

Collaboration through the Covid19 crisis

**Key lessons
from health
justice
partnership**

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About 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

Author

Tessa Boyd-Caine, CEO, Health Justice Australia

Publisher

Health Justice Australia
Level 5, 175 Liverpool St Sydney NSW 2000 Australia
Phone: +61 2 8599 2183
Email: healthjustice@healthjustice.org.au
Website: healthjustice.org.au

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Introduction

The year 2020 will go down in history as one of the toughest. In Australia, it began under a cloud of smoke from a horrendous bushfire season, during which 34 lives were lost, more than 3500 homes destroyed and 18 million hectares burned. Then, as the nation began surveying the aftermath of this destruction, Covid19 swept the globe.

Both were crises that affected people's health, financial security and wellbeing. But for some, these effects were exacerbated by existing, underlying need. People who were already disadvantaged by insecure or overcrowded housing, by precarious employment, by exposure to stigma and discrimination, or who were unsafe in their own homes were hit hard by the health as well as the social and economic impacts of the pandemic.

2020 highlighted the deep, structural inequities that drive complex need and shape people's experience of and resilience to crisis. It also shone a spotlight on the failings of service systems that operate from a single vantage point, such as the health or legal systems, when the reality for many people is that they experience multiple, intersecting problems concurrently.

More than ever before, the crises of this period demonstrated the importance of health, legal and other human services working together to collaborate around the needs of the people and communities they serve.

Health justice partnership demonstrates how services did exactly that.

When the pandemic hit, health settings, which are a common port of call for help in relation to family violence, began to close or reduce accessibility¹. Added to the barriers facing clients reaching out, alarm grew at the reduction of help-seeking by women and children at risk of or experiencing family violence. In response, service-led innovation became essential in meeting these needs in a rapidly changing environment. Born of necessity, much of this innovation drew on technological solutions, including webchat and mobile phone numbers for helplines. But it also relied upon the tenacity of practitioners to identify new and

Health justice partnerships embed legal help into healthcare 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.**

safe ways of responding to high-level need among the communities they serve.

Another group of people experiencing complex need during the pandemic were people vulnerable to chronic or mental illness. Evidence began to point to the possibility that people were delaying seeking medical attention due to the pandemic². From their experience of responding to complex health and legal need, health justice partnership practitioners expressed concern about people living with chronic illness or mental ill-health who might be isolating themselves from key services to avoid Covid19 infection, cutting themselves off from important supports for their health and welfare in doing so. A number of health justice partnerships reported outreach and follow-up by one or other of the service partners to these shared clients, providing important avenues to monitor those most at risk of loneliness, isolation and underlying health conditions.

Working through partnership in this way demonstrated an efficient and effective approach to monitoring the welfare of priority patients or clients, while services

1 Forell, S & Nagy, M (2021 forthcoming) 'Health justice partnership as a response to family and domestic violence', Health Justice Australia.

2 Kam et al (2020) 'Fewer presentations to metropolitan emergency departments during the COVID-19 pandemic', Medical Journal of Australia; vol 213 no 8, pp 370-371.

were themselves adapting to the conditions of the pandemic. However there was also a downside for these partnerships: where there was a drop-off in numbers of people accessing health services, that had a flow on effect in terms of reduced access to legal help too.

The lessons learned from health and legal assistance services through these successive crises reveal much about what worked, what did not, and how we can build back better to improve service and systemic responses to complex need.

Key lessons

1. Despite serious impacts on health and legal practitioner wellbeing, health justice partnership has helped health and legal assistance services to identify and respond to rapidly changing needs among the communities they serve through the successive crises of bushfire and pandemic.
2. The capability of services to respond rapidly to changing need in the community was not always matched by government, even when government's ability to work at scale was critical.
3. To improve government responsiveness and community resilience during crisis, we need effective processes that identify and share lessons about what problems are emerging within communities and how best to respond to them by health, legal assistance and other service systems.

Data collection

As the pandemic and its consequent new working environment continue, it has become all the more important to share the lessons of changing community need and service responses within and across sectors. The lessons from service innovation through this period that are shared in this report were collected across a range of activities facilitated by Health Justice Australia throughout 2020 including:

- regular health justice partnership practitioner network meetings and engagement
- our survey and report 'Health justice partnership in the time of COVID: What's happening on the ground COVID-19'
- a health justice partnership CEO Roundtable
- advice provided through the Covid19 Legal Assistance Working Group.

Insights are drawn from health justice partnership practice and the work of health and legal assistance services more broadly.

Key lessons

Key lesson 1: Despite serious impacts on practitioner wellbeing, health justice partnership has helped health and legal assistance services to identify and respond to rapidly changing needs among the communities they serve through the successive crises of bushfire and pandemic.

Health and legal assistance services that are trusted by the communities they support play an essential role in identifying and responding to the rapidly changing needs of those communities.

In normal times, more than one-fifth of people in Australia experience three or more legal problems in a given year, yet nearly one in five of those people take no action for these problems³. During the pandemic and its consequent shutdowns, legal assistance practitioners were not deemed to be essential workers under the special arrangements implemented, creating a further barrier to accessing legal help for many people who needed it. Yet through health justice partnership, many people have continued to access legal help through the healthcare settings they know and trust, even if that legal help was provided remotely (for instance by phone or videolink)⁴.

Health justice partnerships continued to support access to legal help for people struggling to avoid crisis due to issues including inadequacy of income, fairness of employment and people's safety at home; all issues that

emerged from the impact of bushfire and pandemic.

While the evolving technological capability of health services was celebrated⁵, non-health services were adapting in similar ways, bringing forward technology plans for webchat and other online functions to provide new ways for people to seek help remotely.

One family violence legal service converted its phone number from a landline to a mobile, producing an almost-immediate response from clients who began making contact out of normal working hours.

Another service brought forward its plans for online engagement, enabling women stuck at home with violent perpetrators to receive help through webchat functions outside of regular office hours.

This innovation was enabled even while health, legal assistance and other practitioners were grappling with the impacts of the pandemic on their own health and wellbeing. The loss of workplace processes to debrief with colleagues was an unintended consequence of working remotely for people in already-stressful jobs.

'In the beginning I was excited to [work from home] but soon the novelty wore off and reality hit. There was the onslaught of emails and I quickly became overwhelmed trying to keep up. Email fatigue was a very real thing! ... Most of us carry two personas, particularly in the legal realm. One of the professional and the other as mother/wife/partner/friend/sister etc.'

Senior executive, community legal assistance service

³ Health Justice Australia (2018) 'The rationale for health justice partnership: Why service collaborations make sense'.

⁴ Health Justice Australia (2018) 'The rationale for health justice partnership: Why service collaborations make sense'.

⁵ Australian Healthcare and Hospitals Association (2020), 'The effective and sustainable adoption of virtual health care'.

Key lesson 2: The capability of services to respond rapidly to changing need in the community is not always matched by government, even when government's ability to work at scale is critical.

Health, legal assistance and other services on the ground were well-placed to identify problems as they emerged and find solutions that would work in this unprecedented environment. Emerging problems ranged from the sharing of patient information between agencies to ensure that Covid-positive patients received the healthcare they needed; to accessing pharmaceuticals during periods of lockdown.

Systems are completely fragmented.

Staff at one healthcare service encountered great difficulty following up Covid-positive tests within the community they served. Ordinarily, a healthcare provider would ask for a test and get the results back directly. But in the rush to set up Covid19 testing, there was no 'clinical commissioner' authorised to receive the test results. This meant that healthcare professionals could not access the information they needed to identify and provide care to patients who were Covid-positive in the community.

The ability of government to respond to rapidly changing needs on a statewide or national scale was undermined by poor capacity, including a lack of staff to provide advice on key issues as they emerged.

One service working with people affected by alcohol and other drug addictions described how, overnight, they faced a dire situation for clients on methadone programs when their city went into a Covid19 shutdown. Methadone treatment is covered by strict guidelines directing that prescriptions need to be given in hard copy to a pharmacist; they can't be faxed. There are also rules about 'take-aways' to manage the quantities of methadone that people have access to. When someone starts on a methadone program, they are required to visit their pharmacist on a daily basis. This gradually reduces over time as they are able to take treatments home to last days and then weeks.

When their city went into lockdown, this service wanted to fax scripts for clients who were known and trusted in order to reduce travel and therefore risk to clients, staff and pharmacists; and to extend the provision for take-aways, also to reduce the risk of travel to clients and pharmacists. Yet there was no clear policy process within government to enable or authorise this crisis response.

'We had to change standard practice and wait for policy to catch up. We tried everything we could (phone/fax/email) to get advice, but simply had to act because people needed medication support and were at risk of infection. These pre-emptive measures were outside of the government's guidelines, but we'd been forced into a corner [by the pandemic] ... We told the authorities what we were doing but received no guidance about how to proceed ... [The problem was] the inability [of the government] to respond in policy terms in real time. ... There was no notification that they were working on this; nor any indication of a timeframe within which we could anticipate a decision.'

Senior executive, alcohol and other drugs service

Prior to Covid19, doing this would have led to an inquiry and potentially penalties but this was an unprecedented situation. The service tried to contact the relevant government department to seek advice but could not raise anyone via phone, fax or email to discuss this situation. They ended up putting advice to the department in writing, endorsed by the doctors who deemed these actions essential for infection control and minimising risk and harm.

Government approaches created barriers for health and legal assistance services in other ways too. Health justice partners talked about the challenge of meeting people's health and social needs when security and compliance dominated government-led public health measures, such as the mid-year lockdown of public housing towers in Melbourne. Inconsistent decisions about when tower residents could access healthcare and other necessary services compounded these barriers.

Sometimes they would and sometimes they wouldn't.

A health executive told of the challenge their service had faced with the authorities during the Melbourne lockdown of the public housing high rise towers. The ability to get medical staff into the towers was extraordinarily difficult, with day-by-day variability as to when staff would be allowed in to deliver medications or other healthcare.

Meanwhile in cross-border communities, people living with multiple and intersecting needs encountered challenges that had the potential for huge impact on their health and wellbeing. Lawyers working in health justice partnership reported immediate impacts on separated parents who were not seeing their children because of the difficulties of moving across the border or needing to apply for a permit to enact their normal

parenting arrangements. The ongoing impact on people in bushfire-affected areas was compounded by not being able to access services across the border; and by bushfire 'hub' workers not being able to visit bushfire-affected areas because they were outside the specified border zone. Across the NSW-Victorian border there were concerns that people experiencing family violence and who had fled, for their safety, beyond a border zone could potentially find themselves needing to go to Melbourne to fly to Sydney and then self-isolate for 14 days before returning home.

Key lesson 3: To improve government responsiveness and community resilience during crisis, we need effective processes that identify and share lessons about what problems are emerging within communities and how best to respond to them by health, legal assistance and other service systems.

Short-term funding and impact measurement have masked the inadequacy of community infrastructure and undermined community preparedness for crises like those experienced in 2020. For many communities and the services working with them, there was little opportunity to communicate directly to government and other decision-makers about emerging problems and how best to solve them. Where conduits did exist, they were insufficient for the scale and scope of need.

The lack of mechanisms to communicate direct impacts and solutions to emerging problems during the 2019-20 summer's bushfires has continued to hamper advice and decision-making processes through the pandemic. The cost of these failures is evident in the crises that have been brought on or prolonged in the lives of people living with multiple and intersecting health, legal and other needs, such as those experiencing family violence or living with chronic illness. Ineffective communication and decision-making processes have also had disproportionate effects, for instance in regional hubs and border communities, further undermining the resilience of communities as they struggle to respond to the successive crises of 2020.

The strength of community infrastructure can make or break how a community fares during crisis and its

aftermath. Community infrastructure extends from the trusted relationships between decision-makers and the people affected by their decisions, to the health, legal and other services that help people with their problems on a daily basis. Yet short-term cycles that prioritise political opportunity over long-term resilience have missed opportunities to invest adequately in these forms of community infrastructure and masked their absence. Investing adequately in community-level infrastructure such as effective conduits for information and decision-making would make a key contribution to improving resilience to crisis; while also supporting health, social and economic impact over time.

If we want to build back better, we need to learn what worked, what did not, what needs to change and how best to change it. We need to hear from diverse perspectives including those of communities effected and the services that support them. We need to reshape health and legal service systems, putting the communities these services support at their centre to respond better to the complex, intersecting health and legal problems that hold people in disadvantage. And we need responsive mechanisms to ensure reliable, relevant information that supports accountable decision-making by government, philanthropy and others.

P +61 2 8599 2183
E healthjustice@healthjustice.org.au
W www.healthjustice.org.au

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