Investing in the capability to partner with legal assistance, as a collaborative response to multiple, intersecting problems in people’s lives

The Australian Government’s investment in the Head to Health adult mental health services is a key opportunity to integrate legal assistance as part of a response to the complex needs that arise for people with persistent mental ill-health.

The model for the Head to Health sites already recognises that legal help is ‘essential to the integrity of the model’, and refers to the potential for legal help to assist people to manage stressors from legal problems, including civil and criminal legal issues, unstable housing and social isolation. The model also signals the importance of smooth pathways to community legal assistance services.¹⁶ Legal intervention can address

¹² Fiona Allison, ‘Evaluation of the Law Right Wuchopperen Health Justice Partnership and Law Yarn’ (Cairns, Queensland: Law Right and Wuchopperen Health Service, October 2019), <https://doi.org/10.13140/RG.2.2.15627.9296>.

¹³ Marie Nagy and Suzie Forell, ‘Legal Help as Mental Healthcare’, Insights Paper (Health Justice Australia, 24 September 2020), 2, <https://healthjustice.org.au/?wpdmdl=3709Download>.

¹⁴ National Mental Health Commission, ‘Monitoring Mental Health and Suicide Prevention Reform’, National Report, 2020, 75, <https://www.mentalhealthcommission.gov.au/getmedia/6be640dd-5d7e-48ae-b18b-0ed64a9f2bef/National-Report-2020>.

¹⁵ Productivity Commission, ‘Mental Health’, Inquiry Report, 16 November 2020, Recommendation 21, <https://www.pc.gov.au/inquiries/completed/mental-health/report>.

¹⁶ Department of Health, ‘Updated Service Model Head to Health Centres and Satellites June 2021’, 14 December 2021, 9, <https://consultations.health.gov.au/mental-health-services/adult-mental-health-centres/results/revisedheadtohealthcentresandsatelliteservicemodeljune2021.pdf>.

underlying legal issues that cause distress, building the capability of clients and health practitioners to engage with and address legal issues before they escalate to crisis.

With the first commissioned services now in place, and the roll out of other key sites proposed in 2023-24, there is now a key opportunity to understand the role that legal assistance could take in the Head to Health centres, to inform further local service design. For mental health service providers and commissioning Primary Health Networks, this is an opportunity to build an understanding of how to best use legal assistance in response to need in their local community to improve the outcomes of mental health service intervention and treatment.

Health Justice Australia would work to build this capability by:

- assessing legal need in the communities that are the targets of this service reform
- assessing the current capability of practitioners to respond to need, including identifying service gaps
- identifying potential approaches to address priorities across community needs, including mapping existing service models and relationship
- building capability for partnering, including planning for monitoring, and evaluating, shared outcomes.

Integrating legal assistance within a flexible service model in response to identified need

Building capability can help identify the appropriate model of integration of legal assistance, and related partnership strategies, and support the capability needs in new or prospective Head to Health sites. This work is likely to identify sites where legal help is best provided in-house through embedding legal help in future years. Therefore our proposal includes, from year 2, resourcing for legal assistance within Head to Health sites, appropriate to local needs.

The Head to Health model indicates that legal help can be provided in-house, through ‘in-reach’ models or through referrals. However, given the likelihood that the experience of complexity means referrals may not be acted upon, an embedded model of legal help has several key advantages.

- As practitioners learn from each other and from cross-disciplinary training, health and legal practitioners become more capable at identifying and responding appropriately to legal and health problems respectively.
- Embedding legal help reduces the risk of clients being ‘lost’ in the process of referrals.
- The transfer of trust between health and legal assistance services can improve the level of engagement by patients with the legal assistance and other services they need.
- Practitioners can sequence and coordinate legal and other help, optimising the impact of both the health and legal services.¹⁷

¹⁷ Nagy and Forell, ‘Legal Help as Mental Healthcare’, 5.

Adult mental health services				\$5m or \$10m (over 4 years)	
Activity	Outcome	Cost x 8	Cost x 16	Assumptions	
Building collaboration capacity, capability	Improved system effectiveness through better use of services working together in response to complex needs	\$163,200	\$326,400	Working locally and nationally (year 1 and 2)	
Legal help integrated into Centres	Early intervention and prevention of intersecting health and legal problems	\$1,600,000	\$3,200,000	\$200,000 per setting pa, based on a single legal practitioner and costs (from year 2)	
Cross-site evaluation				Recommended at 10% of programming budget	

This budget proposal provides the potential for cross-portfolio investment towards shared wellbeing outcomes. For the Attorney General’s Department, through the National Legal Assistance Partnership funding for legal assistance practitioners in non-legal settings improves access to justice. For the Department of Health, funding to mental health services to build capability to recognise and respond to legal issues enables services to improve mental health treatment and outcomes.

3. Investment in preventive health and wider determinants of health

Policy priority: National Preventive Health Strategy 2021-2030

The Australian Government's National Preventive Health Strategy sets out a clear vision and rationale for investment in preventive health, including a commitment to increase spending on health promotion and prevention to 5% of total Commonwealth, State and Territory health spending by 2030. As the Strategy notes, the wider determinants of health, including social, environmental, structural and economic factors, contributes to health inequities, with the Strategy highlighting for example that 34% of the health gap for Aboriginal and Torres Strait Islander people is due to the social determinants of health.¹⁸

To facilitate this investment, we recommend that the Australian Government now establish the ongoing, long-term health prevention fund committed to under the National Preventive Health Strategy, including the independent, expert-led governance mechanism to provide direction for this fund.¹⁹

Consistent with the Strategy's focus on the wider determinants of health, and its recognition of the need to collaborate across sectors to achieve success, it will be critical that the health prevention fund, and the associated governance mechanisms, provide opportunities beyond the health sector to engage in health promotion and prevention activities that address these wider determinants. This should include specific investments to build the capability of the health sector to work in partnership with non-health actors, to achieve health outcomes.

As the Strategy also notes, economic determinants of health are 'some of the most influential factors affecting health and wellbeing'.²⁰ The current cost of living crisis is likely to further compound those health inequities. A permanent and adequate increase to social security payments, as [detailed in the Raise the Rate campaign led by the Australian Council of Social Service](#), is a key policy lever that can help improve wellbeing across multiple domains, and an important investment in the health of Australians.

Recommendations: This financial year the Australian Government should establish the health prevention fund, and the independent, expert-led governance mechanism to direct this fund, committed to in the National Preventive Health Strategy. This funding should include specific investments to build the capability of the health sector to work in partnership with non-health actors.

The Australian Government should increase social security rates and remove barriers to accessing payments, as recommended by the Raise the Rate campaign.

¹⁸ Australian Government Department of Health, 'National Preventive Health Strategy 2021-2030' (Australian Government Department of Health, 8 December 2021), 11, 13, <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>.

¹⁹ Australian Government Department of Health, 16.

²⁰ Australian Government Department of Health, 37.