



Building blocks

for health justice
partnership development

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Publisher

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Suggested citation

Turner, L. (2021) *Building blocks for health justice partnership development*, Health Justice Australia, Sydney

This resource was produced with the support of the Victorian Legal Services Board Grants Program.

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Acknowledgment

Over the past four years we have learnt a lot from supporting HJPs to scope, design and implement service models that reflect and address local need. We are being informed by what is working and what is challenging in different contexts and also draw on the research and practice evidence of global movements like collective impact, partnership brokerage and integrated care. We would like to pay special thanks to the Partnership Brokers Association for their contribution to the field of partnership building. Their guidance and resources have been instrumental in Health Justice Australia's work, including the development of this resource.

Introduction

Increasingly, health and social services are seeking to work together on the vexed and wicked problems they cannot address alone. Identifying the need to collaborate or work differently in response to those problems is an important first step, but where to from there?¹

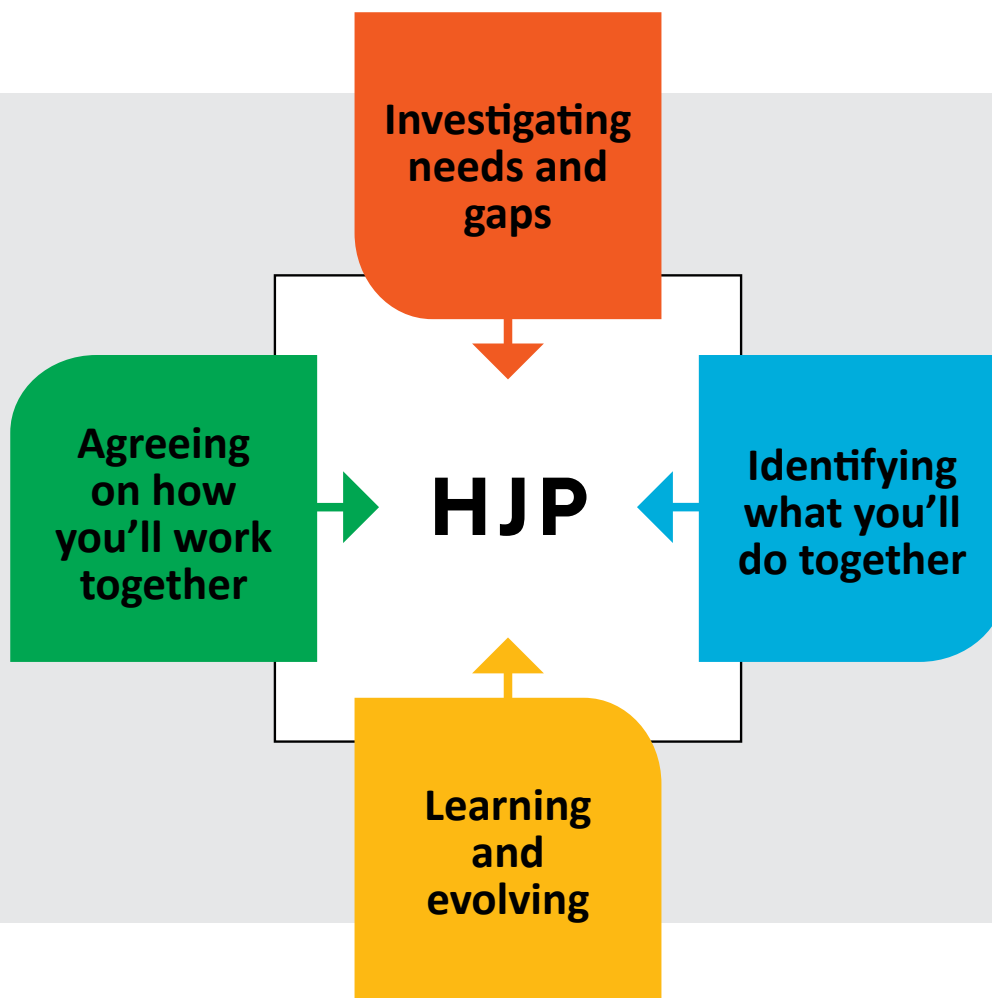
At Health Justice Australia a common question we encounter is, 'I want to start a health justice partnership (HJP), but where do I begin?' This resource is for anyone looking to start an HJP with strong foundations. It will also provide a handy reference point for those looking to troubleshoot different stages of HJP development and implementation.

Acknowledging that there are a range of ways partnerships can be built and managed over time, this resource aims to be descriptive rather than prescriptive in the development and implementation of HJPs. It breaks down four common areas of service design and implementation that, when taken together, can contribute to the development and maintenance of an HJP. We refer to these common areas as building blocks, and they include investigating needs and service gaps; exploring and reaching agreement on how the partners will work together; determining what the partners will do together; and learning from and evolving the HJP.

Services are encouraged to take the time to consider each of the building blocks contained in this resource and draw on the recommendations provided as a guide to developing and implementing an HJP that responds to their local conditions and needs.

¹ This resource assumes you have established that working in partnership is the appropriate response to the need and issues you have identified. If you alone have the tools, resources and capabilities to make a positive impact on the problem you've identified, then a partnership approach might not be needed. A partnership approach is typically an appropriate response when addressing complex problems that no one service can resolve alone; problems that require a collaborative effort and changes to the systems that surround them.

Four building blocks for developing and maintaining your HJP



As you work your way through this resource:

→ **Be adaptive**

It may be tempting to think about HJP development in a linear way, where there is a clear and prescriptive list of actions to achieve in set order, but partnership rarely works out that way. The dynamic nature of HJPs means they won't always start at the same building block. But effective partnerships will be driven by what's needed at a local level. For example, when determining what to do together some partnerships will realise they haven't adequately explored and need to revisit as a partnership the needs, service gaps and most appropriate ways to work together. Some processes and activities might only occur periodically throughout the life of your HJP (e.g. the establishment of a governance structure and formal reviews), and some will be ongoing (e.g. building and maintaining relationships).

→ **Pay attention to how you work together**

This is just as true for partnerships that commence due to a sudden sense of urgency or are prescribed to occur through a funding or other agreement. Building a shared understanding of how you'll work together to achieve shared goals – over and above what you'll do to achieve them – is an important step in laying the right foundations for an effective, purpose-driven partnership.

→ **Be realistic**

There is no set timeframe by which all of the building blocks and recommendations contained in this resource should be worked through. Determining how to partner and what to do together in an HJP can take several months, sometimes even more than a year. Be realistic within your partnership (and the individual partnering agencies) regarding what is achievable given your own context and resources.

→ **Don't let 'perfect' get in the way of 'good enough'**

Ultimately your partnership will be shaped by local need, context and available resources. Consider your partnership a tool to help partners achieve their own and shared or complementary goals; and add value to the partnering services, practitioners, and the people it is here to help. Make a start by drawing on the supports and resources available for building effective partnerships (including through Health Justice Australia) and be ready to learn and adapt as you go.

→ **Ask for help**

Sometimes external help can be useful when building, implementing and reviewing partnerships. Health Justice Australia can assist your HJP with implementing any and all aspects of this resource, as well as link you to other services and practitioners working towards similar goals as an additional source of support and guidance. [Get in touch](#) to find out more.



Building block:

Investigating needs and gaps

Summary tips:

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Articulate the need or problem you're looking to address and identify the service gaps that exist in responding to that need or problem.

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Build the relationships, networks and connections that can lead to the development of a more collaborative approach.

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Consider if and why partnering is the approach you should take.

Recommendations:

→ Identify the problem and where you fit in relation to it

A key rationale for partnering is to improve the capacity of your service to address the needs of your patients and clients. In order to do so it's important to get clear on the need or problem you are seeking to address, what role your service has in relation to it, and the gaps in local service infrastructure to address it. Think about what difference you're seeking to make to the need or problem, and what will tell you you've made or are on the way to making a difference to it. Document the need and gaps you identify. This can form a useful baseline against which to reflect upon and measure your achievements down the track, in terms of how your partnership has changed that baseline. Consider the baseline in terms of both your clients' needs and the capacity of your service to address those needs.

Needs assessment tools can help you identify the nature of health-harming legal need within your community's context and the service gaps related to that need. Health Justice Australia's theory of change for health justice partnership identifies a series of high-level outcomes and what resources, activities and outputs might be required to achieve them.

→ Create a map of local services and stakeholders

Make a list of the local services and stakeholders who are working to address, or have a potential role in addressing the need or service gap you've identified (this process is often referred to as 'stakeholder mapping'). Stakeholders might include community legal centres, your state/territory

legal aid commission, hospitals and community health services, Aboriginal Community Controlled Organisations, specialist services (e.g. family violence, sexual assault, disability, housing, alcohol and other drug, and mental health services), your primary health network, the local health district, local government services, existing interagency networks or partnerships, and community groups. You might also consider what role industry groups, research or academic institutions, philanthropy, and state and federal government play.

As part of your mapping activity you should also consider identifying if there are any other health justice services in your local area. The [report](#) from Health Justice Australia's 2018 census of the national health justice landscape captures the settings, partnering service types, target clients and issues addressed across the health justice landscape. You can also find a [list](#) of health justice services by state and territory on Health Justice Australia's website.

→ **Familiarise yourself with relevant evidence**

Before you set out on your HJP journey, consider why you and others might need to work collaboratively. Start thinking about the evidence supporting health justice partnership, and what this means for your local community. To get you on your way, Health Justice Australia has [synthesised both the access to justice and public health evidence](#) that supports a health justice partnership approach. Being equipped with the rationale for a different way of working will be helpful when it comes to networking and connecting with others with shared interests and objectives.

→ **Start networking**

Strengthening existing networks and referral pathways is a great place to start when looking to build a purpose driven HJP. Find out if local networks or communities of practice exist that relate to the need or problem you are trying to address; and if they do, consider joining them. As a starting point, ask your peers and colleagues what networks they know of. You might then consider contacting some of the services you've already mapped to enquire about the networks they're involved in.

→ **Build upon your networking efforts**

You may find that an interest to work more collaboratively will occur organically as a result of your networking efforts. If not, identify who among the services you've mapped or networked with has an immediate or active role in working to address the health justice need you've identified and shares similar motivation to work with others to achieve their goals. Aligned values don't always need to exist in effective partnerships, but they're helpful ingredients for HJPs.

If you don't already have them, form relationships with the services and stakeholders identified through your mapping and seek to understand the problem you've identified from their perspective. Ask them what the health-harming legal need you've identified looks like in their working context, and what have they tried in response to that need.

→ **Be strategic**

A useful strategy to adopt when seeking to build a mutually beneficial HJP is identifying the opportunities and incentives that might exist for stakeholders to address poor health and justice outcomes in partnership. Motivating factors might include things like alignment with the vision, mission and values of the service; policy directives; priorities in the organisation's strategic plan; and funding or accreditation requirements (for example, the requirement for comprehensive care under the National Safety and Quality Health Service Standards; or collaborative service planning as a key objective under the National Legal Assistance Partnership).

→ **Consider the difference between transactional and collaborative ways of working**

Think about working with others as actions, activities and processes that fall on a continuum. The further along the continuum you move, the more coordination and joint processes you see. At one end of that continuum are more transactional ways of interacting, which often involve low risk, low investment, and each stakeholder being accountable to themselves and their own organisation. Some more transactional ways of working across the health justice landscape include communities of practice; interagency networks; outreach clinics; colocated services; and interagency referral pathways. Towards the partnership and collaboration end of the continuum you'll start to see co-creation of service models, shared accountability and decision making, shared risks and benefits, and greater interdependence towards shared goals and outcomes.

→ **Explore what a more joined-up approach might look like and need**

If you've found alignment and interest in working better together with another service (or services), start exploring what a more joined up approach to addressing health-harming legal need might look like. Based on your experience and the buy-in of your potential partners you might be ready to explore a collaborative service model like HJP. But if you're not, it's ok to start by trialling a more transactional way of working together. You might look to foster a more connected and networked workforce, strengthen referral pathways between services, exchange training and professional development opportunities, or maybe even establish an outreach clinic. These activities can then be used as a stepping stone to build a more collaborative approach if that is required, like an HJP.

Practice snapshot:

Understanding the need and service gaps



Context:

- A community legal service was scoping needs and options for a new HJP within the family violence team of a community health service
- The community health service also had two other legal services providing regular outreach clinics

What helped the HJP invest in this process:

Going into the scoping, the legal service had a clear goal of providing more person-centred, responsive and timely legal care to all clients of the health service at risk of or experiencing family violence; care that would appropriately and compassionately respond to multiple and intersecting needs across mental health, alcohol and drug use, money issues and poverty, and interaction with the criminal justice system.

The health service had established family violence counselling, men's behaviour change and victim's assistance programs. They had been working with three legal services (including the one in this practice snapshot) on an outreach basis for some time and were keen to explore what a more collaborative approach might look like and provide their clients.

The legal partner's mindset was that they could not address the complexity of family violence-related legal need alone, and if all legal services worked together they could

offer the clients and patients of the health service a much more cohesive, holistic model of family violence care and support.

The legal partner had also recognised that their existing approach and practice wasn't achieving the outcomes they wanted, and had a readiness to challenge and change the aspects of their practice that weren't helping.

Through the scoping phase, all partners demonstrated open communication early and often.

What did it look like:

The legal service sought to understand the nature and extent of the need through the eyes of their partners through multiple phone and face-to-face meetings. In doing so, the health partner was given the opportunity to share their own perspective and frustrations on inaccessible and fragmented services, and the need for a more holistic and person-centred response for their clients (a simple but important step in building a mutually beneficial partnership). The legal partner was then able to consider this perspective with the data from their own legal needs analysis and take this to the other legal services for discussion.

Regular meetings between all potential partners ensued to explore the current legal service offerings in the health service; the nature and extent of the identified need from the perspective of each partner and what they were doing or could do in response; identification of some of the ways in which different partners could contribute to a more holistic family violence response; the strengths and challenges of current service approaches; and the readiness to adapt current services if doing so could lead to more efficient and effective support for people experiencing family violence.

Building block:

Agreeing on how you'll work together

Summary tips:

Explore and build the foundations that will enable your partnership to grow and thrive (the shared values and principles that will underpin your way of working together).

Start exploring each partner's expectations of the partnership, and what they might be able to contribute in order to achieve your goals.

Identify what's needed to move forward with a partnership (e.g. a documented agreement, infrastructure, specific resources and roles etc).

Keep in mind that it's okay to start small and build and develop your processes over time.

Recommendations:

→ Agree on how you'll work together

Building and maintaining effective health justice partnerships is as much about building good process and principles for how you'll work together as it is about delivering on your agreed activities. Common principles your partnership might strive for include:

- embracing and drawing on the diverse perspectives and ideas of each partner, rather than assuming different ideas and perspectives are insurmountable obstacles to an effective partnership
- building equity in contributions, accountability and decision making (you don't have to be making the same contributions, but what partners do contribute should be seen and valued by all partners)

- being open and transparent about the things that will have an impact on your ability to show up as a partner
- finding mutually beneficial ways of working together
- having the courage to try new things, and a willingness to fail and learn, in order to achieve greater impact.²

→ **Explore expectations**

Explore each partner's expectations and motivations for working in partnership. Helpful topics to explore and document here include:

- what drives, motivates and interests each partner to work together
- identifying and confirming alignment in the reasons for partnering
- how you'll work through expectations that are not realistic or aligned
- finding a shared vision and goals for working together
- the resources and contributions each partner can make and/or bring, and what they expect from other partners
- what additional resources and contributions might be needed to build the HJP.

Resources and contributions for HJPs can include the people, teams, infrastructure, equipment, knowledge, skills, services, networks and existing organisational processes that can support and enable a partnership.

→ **Reach agreement**

You don't always need a formal agreement to proceed with a partnership. Many successful partnership approaches start with a hunch and a few small collaborative activities that can be trialled and refined over time. However, some HJPs will require a formal agreement or MOU to be signed before services can commence. Whether you document a formal agreement or not, there are a few key questions that might help you and your potential partners identify whether you're ready to work together:

- Is there enough support and alignment within your own organisation/service to partner with another?

² Based on the principles of diversity, equity, openness, mutual benefit and courage recommended by the Partnership Brokers Association for effective partnering.

- What do each of the partners hope to achieve by coming together; and what hopes do you share for your clients, your staff, your community and others ([Health Justice Australia's guide on defining shared outcomes](#) may help you here). Is there enough alignment in these hopes?
- If any of your motivations to partner differ, can you move beyond this in order to work towards a shared vision?
- At a high level, are your ideas about what success looks like aligned? Referring back to the need you've identified and the difference you seek to make to that need may help here.
- Have you mapped and agreed upon what each of the partners will contribute to the partnership? Are these contributions valued by all partners?
- Do you have the resources, skills and capacity needed to achieve your identified goals? If not, you may decide to look for more resources to achieve what you want to, or perhaps modify your goals to better fit your current resources – it's okay to start small.
- Is each partner ready enough to commit to building a partnership based on your answers to the above?

If partners are ready enough to commit to partnering and would like to negotiate an MOU or agreement to underpin the partnership, Health Justice Australia has produced an [MOU Resource Kit](#) that can be used and adapted to fit your context. The resource is based on exemplar clauses from the MOUs of services across the Australian health justice landscape.

→ **Engage in process-based development**

After reaching agreement, a common trap HJPs can fall into is assuming the partnership will manage itself, especially as the focus shifts towards service delivery and other activity-based output. The processes, infrastructure and relationships you build as a partnership will be what enable the activities you agree upon to thrive.

→ **Periodically revisit the foundations**

Continue to reflect on the extent to which the principles or values you agreed would underpin your partnership are still appropriate; and what needs to happen to make sure these are embedded into how you work together. An example of how you might operationalise your values

and principles is having a quick values-check at the start of your partnership meetings, where each partner reflects where they're seeing your values in action; and where they think drawing on the values might be useful or needed.

→ **Establish communication processes**

Good communication is one of the hallmarks of an effective partnership. Come together as a partnership to explore what communication processes will be needed to assist in your HJP's overall efficiency and effectiveness. Areas that might require an agreed communication process include:

- identifying the who, what, when, why and how of communication (from general correspondence across the partnership, to troubleshooting, to informal interactions, to sign off and decision-making procedures)
- agreeing on how often/under what circumstances key practitioners across the partnership might come together to troubleshoot and discuss its day-to-day operations
- agreeing on how you'll navigate – and make good use of – disagreement or different views and perspectives across the partnership.

→ **Establish good governance, accountability and decision making**

A fit-for-purpose governance structure is a great tool for building and maintaining accountable HJPs. This might be a committee made up of relevant decision makers and clinicians from across the partnership. You might also decide to form different groups for different purposes. The important thing here is to build a partnership accountability mechanism that will support participation and engagement by all partners, efficient and effective decision making, partnership maintenance, and the periodic review of how the partnership approach is helping to achieve shared goals and desired outcomes.

→ **Revisit your expectations**

Revisit the expectations you explored when building the foundations of your partnership. Assess the extent to which they are still relevant and if any other expectations have emerged. Make a commitment to periodically revisiting, reality-checking and revising expectations throughout the life of your partnership to make sure your approach is beneficial and adding value for all partners, and, ultimately, the people it is here to help.

→ **Manage change**

All HJPs will be faced with change during their life course, so it makes good sense to plan for and mitigate against the impacts of internal and external change. Your HJP might consider working on its own partnership change strategy. The intent of a partnership change strategy is to reach agreement across the partnership about how it will manage change. You can use the key questions highlighted in Health Justice Australia's [change strategy template](#) to prompt discussion across your HJP and support you through change. Common times of change for HJPs include:

- when they're ready to translate their work into another service or setting (for example, taking what is being learnt from the current HJP to inform the scoping and building of a partnership in another setting)
- when there is a desire to innovate or try something new (for example, when new activities are desired by one or more partners or there is an increase in the partnership's funding)
- when deeper or a different kind of organisational engagement is needed (for example, when the partnership is faced with the loss of key personnel)
- when the partnership is ready to wind up or scale back (for example, when the partnership is no longer the best mechanism to achieved desired goals; or when changes in the policy or funding environment, or the priorities of the partnering services mean the current way of working cannot be sustained).

→ **Invest in the right capabilities**

In addition to discipline-specific capability, consider what might be needed to strengthen and optimise your partnering. Just some of the service and practitioner capabilities that might help include: flexibility and agility; adaptive leadership; negotiation; empathy; collaborative governance; an ability to understand and disrupt power in self and across the partnership; the readiness to challenge, and sometimes let go of practices that no longer serve your goals; active listening; emotional literacy and self-awareness; understanding group dynamics; systems thinking; and change management and resilience.

Practice snapshot:

Investment in the partnership's foundations



Context:

- **Newly formed family violence HJP between a community legal centre and allied health services of a major tertiary health service (across multiple hospital and outpatient settings)**
- **Both partners were involved in funding procurement**
- **Service provision was yet to commence at the time of this activity**

What helped the HJP invest in this process:

There had been a long-term investment (12+ months) in building practitioner and executive relationships between the health and legal services before an agreement was reached to form an HJP.

The HJP was fortunate to have a committed and driven champion of the HJP model within the health service's leadership team, who continued to keep the partnership on their radar while relationships were being established. This enthusiasm soon grew to a member of the health service's executive team.

The partners demonstrated a partnering mindset from the get-go and knew that valuing and investing in building the right foundations would help build the partnership they wanted. The health and legal partner had been working on building trusting and transparent relationships for a number of years before agreeing to start an HJP. The legal partner had

a long history in building and maintaining effective partnerships and was well-versed in navigating important partnership principles like sharing power and accountability; and co-creating service models that meet the needs and interests of all partners.

What did it look like:

Prior to commencing the service, the partners engaged Health Justice Australia to facilitate a workshop designed to bring together key players across the partnership to agree on how they would work together. During the workshop the partners:

- worked to build a shared understanding of what they meant by partnership
- workshopped and reached agreement on the principles that would underpin how they worked together (equity in contributions, celebrating diverse perspectives and roles, open and transparent communication, and courage to try new things and be uncomfortable)
- explored the drivers, interests and expectations of all partners, and reality-checked and offered alternatives when expectations could not be met
- planned for a collaborative governance structure
- reached agreed priorities and actions for the proceeding six month period.

Soon after the workshop, a partnership manager was jointly recruited to oversee the HJP's design and implementation (a former employee of the health service who would now be employed by the legal service). The members of the governance structure then came back together to jointly build the HJP's program logic model, including reaching agreement on its activities.

Building block:

Identifying what you'll do together

Summary tips:

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Agree upon and start developing the activities that will help you achieve your goals.

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Co-create the processes that will enable your shared activities to occur.

Recommendations:

→ Agree upon and start developing shared activity

While each partnership is different, the following pages contain a range of common health justice activities enabled by a partnership approach. These activities will look different, depending on the local context, setting, need and resources of each HJP. Take time in your HJP to discuss the extent to which the activities might help achieve your goals; and what might be missing that you can look to build into your own context.



Common activities across the health justice landscape



Embedded legal help into the healthcare team

Why this activity?

- To better reach and assist those disproportionately burdened with legal need, but less likely to seek help directly from lawyers at all or in a timely way.
- To reach people at a time and place that legal help is beneficial.
- When people do seek help, they are more likely to consult a non-legal advisor, including a health professional, than a lawyer.

If this activity, then discuss...

- What legal issues will the partnership be able to address, i.e. if the legal service only works on civil law matters, it is helpful for them to explain what this means and why.
- What type of legal help will be available for different issues (e.g. advice, legal tasks, representation).
- Will legal help be provided onsite or by referral.
- What external referral pathways and networks might be needed to address legal problems not covered by the HJP, i.e. when a legal problem requires expertise beyond that of the existing legal staff.



Referral pathways

Why this activity?

- To create streamlined, accessible service pathways.
- To reduce 'missed opportunities' for appropriate client/patient support and assistance.
- To reduce the risk of a 'referral roundabout' by supporting appropriate referrals to the lawyer.

If this activity, then discuss...

- Who the lawyer/s will be working directly with (e.g. specific teams within the health service or the health service as a whole).
- How legal problems will be identified in the HJP, for instance through the use of agreed upon issue spotting questions by certain teams in the health setting.
- What training might be required to identify and respond to unmet legal need.
- Building a fit-for-purpose process for referral (some HJPs have a dedicated HJP email account or phone number, while others make use of referral forms).
- What's required of referrals back into the health service or team.



Interdisciplinary training

Why this activity?

- To build the capability (skills, knowledge, confidence, enthusiasm) of practitioners to identify health harming legal needs and link patients with appropriate help.
- To build relationships and trust between partnering practitioners.
- To provide induction and orientation to a new service environment.

If this activity, then discuss...

- The range of ways in which training can occur, from dedicated workshops, to team meetings, to opportunistic discussions with colleagues in lunchrooms.
- How you'll record your training activity, including observed changes to practitioner behavior as a result of training.
- How you might utilise existing learning management and communication systems within the host service, including integrating your training content into those systems.



Secondary consultation³

Why this activity?

- Increased ability of health practitioners to identify unmet legal needs in their patients/clients.
- Increased ability of health practitioners to more efficiently identify and respond to legal issues affecting patient/client health.
- Increased ability of lawyers and the legal workforce to understand and consider the implications of health problems on their clients.
- Increased ability to reach and provide appropriate information to people not yet ready to speak directly with a lawyer.

If this activity, then discuss...

- The value-add your HJP might see as a result of secondary consultation (as an activity that sets it apart from more transactional ways of working).
- How your HJP will document and report on its secondary consultation activity.
- The scope of secondary consultation each partner is able to provide (for example, a legal service might limit the scope of secondary consultation to provision of 'information' about mutual clients' legal issues rather than 'legal advice', which is provided directly to a client).
- What information/training is required to do this well.

³ Secondary consultation in health justice partnership is an information-sharing activity where a practitioner shares their expertise with a partnering practitioner, with the purpose of helping to directly support service users.



Care coordination⁴

Why this activity?

- To provide wrap-around, timely and appropriate care and support to people experiencing multiple, intersecting and compounding health, social and legal issues.
- To diversify the tools with which health services assess, support and treat people accessing healthcare who are experiencing underlying legal or social problems.

If this activity, then discuss...

- The value-add your HJP might see as a result of the collaborative activity of care coordination (as another activity that sets it apart from more transactional ways of working).
- The scope of team-based, coordinated care in your partnership, including deciding which clients or in what circumstances care coordination is desired (different HJPs will have different appetites for risk when it comes to care coordination and the sharing of client/patient information).
- What training, information and support might be needed to enable care coordination activity in your HJP.
- If Health Justice Australia's *Information Sharing Toolkit for HJPs* can support you in having conversations about information sharing in your HJP.

⁴ The capacity to coordinate legal assistance with the healthcare provided to a patient/client.



Policy, advocacy and systemic change

Why this activity?

- To advocate for and making changes to the policies and systems that are holding health inequity and injustice in place for the clients and patients of HJPs.

If this activity, then discuss...

- How you'll make decisions about and learn from any changes to organisational processes, policies and procedures that are required to enable the collaborative efforts of the HJP to occur (given HJP is a great example of local systems change).
- The system and policy issues that are acting as a barrier to health equity and justice for the people the HJP is here to help.
- How you might share with Health Justice Australia any system or policy change your HJP is unable to advocate for in order to inform the national centre's policy agenda.



Learning and evaluation

Why this activity?

- To ask and answer questions about what you are doing and whether it's worthwhile.
- To assess if a program made a difference.
- To inform decisions about continuing, expanding, scaling back, or trying something new.
- To learn about and improve:
 - how the HJP works and the difference made
 - barriers and constraints to inform change
 - value/worth.
- To share knowledge and build the evidence base.
- To satisfy the HJP funding body/ obtain funding.

If this activity, then discuss...

- How you will: monitor activity and progress; identify if you are achieving the outcomes you have agreed upon; and what data or information you will need to assess this.
- How to use the information you collected when identifying needs and service gaps as your baseline for comparison. Some of the data and information required will already be captured through your and/or your partner's existing reporting requirements (for example, number and profile of clients seen and the types of services provided to those clients), while other areas might require new information and data to be recorded (for example, how many referrals are made between you and your partner, changes to practitioner capability or measures related to client outcomes as a result of the services you are providing).

Continued...

- What relevant data each partner holds and if and how any data may be shared. Consider any ethics approval and consent requirements that may be required before data can be gathered, shared and/or used.
- If additional data are required, discuss the systems that need to be in place to collect, hold and retrieve that data; as well as the processes and responsibilities around this. Health Justice Australia has a range of resources that can help you understand the possible value of health justice partnership and existing evidence and evaluations; and how to define shared outcomes. Visit our [website](#) to find out more.

Building block:

Learning and evolving

Summary tips:

Invest in learning from your HJP and revise your approach as needed.

Consider how you might communicate and apply the lessons of your HJP work to other settings, services and systems.

Recommendations:

→ Have an eye to outcomes while also valuing and learning from process

When you identified a need to partner and started developing your service model you will have considered what you hoped to achieve by coming together (your desired goals) and what success would look like (your desired outcomes). Health Justice Australia has created [a suite of resources](#) dedicated to HJP outcomes. We are identifying and testing metrics for commonly identified HJP outcomes. These metrics can be used to help you identify the difference that your HJP is making.

Be realistic about the timeframe for achieving some outcomes. In the shorter-term, paying attention to the effectiveness or otherwise of your processes can provide an excellent measure of progress, as can organisational outcomes such as increased practitioner capability. Also be realistic about the differences you expect to see as a result of working in partnership (for clients, partnering organisations and for practitioners). Think about whether you are capturing the contribution of one or both partners, and what else may be influencing the results you see. One way to be more sure about the influence of your activity is to have a point of comparison (for example, uptake of referrals via warm versus cold referral; or increased confidence of practitioners to identify unmet health or legal need before and after training or a period of secondary consultation).

→ **Reflect on your approach**

While a formal evaluation may happen later in your HJP's implementation, reflecting on your HJP's processes can happen early and in an ongoing way. Reflecting on your HJP's processes will involve looking at how the partnership is functioning and the ways in which your partnering approach is contributing to the differences you are seeing. Adopting a participatory approach that enables all partners' reflections and observations to be heard and valued is a great way to build buy-in and commitment to your model. Health Justice Australia has developed [a dialogue tool](#) to guide HJPs when reviewing how the partnership is functioning.

→ **Be open to change**

Be open to revising the partnership based on what is uncovered during your reflective process (including amendments to the MOU or other underpinning agreement). If your reflective process identifies the partnership in its current form is no longer the tool to reach your shared goals, use this time to revisit, review and implement your partnership's change strategy.

→ **Use and share what you learn**

Document, learn from, celebrate and share your HJP's challenges and successes. At Health Justice Australia we value learning from our work just as much as our outcomes and impact and encourage HJPs to do the same. Your lessons can directly contribute to the growth and evolution of the HJP movement and practice globally. Health Justice Australia can help share the lessons of your practice with our national network of HJPs through blogs, resources and events.

[Get in touch](#) to find out more.

Practice snapshot:

Reviewing and revising the partnership



Context:

- Long-standing HJP between a community health service and legal aid commission
- Evaluation of the HJP pointed to opportunities for refinement and further development

What helped the HJP invest in this process:

This longstanding HJP had the foundations of strong relationships across the partnership, particularly at a leadership level. These relationships meant there was a willingness from all partners to have open (and potentially hard) conversations about what was and was not working in the HJP's implementation.

One risk that had been identified by the legal service was the reliance the partnership had on one practitioner carrying the partnership; and if that practitioner moved on, the corporate knowledge and relationships that would go with them.

What did it look like:

Health Justice Australia was engaged to facilitate a partnership health check process with the HJP. This process involved one-on-one interviews with key stakeholders across the partnership followed by a planning workshop.

The planning workshop provided the partnership with a summary of the interview findings and an opportunity to co-create a plan of action for the next six months.

The opportunities that emerged from the interviews included:

- building greater clarity about the roles of each partner and the scope of the HJP's practice
- strengthening accountability and decision making processes across the partnership through a two-tiered collaborative governance model (an operational management tier for day-to-day oversight and implementation, and a tier focussed on strategic collaborative planning made up of members of executive management)
- and building the processes that would enable the partnership to grow and evolve, including a focus on how partners communicate (across the partnership and within each of the partnering agencies).

We hope that the principles and recommendations contained in this resource provide you and your partners with the signposts you need to navigate complexity and work towards meaningful, purpose-driven health justice partnership. Remember, there's no such thing as a 'best practice' partnership. What you're aiming for in this work is for your model to be fit for purpose in your local context and good enough to achieve the shared goals of all partners; to add value to local service infrastructure, practitioner capability and, ultimately, the health and justice outcomes of the people you are seeking the help.



About Health Justice Australia

Health Justice Australia is a national charity and centre of excellence for health justice partnership. Health Justice Australia supports the expansion and effectiveness of health justice partnerships and works to change service systems to improve health and justice outcomes through:

Knowledge: Developing and translating knowledge that is valued by practitioners, researchers, policy-makers and funders

Practice: Building the capability of health, legal and other practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships

Policy advocacy: Working to reform policy settings, service design and funding, informed by the experience of people coming through health justice partnerships, and their practitioners.

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Health Justice Australia can provide bespoke coaching, workshops and technical assistance to health justice partnerships at all stages of their development, including advice on where to begin when scoping needs and options, how to build the foundations for a healthy partnership, activity troubleshooting, checking the health of your partnership's approach, or evaluating your partnership.

To find out more about how Health Justice Australia can help you through tailored support and coaching, contact healthjustice@healthjustice.org.au.

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