

**Health
Justice
Australia**

Mapping a new path

Building health justice partnerships

**3 key lessons
from practitioners**

In 2017, Health Justice Australia surveyed practitioners working in health justice partnerships. Their insights pointed to three key areas to consider when creating and maintaining successful partnerships. Here, we share their responses about what worked well, as well as common challenges they faced.

Lesson 1

Building partnerships takes time and resources, but relationships and the opportunity to collaborate are worth it

From engaging potential partners and navigating new service systems, to formalising agreement between organisations, practitioners identified that **it takes time to build and sustain partnership**. Investment in collaboration included:

Time involved in identifying and developing relationships with key health partners.

– Legal partner, Aboriginal health service

Long lead times to implement the process and navigate ongoing large organisational processes.

– Legal partner, hospital setting

Practitioners also identified **the relationship between partners as key** to a well-functioning partnership. Relational elements of effective partnering included:

Enthusiasm of all staff involved in the project.

– Health partner, hospital setting

Establishing strong relationship with health partner.

– Health partner, community-based setting

Trusted relationships between the health and legal service providers. Honest and sometimes robust communication. Understanding of each other's roles and practices.

– Legal partner, community-based setting

Reflecting on what worked well in their partnership, practitioners commonly cited the importance of genuine **collaboration, cooperation, and the active contribution of each partner to the partnership**. Examples of these contributions included:

Collaborative approach in designing, implementing and evaluating the program throughout its development.

– Legal partner, community-based health setting

Having a dedicated [health service] employee responsible for the HJP and being an enthusiastic and supportive advocate of the HJP ...

– Legal partner, hospital setting

Lesson 2

It's important to build mechanisms to support shared ownership and buy-in for shared impact

Buy-in and collective ownership are important elements of any partnership. Both health and legal practitioners spoke about the need for **a genuine commitment to working collaboratively, backed by good leadership**. Although this was sometimes challenging, it was key to working well in partnership. Examples included:

Active partners who are keen and responsive to see the project a success. Can't over estimate the importance of 'partner buy-in'.

– Legal Partner, Aboriginal community-based health setting

Having a management committee with regular meetings.

– Legal partner, Aboriginal health service

[Internal policy department of health partner] championed the model from the start with all the executive and operational areas to ensure it was established, supported and sustained.

– Health partner, hospital setting

In establishing collaborative work practices, practitioners discussed **the importance of negotiating boundaries and expectations early**. Formalising partnerships through a memorandum of understanding (MOU) was a common or recommended, even if time-consuming, practice across the health justice landscape. Here are some examples of the work practices referred to:

Having a formal MOU between the partners to establish and implement the goals, procedures and policies of the HJP

– Legal partner, hospital setting

Communication has always been clear about the parameters of the service

– Health partner, hospital setting

Establish partnership agreement or memorandum of understanding with all partners at the outset of the program.

– Partnership, community-based health setting

Lesson 3

It helps when the legal partner is visible and accessible in the health setting

Practitioners spoke about the benefit of being visible when working within a partnership. This **visibility meant the legal partner was more likely to be considered a key member of the care team by the health partner.** Maintaining visibility involved a number of key elements, from ensuring there was allocated space and infrastructure for the legal practitioner, to the presence of the legal practitioner on site in the health setting, to the active participation of the legal practitioners in health partner meetings. What helped was:

...Constantly running training sessions on how the legal partner works, and how the health partner works, so that all staff at both partner services have a good understanding of how to work together.

– Legal partner, hospital setting

...identifying an appropriate physical space for HJP to be located within the hospital setting, ensuring appropriate oversight of referral process.

– Health partner, hospital

The willingness [of the health partner] to allow the lawyer to do information sessions

– Legal partner, hospital setting

Co-location of services, building rapport and trust.

– Health partner, community-based health setting

Visual awareness of patients of signs/posters etc alerting them to presence of legal advisors.

– Legal partner, community-based health setting

For further support in establishing a health justice partnership, contact Health Justice Australia.



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