



Health
Justice
Australia



Australian Government Pre-Budget Submission for the 2022–23 Budget

28 January 2022



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 child care 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.

2022–23 Budget proposals

1. Improve responses to **family and domestic violence** by building and scaling up investment in health justice partnerships.
2. Build on the existing investment in **adult mental health** by embedding legal assistance in Head to Health sites.
3. Support **closing the gap** through community-led health justice partnerships that contribute to the health, wellbeing and justice outcomes of Aboriginal and Torres Strait Islander peoples.

About these proposals

These proposals are **fully developed and costed proposals** that draw on our previous pre-Budget submission for 2021-22 and input into other policy reform processes. They can be adopted immediately and are urgently needed to address the increased complexity of problems caused by the COVID-19 pandemic. They also provide a foundation to support the major policy and services reforms already underway. By improving capability and intervening earlier in addressing 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.

These proposals are designed to improve health, justice and wellbeing outcomes of individuals and families facing complex health, social and legal need. **The need for cross-Government investment** reflects these Government objectives extending across multiple portfolios and policies.

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. The exception is for the third proposal, which endorses a primary proposal (and alternative timeframe) by the National Aboriginal Community Controlled Health Organisation (NACCHO). Our submission focuses on the costs only for our contribution to the NACCHO proposal, with NACCHO providing overall costs in its submission. In general, we see long-term, sustained funding as foundational to the effectiveness of service and system collaboration in response to complexity.

Summary of costed proposals

No.	Proposal	Description	Spending commitment	Timeframe
1	Improve cross-sector responses to family violence	Scaling up health justice partnerships responding to family and domestic violence	\$3.8m (for 16 sites)	Year 1 (estimated four years investment: \$15.2m)
2	Integrate legal assistance in Head to Health sites	Integrating legal help into Head to Health sites across Australia	\$3.8m (for 16 sites)	Year 1 (estimated four year investment: \$15.8m)
3	Closing the gap	Pilot of three Aboriginal community controlled health justice partnerships	\$675,000 for Health Justice Australia's contribution to this proposal, with overall costs detailed in the submission by the National Aboriginal Community Controlled Health Organisation (NACCHO), expected to be about \$2.56m (for 3 sites)	3 years

The case for cross-sector collaboration and partnership

Collaboration is key to health, human, and legal assistance service reforms

There are many people in Australia who are dealing with multiple and intersecting health, legal and social problems at the same time. Yet health and legal assistance services are often poorly equipped to work together around the complexity of these problems in people's lives.

Health and legal service systems are governed by different political, policy and funding structures. They have their own policies, processes, technology and ways of thinking. These structural factors make it difficult for health and legal services to identify and work together effectively on shared goals.

In recent years, there has been a growing consensus that services should be 'person-centred'. This requires services to reshape themselves around the needs of the communities they are there to help and multiple plans, frameworks and strategies prioritise strengthening service collaboration to this end (see box).

Collaboration and partnership is at the heart of human service reforms

The **Draft National Plan to End Violence against Women and Children** aims for 'survivor-centred, holistic multi-sectoral, trauma-informed responses with local referral pathways which meet the diverse needs of women and children'.

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 Aboriginal and Torres Strait Islander Health Plan is founded on the principle of holistic health and wellbeing, and includes as priorities cross-sector partnerships and person-centred and family-centred care.

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

Partnerships and collaboration between sectors are one of the seven enablers to mobilise a prevention system in the **National Preventive Health Strategy**.

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 service response that places legal help in healthcare settings and teams to support people with intersecting health, legal and social problems. These intersecting issues create barriers to health and wellbeing and hold people in cycles of disadvantage and struggle.

Health justice partnerships:

- reshape services around the person and provide support in the places people need it, making it easier for people to navigate complex systems as they search for help
- are place-based and have developed out of evidence about the multiple, intersecting problems in people's lives that hold them in disadvantage
- build the capability of practitioners in health, legal and social services to respond to complex problems within the communities they support.

There are [109 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 and mental health, where health justice partnerships are already proving successful.

Our third proposal supports the leadership of Aboriginal and Torres Strait Islander community-controlled organisations in the development of holistic service responses that improve community health, wellbeing, and justice outcomes.

Investing in building the capability for collaboration and partnership

Effective collaboration requires investing in capability

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

Successful collaboration requires a key ingredient: partnership. Partnership is a response to complexity and requires a range of processes, relationships and capabilities to work successfully towards shared goals. All of this requires sustained investment to build relationships between the health and legal team, and the capacity to build trust and work collaboratively with people needing help. For example, partnerships can

¹ Health Justice Australia, 'Health Justice Landscape: July 2021 Snapshot', 10 September 2021, <https://healthjustice.org.au/?wpdmdl=4034Download>.

build capability across workforces, so that health workers can better identify and respond to legal need and lawyers can better identify and respond to the health 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 services 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
- 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.

Health Justice Australia has previously provided to the Australian Government detail on the costings and activities for this crucial work in building the foundations for successful partnerships for the first two proposals in this submission. We welcome the opportunity to discuss these proposals further.

1. Improve cross-sector responses to family violence

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 the existing 109 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

There is growing interest in how health justice partnership can also support work with perpetrators of family violence to identify and change their behaviour, for instance through partnerships between legal assistance and alcohol and other drug or mental health services who may already be working with these clients.³

Building and scaling up investment in this model nationally

The Australian Government has already invested in the potential of health justice partnership under the Women's Safety Package and the National Plan to Respond to the Abuse of Older Australians. The Australian Government has recognised the value of health justice partnerships to this strategy with continued funding of its pilot HJPs targeting family and domestic violence. With the focus on innovative and collaborative service models in the new National Partnership Agreement to respond to family, domestic and sexual violence and the new National Plan to End Violence against Women and Children, this is an ideal time to expand health justice partnership further.

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 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/>.

Through the next National Plan to End Violence against Women and Children, the Government can build on the success of its investment by expanding health justice partnerships. 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 to address the growing complexity of issues for a population scarred by the social and economic stresses of the COVID-19 pandemic.⁴

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

- increase the impact of this integrated model in responding to domestic and family violence, supporting cross government strategies focused on **priority populations**⁵
- **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 and children
- **build evidence** around the difference HJP makes in different contexts and for different cohorts.

Estimated investment for four years			\$15.2m
Activity	Outcome	Assumptions	Cost (yr 1 -2022–23)
Legal assistance - sustaining existing services and scaling to new locations	Prevention and early intervention of legal issues related to DFV	\$200,000 per setting pa - 8 existing HJP services, scaling to 16 locations nationally, with a focus on regional areas	\$3,200,000
Building collaboration capacity, capability	Foundations built for effective partnering; lessons are evaluated and shared to inform future expansion	Includes: local health and legal needs and opportunity assessment and partnership brokerage (year 1 only), mentoring, convening community of practice, cross-portfolio outcome measurement	\$248,240
Measurement and evaluation		Assumes 10% of budget	\$344,824
Total			\$3,793,064

⁴ 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>.

⁵ As identified in Closing the Gap; Australia's Disability Strategy; National Mental Health and Suicide Prevention Plan; National Framework for Protecting Australia's Children.

2. Invest in legal assistance 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”.⁶

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.⁷

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.⁸ 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.’⁹

Expansion of Head to Health sites

The Australian Government’s recent investment in doubling the number of Head to Health Adult Mental Health Centres (as well as 24 satellites) is a key opportunity to invest in collaborative care in response to the complex needs that arise for people with persistent mental ill-health.

The model for these sites makes clear 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.¹⁰

⁶ Fiona Allison, ‘Evaluation of the Law Right Wuchopperen Health Justice Partnership and Law Yarn’, May 2020, <https://doi.org/10.13140/RG.2.2.15627.92969>.

⁷ 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>.

⁸ 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>.

⁹ Productivity Commission, ‘Mental Health’, Inquiry Report, 16 November 2020, rec 21, vol 3, 1012, <https://www.pc.gov.au/inquiries/completed/mental-health/report>.

¹⁰ 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/revisedheadtohealthcentresandsatellitesservicemodeljune2021.pdf>.

The advantages of embedding legal help

The Head to Health model indicates that legal help can be provided in-house, through ‘in-reach’ models or through referrals. Given that 50% of referrals to legal assistance services don’t get followed up, 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 patient’s trust in the health practitioner, and the health practitioner’s trust in the legal practitioner, can help with the patient’s trust in the legal practitioner
- practitioners can time the provision of legal help and coordinate care, optimising the impact of both the health and legal services.¹¹

Investing in legal assistance and the capability to work together can help Adult Mental Health Centres address multiple, intersecting problems in people’s lives

The expansion of the Head to Health model to incorporate legal help provides a significant opportunity to realise the potential of collaborative partnerships. Investment in this partnership approach supports outcomes across health and legal need, improved wellbeing for consumers and improvements in the system as a whole.

Estimated investment for four years				\$15.8m
Activity	Outcome	Cost x 8	Cost x 16	Assumptions
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
Building collaboration capacity, capability	Improved system effectiveness through better use of services working together in response to complex needs	\$363,764	\$628,528	Working locally and nationally
Measurement and evaluation		\$179,324	\$358,648	Assumes 10% of budget
Total		\$1,972,564	\$3,945,128	

¹¹ Nagy and Forell, ‘Legal Help as Mental Healthcare’, 5.

3. Support Aboriginal and Torres Strait Islander community-led models of health justice partnership

Policy priority: Closing the gap

Health justice partnership reflects the longstanding recognition by Aboriginal and Torres Strait Islander people that there are multiple, intersecting factors that support or act as barriers to health and justice in their lives.

As Aboriginal and Torres Strait Islander communities have been doing for generations, they are leading in the development of models of health justice partnership that support their communities. Aboriginal community controlled health services are involved in 20 of the 109 health justice partnerships.¹²

Supporting the development of Aboriginal and Torres Strait Islander-led health justice partnership is a priority for Health Justice Australia. However, as a non-Indigenous organisation, our effectiveness here requires relationships with Aboriginal and Torres Strait Islander people, communities, researchers, knowledge leaders and community organisations. We work with the Aboriginal and Torres Strait Islander community controlled health and legal assistance services already engaged in our national network and with relevant peak bodies such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and the National Aboriginal and Torres Strait Islander Legal Services, to support Aboriginal and Torres Strait Islander community-led models of health justice partnership.

We endorse NACCHO's proposal for Australian Government support for a health justice partnership pilot over three sites, contained in their 2022–23 pre-Budget submission. NACCHO's proposal identifies Health Justice Australia as a partner in this work, building on our demonstrated record of building capability across the national network of health justice partnership in Australia. In this submission, we detail only the costs of our contribution to their proposal.

¹² Health Justice Australia, 'Health Justice Landscape: July 2021 Snapshot'.

Our work in support of Aboriginal and Torres Strait Islander-led health justice partnership would include:

- Supporting the network of Aboriginal and Torres Strait Islander practitioners and their services to share the lessons of what’s working, what’s not and what needs to change to best support their communities
- Identifying, collating and sharing the lessons of practitioners and services working through health justice partnership as part of shared measurement of outcomes and continuous service improvement
- Translating those lessons into resources that support new and evolving ways of community-led health justice partnership to meet the multiple, intersecting health and legal needs of Aboriginal and Torres Strait Islander people.

Estimated investment for three years			\$0.67m
Investment	Proposal	Spending commitment (pa)	Timeframe
Closing the gap	Support Aboriginal and Torres Strait Islander community-led models of health justice partnership	\$200,000 (FY2022) \$225,000 (FY2023) \$250,000 (FY2024)	3 years (to 2024)
Total		\$675,000	



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