Consultation on the Second Action Plan (National Plan to End Violence against Women and Children 2022–2032)

6 August 2026

Health justice partnerships

Health justice partnerships 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:

- Advocating for public housing tenants needing repairs to address untreated mould, or having handrails and other aids installed to continue living independently in their own homes;
- Assisting people with accumulated fines or debt that cause stress or act as a barrier to meeting health costs like filling prescriptions; and
- Advising on wills, powers of attorney and custody – the legal needs that can present at the most unexpected times, like following a diagnosis of serious illness.

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 the national organisation for health justice partnership approaches, supporting stronger collaboration across health, legal and social services to improve health, justice and wellbeing outcomes. We connect evidence, practice and policy to strengthen partnerships and help services work better together through:

- Knowledge and evidence translation: translating evidence into practical resources that support practitioners, policymakers, service leaders and funders to help turn evidence into action.
- Building workforce capability: supporting practitioners and services to work collaboratively through shared learning and partnership development skills, strengthening capability across sectors.
- 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 that strengthens collaboration and improves outcomes.

Our goal is to help services work better together, so people and families receive the support they need earlier, more easily and through services they already trust.

Introduction

Health Justice Australia (HJA) welcomes the opportunity to provide this submission to inform the development of the Second Action Plan under the *National Plan to End Violence Against Women and Children 2022-2032*. Our submission builds on our participation in the Second Action Plan sector roundtables,[1] with a specific focus on Priority Area 5, System Integration and Workforce.

The Second Action Plan consultations have elicited a strong and consistent call for services to work together more effectively. This need for system and workforce integration is a common thread across government reforms in multiple portfolios.[2] It demonstrates a collective acceptance that improving health, wellbeing and safety in our communities requires fundamental changes to how service systems work together.

While there is strong commitment to system and workforce integration to improve outcomes, the realities of implementation are complex, and successful integration can be difficult to achieve in practice. **The immediate priority for the Second Action Plan is to understand what is needed to enable effective cross-sector integration and to invest in the infrastructure that builds and sustains system-wide capability for integrated service delivery.**

For a decade, HJA has worked to support and capture insights from cross-sector service integration. Our practice-based evidence from health justice partnership (HJP) provides valuable lessons into how services and practitioners from different sectors collaborate, the impact of this way of working for systems, workforce and individuals, and the practical challenges in delivering effective integrated responses.[3] Through HJP, practitioners from diverse professions are already adapting and collaboratively problem solving to address a diversity of issues arising for individuals and families in response to family, domestic and sexual violence (FDSV). From this evidence, we can provide insights into the conditions that enable cross-sector integration in a range of settings, and the practical tools, training, knowledge and relationships needed to implement and maintain effective integration.

The implementation of the Second Action Plan is a critical opportunity to provide sustainable investment in proven integrated service delivery approaches, such as HJP, *as well as* the system capability that is required to achieve broader effective service and workforce integration. Both elements – the scaling of existing effective integrated service approaches and the establishment of a national infrastructure which supports effective integration – are needed to improve the safety and wellbeing of victim-survivors of FDSV, including children.

Recommendations

1. Commit to long-term investment of HJP to support the expansion and sustainability of this cross-sector service intervention for individuals and families at risk of, or experiencing, FDSV.
2. Recognise legal assistance as a core component of the comprehensive and integrated service response to FDSV, particularly in settings where victim-survivors commonly seek help, including health, community, family and early childhood services.

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[1] HJA attended the roundtable consultations on 29 May, 6 June, 19 June and 31 July 2026.
[2] For example, through Safe and Supported: The National Framework for Protecting Australia's Children 2021 – 2031; the Early Years Strategy 2024-2034; the National Preventive Health Strategy 2021–2030 and the National Access to Justice Partnership 2025-30.
[3] See HJA's website for more information on our work and HJP: Partnerships for better health and justice outcomes - Health Justice Australia.

3. Commit dedicated investment to the national infrastructure required to build system-wide capability for cross-sector service integration, providing the mechanisms, relationships, processes and supports needed to connect and coordinate different parts of the service system.

Cross-sector integration in practice in current domestic and family violence responses

The intersection of violence and other social and health issues, including unmet legal need, can have immediate, devastating implications for families[4], and long-term negative impacts on children.[5] For individuals and families who are at risk of or experiencing violence, the intensity and type of support they require, and their 'entry point' to access help will vary depending on their circumstances[6], and the connection and trust they have with different practitioners and services.[7]

We know that the ecosystem of support for individuals at risk of or experiencing FDSV requires input from a range of practitioners including health professionals, victim support workers, counsellors, financial counsellors, social workers, and lawyers. HJP is a way that these different practitioners can work together to support individuals and families experiencing FDSV. As such, it is a concrete, practical approach that operationalises the aspirations of the Second Action Plan to improve the safety and wellbeing of individuals and families and address issues before they escalate to crisis.

Through HJP, legal assistance is embedded into services that support the health and wellbeing of individuals and families who are unlikely to turn to legal services for solutions, but who are experiencing intersecting and complex legal, health and social issues. Of the 154 HJP approaches across Australia, 104[8] target those experiencing, or at risk of domestic and family violence. HJPs support those most at risk of FDSV, including First Nations women and children, young women and their children, older people, and people in rural and remote areas.[9]

In our experience, HJP is effective at different levels of the system response for FDSV:

- Individual level (individuals, families):
    - support in trusted spaces, ensuring assistance is accessible and timely
    - safe pathways of support across generalist and specialist services, reducing the need to retell personal stories that cause trauma
    - access to the right kind of support when it is needed (from early intervention to crisis response and support for longer term change)
        - earlier intervention for families experiencing family adversity that contributes to FDFV, so that issues do not escalate to crisis

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[4] Luu, B., Wright, A.C., Schurer, S., Metcalfe, L., Heward-Belle, S., Collings, S. & Barrett, E. 2024, *Analysis of linked longitudinal administrative data on child protection involvement for NSW families with domestic and family violence, alcohol and other drug issues and mental health issues*, Research report no. 01/2024, ANROWS, Sydney.
[5] Australian Human Rights Commission. 2024, *Help way earlier!': How Australia can transform child justice to improve safety and wellbeing*, Australian Human Rights Commission, Sydney.
[6] Some examples of this diversity include the Institute for Urban Indigenous Health, ATSICHS Brisbane and Griffith University's HJP programs and services in Logan, more information available from: https://www.griffith.edu.au/engage/community/pathways-in-place/health-justice-partnership-program; and Women's Legal Service Western Australia's HJP with two women's health organisations in Kalgoorlie, more information from: https://www.wlswa.org.au/wp-content/uploads/2025/06/WLSWA-Health-Justice-Partnerships-Program-Outcomes-Evaluation-Report-May-2025.pdf.
[7] Scott, S. & Forell, S. 2024, *Sustaining Health Justice Partnerships: Learning from the Experience of the Integrated Services for Survivor Advocacy Partnership*, Health Justice Australia, Sydney.
[8] Health Justice Australia. 2026, *National Health Justice Landscape Snapshot as of June 2026*, Health Justice Australia, Sydney.
[9] Forell, S and Nagy, M. 2021, *Health justice insights: Health justice partnership as a response to domestic and family violence*, Health Justice Australia, Sydney.

        - as a response to situations where victim-survivors might not be able to leave, for example through addressing immigration issues that hold women and children in violent situations
        - as part of healing and recovery, where legal assistance supports the agency and decision making of victim-survivors, aids potential re-engagement with justice responses.[10]
- Service level (workforce, services)
    - builds the capability of diverse professionals to identify and respond to the range of intersecting issues affecting the health, safety and wellbeing of individuals and families experiencing violence
        - increasing knowledge of how legal need intersects with the complex issues related to FDSV, how legal assistance can improve safety and wellbeing and the capability to respond to complex needs builds trust and confidence across services systems. This is important for both practitioners, and individuals or families who may have had past negative experiences
    - strengthens the relational skills, mindset, resources and connections of cross-sector practitioners to work collaboratively to provide comprehensive, person-centred care
    - increased job satisfaction and reduced stress, as practitioners are better able to identify solutions, and provide access to the supports that are needed.
- Policy level
    - Lessons from HJPs bring a unique perspective of a shared lens on policy and service design challenges. The following sections of this submission will focus on two key areas where lessons from HJP can be applied to strengthen implementation of the Second Action Plan.

Further detail about the role of HJP as part of the service response to DSFV is available in our 2021 insights paper, *Health justice partnership as a response to domestic and family violence*,[11] where we examined how HJPs serve as an integrated response to the complex array of issues surrounding FDSV. Further to this, evaluations of individual HJPs also demonstrate the positive outcomes for individuals, families, practitioners and the local service system.[12]

In the implementation of the *National Plan to Reduce Violence against Women and their Children 2010–2022*, HJPs were funded as an emerging approach to improve service responses. The opportunity of the Second Action Plan is to leverage this earlier investment, strengthening and scaling HJP as an effective cross-sector service approach that has proven to make a difference in the lives of individuals and families.

Legal assistance as a core component of integrated responses to family, domestic and sexual violence

As outlined in the first section of this submission, there is wide-ranging evidence and successful practice to support the integration and partnership of legal assistance and health, social and community services, as a

[10] Scott, S. & Forell, S. 2024, *Sustaining Health Justice Partnerships: Learning from the Experience of the Integrated Services for Survivor Advocacy Partnership*, Health Justice Australia, Sydney.
[11] Forell, S and Nagy, M. 2021, *Health justice insights: Health justice partnership as a response to domestic and family violence*, Health Justice Australia, Sydney.
[12] Curran, E. 2026, *Final Evaluation Report BBM Health Justice Partnership*, SSRN Electronic Journal, <https://doi.org/10.2139/ssrn.6110027>; NSF Consulting 2024, *5 Years of Impact: Evaluation of the Health Justice Partnership between Kingsford Legal Centre, Prince of Wales Hospital and the Eastern Suburbs Mental Health Service*, Evaluation Report.

service response to FDSV. However, while there is a significant emphasis across health[13] and social policy reform[14] for integration, legal assistance is largely considered as an adjacent system, rather than as an essential component of the service infrastructure that supports health, safety and wellbeing. Recognising legal assistance as a core component of the comprehensive and integrated service response to FDSV is a key opportunity through the Second Action Plan.

In Australia, it is estimated that one in five people encounter three or more legal problems in a given year,[15] with women experiencing FDV 10 times more likely to also experience other legal problems and more severe legal problems.[16] Legal issues might relate to areas such as family law, child protection, victims of crime proceedings, housing, discrimination, immigration and money issues. Many of these issues can contribute to and compound the impacts of FDSV, impacting access to, and benefit from, other forms of support.

Practice evidence from HJP demonstrates the contribution legal assistance can make in the places families already go for support[17] and where FDSV may be disclosed; maternal and child health centres, hospitals, Aboriginal medical services, schools and child and family hubs. Legal, health and social practitioners work together to support parents to identify issues earlier and resolve them before they escalate to crisis, including as it relates to interactions with child protection. We know from practice that legal assistance can also help victim-survivors and perpetrators[18] address the challenges that can accompany changed circumstances, such as separation, child custody arrangements, immigration and visa issues, housing and managing financial issues including debt and maintaining income.[19]

Critical opportunities to leverage existing large-scale national government investment are lost, when legal assistance is excluded from service planning and design and commissioning decisions, that are essential to the response to FDSV. Primary Health Networks (PHNs) undertake assessments to gather regional data on the health and service needs of communities to inform the prioritisation, planning and commissioning of service interventions. With growing understanding of the intersecting impacts of violence and abuse on physical health, mental health, and social outcomes, especially among priority populations, PHNs are increasingly implementing FDSV programs.[20] These assessments are informed by community consultation and comprehensive demographic data capture and reflect some social determinants of health (e.g. financial stress and housing insecurity). However, there is inconsistency in the approach to needs assessment, and the impact of unmet legal need on health and wellbeing is absent from evidence to inform cross sector service interventions. Where legal assistance has been identified by partners in commissioning applications in recognition of need in local communities, at implementation, legal services have been omitted due to funding and deliverable parameters that focus on clinical service delivery. Adopting a narrow view of the

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[13] Productivity Commission 2025, *Delivering Quality Care More Efficiently*, Inquiry Report no. 112, Productivity Commission, Canberra.
[14] Department of the Prime Minister and Cabinet 2026, *Women and Women's Safety Ministerial Council and Community Services Ministers communiqué: 20 February 2026*, Australian Government, Canberra, <https://www.pmc.gov.au/resources/women-and-womens-safety-ministerial-council-and-community-services-ministers-communique-20-february>.
[15] Coumarelos, C., Macourt, D., People, J., McDonald, H.M., Wei, Z., Iriana, R. & Ramsey, S. 2012, *Legal Australia-Wide Survey: Legal Need in Australia*, Law and Justice Foundation of New South Wales, Sydney.
[16] Coumarelos, C. 2019, *Quantifying the Legal and Broader Life Impacts of Domestic and Family Violence*, Justice Issues Paper no. 32, Law and Justice Foundation of New South Wales, Sydney.
[17] Chia, J. 2023, *Health justice partnership as early support for children and their families*, Health Justice Australia, Sydney.
[18] First Step Legal, in partnership with Better Health Network, have delivered the Perpetrator Accountability Project since 2022, to provide legal help to male perpetrators of family violence.
[19] Forell, S and Nagy, M. 2021, *Health justice insights: Health justice partnership as a response to domestic and family violence*, Health Justice Australia, Sydney.
[20] Central and Eastern Sydney PHN. 2025, *Health and Wellbeing of People Affected by Domestic, Family and Sexual Violence (DFSV)*, Central and Eastern Sydney Primary Health Network, Sydney.

social determinants of health in the provision of health services which excludes legal need, risks undermining potential health and wellbeing improvements.

In developing the Second Action Plan, we have an opportunity transform how we think about service responses – from viewing FDSV responses as specialist services operating in parallel to adjacent service systems, to recognising an ecosystem of prevention, response and recovery for those at risk of, or experiencing FDSV, that relies on input from a broad range of services and settings. In this conception, legal assistance forms an essential part of the service mix.

The system gap: integration of workforce and systems is expected, but not operationalised

The Second Action Plan consultation paper, and reflections from consultations to date, emphasise the need for better service coordination and connection, to address service gaps and system fragmentation. However, in practice, services often lack the infrastructure needed to work effectively across disciplines and sectors. These structural constraints and complexities are evident at all levels of the system, as identified through our experience working with HJPs.

- As place-based approaches, HJPs are often developed for local context and dependent on local relationships and individual initiative. Funding is often through short-term investments, with deliverables weighted to sector specific priorities and outputs, rather than outcomes for the service-user. Services and practitioners seeking to collaborate locally navigate the structural constraints and complexities of the systems they operate within, that often function in parallel, sometimes even in competition. Without shared frameworks, tools and capability, services develop local solutions that vary in quality and are difficult to scale. Integration remains uneven and dependent on local relationships, rather than supported as a core system function.

- Where practice has moved ahead and there is strong evidence of the potential of integrated approaches, the learning and broader knowledge base has not kept pace. Data and insights from individual evaluations about what is working in relation to HJP as an early intervention approach in contexts linked to family violence and child safety are not consistently consolidated, translated and shared for practical insight and learning. This limits the opportunity to connect this evidence and lessons from implementation to policy reform and investment, as well as offer best practice knowledge to services and practitioners.

- Collaboration between health, legal, social care, child protection and education systems requires navigation of different legislative frameworks, professional obligations and accountability structures. Technical differences, such as issues related to risk, consent, confidentiality, information sharing, mandatory reporting and legal professional privilege are not peripheral, but central to cross-sector integration working in practice. Services are developing local solutions to these challenges, and while innovative and effective in context, they can be created in isolation without the benefit of knowledge from others who are navigating the same issues. These are not abstract coordination challenges. They play out in frontline practice, where practitioners must make real-time decisions across legal, clinical and safety frameworks, often without shared guidance or support. There are inconsistent mechanisms to consolidate lessons and translate and adapt this practice across jurisdictions, settings and communities, as well as to use this experience to inform policy, legislative and regulatory reform.

- Person and family centred practice is grounded in strong and trusting relationships.[21] Relational or partnership capability underpins the technical aspects of integration needed for practitioners to effectively collaborate and communicate across different sectors. This includes navigating aspects of trust, power, language and motivations of different professionals. For practitioners, tension in relationships and challenges to effective collaboration can be most visible when this work crosses professional boundaries. There is often limited time and resources for the relational work required to understand other parts of the system, build trust, and coordinate responses. It is not explicitly recognised as a professional capability, adequately resourced or measured through data and evaluation to better understand the contribution it makes to a collaborative ecosystem[22] of support. Service reporting and performance frameworks are weighted towards throughput and service-specific outputs, not capturing the value and contribution of partnership and integration. Consequently, in some instances, services are actively deprioritising collaborative work, as it does not fit into strict reporting categories or the practice is constrained by the policy frameworks they are working within, which do not enable cross-sectional partnership.

These examples reinforce that even when there is strong commitment to collaboration and integration, the conditions to sustain it are not consistently in place.

The solution to this system gap – national infrastructure for integration

The potential for improving lives through better service integration is well recognised in policy,[23] and to a degree, in practice.[24] However, to ensure consistency and sustainability over time, in alignment with the aspirations of the Second Action Plan, we must transform how integration is understood and supported in its implementation.

Through our work with HJPs, HJA has found that integration is not simply a set of discrete activities of joint efforts (for example, referrals, case conferencing, secondary consultation, multidisciplinary meetings). Nor is it something that can be expected to emerge naturally because it is intended through funding and commissioning approaches. Integration needs to be viewed as a system capability that requires core national infrastructure to support consistent and scalable work.

National infrastructure can strengthen practical implementation of cross-sector service integration by putting in place the mechanisms, relationships, processes and supports needed to connect different parts of the system. **The explicit purpose of this infrastructure is to convene, connect and build capability for integrated work across, not within, sectors.** The focus is on the practical 'how' of integration: translating policy intent into repeatable approaches that services can apply across disciplines, sectors and jurisdictions.

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[21] Australian Government Department of Health, Disability and Ageing. 2026, *The National Best Practice Framework for Early Childhood Intervention – Practice guidance – Relationship-based universal principle*, Australian Government Department of Health and Aged Care, Canberra.

[22] The Murdoch Children's Research Institute have defined a Relational Ecosystem Model, which speaks to the relational practice that is necessary for improved outcomes for children and families, and that this practice is key across all domains of the system. See Prichard, P., Heery, L. & Hinkley, T. 2026, *Building Equitable Services for Children and Families*, Murdoch Children's Research Institute, Melbourne.

[23] A cross-section of government policies includes the National Plan to End Violence against Women and Children 2022-2032; Safe and Supported: The National Framework for Protecting Australia's Children 2021 – 2031; the Early Years Strategy 2024-2034 and the National Preventive Health Strategy 2021–2030.

[24] For example, there is an interest in relational contracting, which has the potential to move beyond transactional procurement to foster trusted partnerships between government, services and communities. This is an important step to creating a more flexible, responsive funding environment that recognises the need for services to adapt and come together in different ways to meet complex social challenges.

It does not require new service models, but is intended to support existing services to work more effectively through:

- driving cross-sector knowledge generation
- synthesising and translating existing evidence
- mapping where joined-up support is needed most
- developing practical frameworks, guidance and tools
- building workforce capability, and
- capturing what works to inform service design, commissioning and policy.

It leverages and aligns with work of sector specific entities such as peak bodies, alliances and networks,[25] supports cross-sector local networks, and existing communities of practice, and complements place-based investment through a focus on building service and workforce capability for local integration.

How national infrastructure works in practice

System-level mapping

To understand needs from different vantage points, where those needs arise, how services interact, and where alignment is required. This mapping[26] builds system capability around the collection, and interpretation of data and evidence to better understand:

- the realities of how issues interact in community, particularly for certain cohorts with intersectional and complex challenges
- the capability of practitioners and services to recognise and respond to these issues, and
- existing local service resources, infrastructure, relationships and pathways for different forms of support.

This mapping can inform the co-design of service responses (including digital pathways) and guide investment that enables practitioners to work together to address co-occurring and complex issues in the community.

Development and consolidation of shared frameworks and tools

To support consistent approaches to cross-sector integrated practice. For example, resources for collaborative governance and service design, consent and information sharing, referrals, secondary consultation[27] and coordinated care. These resources reduce the risk and uncertainty for services and practitioners in navigating challenges in isolation, are grounded in evidence from frontline practice, and intended to evolve in response to emerging opportunities and service innovation.

[25] Some examples include the International Foundation for Integrated Care; Domestic and Family Violence Safety Alliance and the National Child and Family Hubs Network.
[26] HJA and Neami National conducted a joint project, which examined the need and opportunity for HJP, including mapping of legal need and a survey of staff understanding and readiness for legal partners. The full report is available at: https://healthjustice.org.au/resource/report/assessing-legal-needs-and-capability-for-health-justice-partnership-the-experience-at-neami-national/
[27] Rajan, R., Carlow, M., Forell, S. & Nagy, M. 2021, *Secondary Consultation: A Tool for Sharing Information and Transferring Knowledge in Health Justice Partnership*, Health Justice Australia, Sydney.

Workforce capability building

Practical training, peer communities of practice and mentoring and coaching, to support cross-sector workforce to identify and respond to intersecting needs and work effectively in partnership across professional boundaries. Working in a new, unfamiliar environment or needing to understand different workplace language can be difficult for practitioners and present challenges to workforce sustainability[28] and effective integrated care. To benefit from the positive aspects[29] of multi-disciplinary, integrated work, practitioners and service leaders require partnership and relational skills that go beyond discipline-specific education and training.[30] Research to understand these capability needs (including the leadership skills needed to foster integrated teams) will support workforce development across sectors. The identification of core workforce capabilities for cross-sector integrated practice also helps build criteria to inform recruitment processes across settings and services seeking to embed integration capability in their teams. Over the long term, this knowledge has the potential to inform institutional educational and training pathways, recognising skills for integration not as nice to have, but as core competencies of a responsive workforce.

Coordination functions

Facilitation, brokerage and governance, support alignment and ongoing coordination across systems, peer connection and collaboration. This can include facilitated sense making of mapping data and evidence, brokerage of relationships across service sectors, and structured reflection and strategic planning with practitioners and service leaders to inform community led service design and governance structures.[31] This function helps cross-sector partners align around a shared purpose and approach to integrated service delivery.

Shared measurement, learning and translation

Capture knowledge and evidence around what's working, identify gaps, and inform policy, commissioning and system design. This includes the collation and sharing of case studies to understand how practice, policy and funding is innovating and adapting. Practical resources guide services to identify shared outcomes, with consistent methods to monitor and measure impact of integrated approaches for clients, practitioners, and the broader service system.[32]

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[28] NSF Consulting 2024, *5 Years of Impact: Evaluation of the Health Justice Partnership between Kingsford Legal Centre, Prince of Wales Hospital and the Eastern Suburbs Mental Health Service*, Evaluation Report, p. 36.

[29] Prichard, P., Heery, L. & Hinkley, T. 2026, *Building Equitable Services for Children and Families*, Murdoch Children's Research Institute, Melbourne.

[30] Building workforce capability for cross-sector integration specifically, complements existing sector specific efforts to build capacity for integrated care. See International Foundation for Integrated Care (IFIC) 2026, *Nine Pillars of Integrated Care Revision and Validation 2024-2025*, web page, <https://integratedcarefoundation.org/ific-9-pillars-of-integrated-care>.

[31] An evaluation of Department of Health-funded HJPs in Western Australia (women's legal services and the two women's community health centres) recommended "[a]s these programs become more widespread, there is value in continuing the mature cross-sector partnerships by developing shared governance structures or partnership agreements that support consistency, coordination, and sustainability across multiple sites." Nous Group 2025, *Health Justice Partnerships Program Outcome Evaluation Report: Women's Legal Service WA*, Women's Legal Service WA, Perth.

[32] As an example, HJA delivered the Partnership Evaluation Program (PEP) in 2025-26 to build the capability of Victorian HJPs to articulate shared intended impact, collaborate on evaluation planning, and make informed decisions about shared outcome measurement across partnering organisations.

Case study: Building workforce capability and partnership readiness in FDSV responses

Demonstrating why sustained capability building and partnership development are critical to effective early intervention and coordinated responses to family safety.

Context

Efforts were underway to establish a health justice partnership in a family violence response system where collaboration between legal and health services was underdeveloped and, at times, strained. Relationships between services were fragile, with periods of stalled progress, competing priorities, and limited shared understanding of how to integrate legal assistance into family violence responses. Practitioner capability to work across sectors was uneven, and attempts at partnership were difficult to sustain.

Role of supporting infrastructure

HJA worked over multiple years as a system-level intermediary, supporting partners through periods of tension and limited resourcing. This included brokering relationships, coaching practitioners and service leaders, and supporting the application of evidence in practice. HJA also facilitated structured reflection and strategic planning, supported by practical resources to help partners align around a shared purpose and approach to integrated service delivery.

Outcomes

Partners moved from intermittent and fragile engagement to a more stable and coordinated approach to collaboration. Practitioner capability strengthened, with greater confidence in identifying and responding to legal need in family violence contexts and the partnership was sustained beyond the period of direct HJA support.

Value of HJA

HJA is uniquely positioned to support the development and implementation of the Second Action Plan through our experience in driving the effectiveness, sustainability and expansion of service responses that improve health and justice outcomes. As government considers options, HJA is well-placed to provide practical expertise on partnerships and collaboration and evidence-based insights that contribute to service system efficiencies and innovation.

Summary

While significant progress has been made in recognising the need for integrated approaches, the experience of HJP demonstrates that meaningful collaboration does not occur simply because services are encouraged to work together. It requires investment in the relationships, capability, governance, evidence and infrastructure that allow different sectors to align around the needs of individuals and families.

The Second Action Plan provides an important opportunity to move beyond viewing integration as a desirable practice approach and instead recognise it as a core system capability. By investing both in integrated service delivery models and in the infrastructure that supports collaboration across sectors, governments can strengthen early intervention, improve access to justice and support, reduce service fragmentation, and ultimately improve safety and wellbeing outcomes for women and children.

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