

A large, light blue decorative shape on the left side of the page, consisting of a rounded top and a vertical bar extending downwards.

# **Health justice partnership and financial wellbeing**

**November 2023**

Health justice insights

R PITT



**Author:** Ruth Pitt

**Publisher:** Health Justice Australia

Level 5, 175 Liverpool St Sydney NSW 2000 Australia

**Phone:** +61 2 8599 2183

**Email:** [healthjustice@healthjustice.org.au](mailto:healthjustice@healthjustice.org.au)

**Website:** [healthjustice.org.au](http://healthjustice.org.au)

### **Acknowledgments**

This project would not have been possible without the input of HJPs around Australia. Given the continuing challenge of COVID-19, we are particularly grateful for their willingness to respond to surveys and participate in interviews. We also gratefully acknowledge Ecstra's financial support for this project.

### **Suggested citation**

Pitt, R. (2023) *Health justice partnership and financial wellbeing*, Health Justice Australia, Sydney

© Health Justice Australia, November 2023. This publication is copyright. It may be reproduced in part or in whole for educational purposes as long as proper credit is given to Health Justice Australia.

Health Justice Australia is a charity registered with the Australian Charities and Not-for-profits Commission. Health Justice Australia is endorsed as a public benevolent institution and has deductible gift recipient status (generally, donations of \$2 or more are tax deductible, depending on your taxation circumstances).

Health Justice Australia ABN 55 613 990 186

# Contents

Key messages.....	4
Background.....	6
About this research .....	6
What is health justice partnership (HJP)?.....	7
What is financial wellbeing?.....	8
Findings.....	9
Health justice partnership at the intersection of health, legal and financial issues.....	9
Mental health and alcohol and other drug use.....	10
Family and domestic violence.....	12
Elder abuse.....	13
Health justice partnership assistance related to financial wellbeing .....	15
Legal assistance.....	15
Non-legal assistance.....	18
HJP outcomes related to financial wellbeing.....	23
Being in control.....	24
Feeling financially secure.....	25
Meeting expenses and some money left over.....	26
Influences on financial wellbeing: financial resilience.....	27
Influences on financial wellbeing: external factors.....	28
Beyond the individual: HJPs influencing change in services and systems .....	29
Improving community capability.....	29
Improving capability in health services.....	31
Advocating for systemic change.....	31
Opportunities and constraints to addressing financial wellbeing through HJP.....	33
Placing financial wellbeing in a holistic context.....	33
Engaging with the challenge of evidencing outcomes .....	34
Reaching people experiencing complex disadvantage at the right time.....	36
Overcoming insufficient, fractured or inflexible funding.....	37
Conclusion .....	39
Appendix 1: Methods .....	40
Appendix 2: Interviewees.....	41
References.....	42

# Key messages

Health justice partnership (HJP) is a strategy to embed legal help in community and healthcare settings. Health justice partnership is not a fixed 'model' that is replicated in different places; rather, it is a strategy of working in partnership that is adapted to suit the needs of clients, the goals of the partnering services, available resources, and other opportunities and constraints.

HJP evolved in response to evidence that legal problems cluster and interact with other life issues to entrench disadvantage. Examples include family breakdown, family violence, unemployment issues, housing instability and discrimination. While people experiencing these issues are likely to benefit from legal assistance, research shows that they are more likely to seek help from non-legal services, such as health services, than from lawyers (Coumarelos et al. 2012).

Financial issues can be both a cause and a consequence of health and justice issues. Although few health justice partnerships (HJPs) focus on financial wellbeing outcomes as their core aim, most do address financial wellbeing as part of their holistic response to complex disadvantage.

HJPs provide legal assistance for a wide range of legal issues related to finances, including financial abuse, fines and infringements, and credit and debt. They provide this assistance to people who are unlikely to seek legal help, and who may not realise that such financial issues may have legal remedies until they are referred for legal assistance.

## Name check

We use similar terms for two related but separate concepts:

- **Health justice partnership (HJP)** is the strategy of collaboration to integrate legal help into services that support people's health and wellbeing.
- **Health justice partnerships (HJPs)** are specific collaborations between one or more legal help organisations and one or more health and wellbeing service providers.

In addition to legal assistance, HJPs can provide a pathway to support from social workers and financial counsellors. The flexible and responsive nature of HJP means that arrangements for providing such non-legal support vary widely, including through referral, partnerships with other services, or integrated services. Such relationships with financial counsellors strengthen the ability of HJP lawyers to achieve financial wellbeing outcomes for their clients. Financial counsellors also contribute to the ability of HJPs to achieve outcomes at the community level (through activities such as delivering community financial education), service level (through activities such as improving the capability of staff at health and community services to identify and refer clients with financial and legal challenges) and at the broader systems level (through contributing to advocacy for systemic change).

The holistic approach of HJPs, which recognises that financial issues are intertwined or overlapping with other legal and health issues, aligns with recent research on what works to improve financial wellbeing. Flexible, holistic approaches that include wrap-around support or multiple types of services in a single program have been shown to be more successful at improving financial wellbeing and reducing financial strain than those that focus only on behaviour change or financial education (Yashadhana, Glenn et al. 2023).

There are opportunities to build on the work of HJPs in supporting financial wellbeing outcomes, including by strengthening and expanding arrangements for working with financial counsellors. However, there is not a 'one size fits all' model that can be replicated across Australia. Rather, there is a need for flexibility in service funding, design and evaluation that allows HJPs to respond best to the needs of their clients and communities. The strategy of partnership allows HJPs to build upon existing service systems and avoid duplication. Such responsiveness to the needs of a specific place is a strength of HJPs, helping to overcome "the siloed nature of supports and poor referral pathways between them" that can characterise the service system for people with complex needs (Heartward Strategic 2023).

# Background

## About this research

Health Justice Australia is a national charity that supports the expansion and effectiveness of health justice partnerships (HJPs). HJPs integrate legal help into services that support health or wellbeing to address their clients' complex and intersecting needs. Part of Health Justice Australia's role is to build the evidence base around the value and impact of HJPs, and to understand how they can be better supported to achieve outcomes for the individuals and communities they serve.

We conducted this research because we, and some of the decision makers we talk to, were interested in:

- whether and how HJPs achieve financial wellbeing outcomes for their clients
- how HJPs work with financial counsellors
- the opportunities and constraints to addressing financial wellbeing through HJP.

To answer these questions, we:

- reviewed existing evaluation reports from HJPs to understand what types of assistance and outcomes related to financial wellbeing were reflected in those reports
- sent a survey to legal practitioners working in HJPs, to understand the breadth of work related to financial wellbeing occurring around Australia, with responses from 63 HJPs (60% of the 105 HJPs known to be operating in November 2022)
- interviewed 14 staff from 11 HJPs to better understand how they support clients to address financial challenges. These interviewees were selected to provide diverse perspectives from services seeking to reach clients experiencing family and domestic violence, mental health issues and elder abuse, and included legal practitioners, program managers and a financial counsellor. Some organisations and individuals have been named in this report, while others preferred to remain anonymous.

More details about how we conducted the surveys and interviews can be found in Appendix 1.

## What is health justice partnership (HJP)?

HJP integrates legal help into services that support health or wellbeing. Research has shown that people who would benefit from legal assistance are more likely to seek help from non-legal services, such as health services, than from lawyers (Coumarelos, Macourt et al. 2012). For example, women experiencing domestic violence are more likely to seek help from a GP or other health professional than a lawyer (Australian Bureau of Statistics 2017). In response to this evidence, HJP aims to connect siloed and fragmented service delivery responses to better support people with complex needs.

For clients, partnership enables an approach that centres service delivery around their needs and reaches them in a trusted environment. For health and community services, partnership increases access to legal services as a tool to address social issues – such as debt, housing and family relationship breakdown – that harm their patients' health and wellbeing. For legal services, partnership increases access to clients who need legal help, but who are unlikely to directly seek legal assistance (Forell and Nagy 2019).

HJP is not a fixed model that is replicated in different places. Rather, it is a strategy of working in partnership that is adapted to suit the needs of clients, the goals of the partnering services, and the resources, infrastructure and commitment available in a particular location. Services using the term 'HJP' to describe themselves all provide legal help in health or community settings, but vary greatly in who they serve, the practitioners delivering services, the nature of service delivery, and the nature of the partnership.<sup>1</sup>

As of November 2022, there were 105 HJPs operating across Australia, in a range of community and health settings, including Aboriginal Community Controlled Health Organisations (ACCHOs), community health services and hospitals (Health Justice Australia 2022). Most legal partners are community legal services, including legal aid commissions, community legal centres and Aboriginal and Torres Strait Islander Legal Services (ATSILS), with some services also partnering with private law firms. HJPs often focus on assisting a specific client group, such as people experiencing family and domestic violence, elder abuse or mental illness.

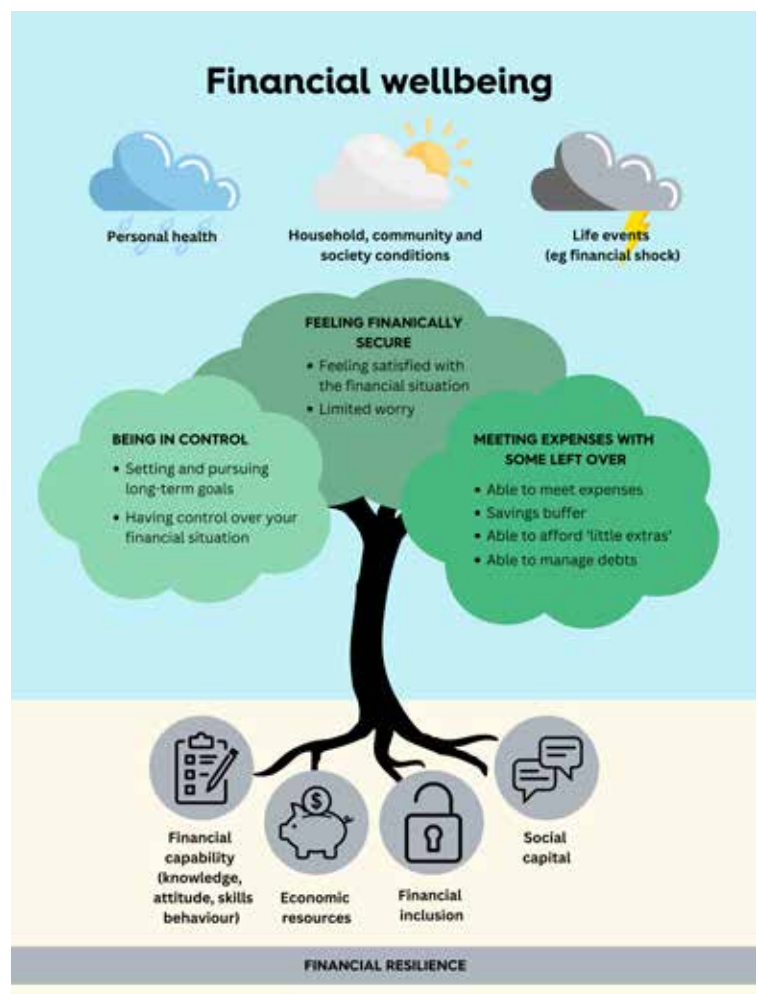
We recognise that there are many other kinds of partnerships in the service system relevant to financial wellbeing, including partnerships between community legal services and financial counselling services, and between health services and financial counselling services. This report focuses specifically on HJPs and their contributions to achieving financial wellbeing outcomes.

1. For more details on the nature of HJPs in Australia, see our report Forell, S and Boyd-Caine, T (2018) *Service models on the health justice landscape: a closer look at partnership*, Sydney, Health Justice Australia.

## What is financial wellbeing?

Financial wellbeing is when a person can meet their expenses and have some money left over, is in control of their finances and feels financially secure, both now and into the future (Muir, Hamilton et al. 2017). Financial wellbeing encompasses both objective components of a person's financial circumstances (such as the quantity of savings or debt they have) and subjective components (such as feeling secure and in control). This is important because anxiety, stress and worry about finances (known as financial strain) affect physical and mental health independent of measures such as poverty and income (Yashadhana, Glenn et al. 2023). We will further explore the link between financial, health and legal issues in the next section.

The concept of financial wellbeing, in comparison to narrower concepts such as financial literacy or financial capability, explicitly recognises that financial issues are inextricably linked with other elements of our lives (ANZ 2021). Financial wellbeing is affected by individual factors, such as financial capability and social capital, but also by personal health, life events and broader structural conditions that can hold people in disadvantage. The financial wellbeing tree, drawn from Muir et al. (2017), illustrates this concept. The key domains of financial wellbeing are shown as branches, and they are affected by the conditions of the roots (individual circumstances, such as financial capability) and by the weather (broader influences such as personal health, life events, and community and household circumstances). We will use this financial wellbeing tree to map the evidence on financial wellbeing outcomes from Australian HJPs in a later section of this report.



**Figure 1: The financial wellbeing tree, based on Muir et al 2017**

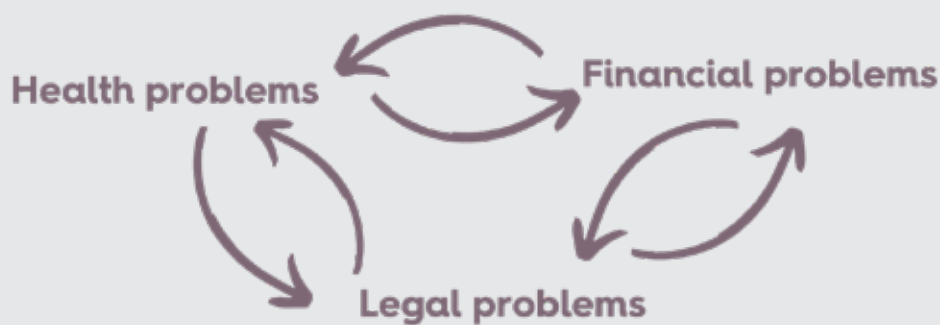


# Findings

## Health justice partnership at the intersection of health, legal and financial issues

Health, legal and financial issues can intersect and reinforce each other, creating and entrenching disadvantage. This section briefly outlines the evidence from research and the experience of HJP lawyers on the intersection of legal, financial and health issues broadly and in three specific areas: mental health and alcohol and other drug use, family and domestic violence, and elder abuse. It also briefly explores the difference that HJP can make for those client groups.

**Figure 2: Intersecting health, legal and financial problems**



Legal problems tend to cluster around life circumstances such as family breakdown, family violence, unemployment, insecure housing and discrimination (Coumarelos, Macourt et al. 2012). Some of these issues, such as family violence and insecure housing, affect health directly. Others, such as discrimination, cause stress that in turn can cause or exacerbate mental and physical health problems (Forell and Nagy 2019). All these issues have financial implications: Australian surveys show that income loss or financial strain is the most common adverse consequence of legal problems, followed by stress-related illness and physical ill-health (Coumarelos, Macourt et al. 2012).

Socioeconomic factors, such as income and education, are well-established as key determinants of health (AIHW 2022). Worrying about financial issues (financial strain) is also associated with poor physical and mental health, and this is a growing area of public health research (Yashadhana, Glenn et al. 2023). Health also affects financial wellbeing. In fact, the relationship between health and financial wellbeing is stronger than the relationship between financial wellbeing and an individual's saving and spending behaviours (ANZ 2021).

Cost is one of the barriers that prevents people experiencing disadvantage from seeking support for their legal issues: in evaluations of HJPs, many noted that they would not have seen a lawyer if not for the free access to HJP legal support (Day and Moensted 2019). Financial barriers to legal help were not only about the cost of the legal advice, but also not being able to afford the cost of transport or fuel to attend appointments. Providing legal assistance at a health service that the client already attended was more convenient and removed this barrier to accessing legal help (Allison 2019).

## Mental health and alcohol and other drug use

Of the 105 health justice services operating in November 2022, 28 targeted their assistance to those experiencing mental ill-health or issues associated with alcohol and other drug use. We interviewed staff from four services with this focus:

- Royal Melbourne Hospital partnership (a partnership between Royal Melbourne Hospital and Inner Melbourne Community Legal Service), reaching a range of clients in an inpatient mental health unit, emergency departments, critical care units and the area mental health service that supervises community treatment orders
- RUAH Legal Services, an integrated legal and non-legal support service in Western Australia, with a specialist team for mental health
- Civil Law Service for Aboriginal Communities (a partnership between Legal Aid NSW and Maayu Mali Residential Rehabilitation), reaching Aboriginal clients in a residential rehabilitation setting in NSW
- A service reaching clients of an outpatient clinic providing a range of alcohol and other drug treatment services (which preferred to remain anonymous for this report).

HJPs without this specialist focus also reach clients in this cohort. More than 80% of HJPs report that at least some of their clients are experiencing mental health conditions and/or addiction (Forell and Nagy 2019).

### How does mental health and alcohol and other drug use intersect with legal and financial issues?

Legal issues and mental health issues can be mutually reinforcing. People experiencing mental ill-health are more likely to have legal problems, and more likely to report that their legal problems have caused stress-related illness (Pleasence and Balmer 2009, Nagy and Forell 2020). Mental ill-health is also linked to a range of stressors with legal implications, including insecure housing, trauma and domestic violence (Nagy and Forell 2020). Some interviewees noted that these types of legal issues are more easily identified for referral to the HJP than financial issues:

*“With the clients that we’re getting, they’re experiencing significant financial disadvantage. Which may be a contributing factor to their decline or presenting in hospital in distress. Generally, that’s not the issue they’re referred to us for – a lot of the time they’re referred to us because they have a family violence issue, or a tenancy issue or a criminal law issue. Most of the social workers in the mental health space identify that ‘You’ve got a court date, so you need a lawyer’ but they wouldn’t necessarily turn their mind to the financial wellbeing issues, but they would be there.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

The experience of HJP lawyers aligns with the evidence base on the bi-directional and cumulative relationship between poor mental health and a range of financial indicators, including debt, financial hardship, long-term unemployment and financial stress (Heartward Strategic 2022):

*“It’s not uncommon to see clients experiencing challenging financial circumstances with management of their money in the course of a period of mental ill-health. People not dealing with things like debts or fines and letting them snowball, because it becomes a source of stress or a block on doing that sort of stuff. Lots of people with massive utility bills, or phone bills or internet provider bills, those sorts of things, that there may be a relatively easy solution, but they’re not able to deal with it because of what’s going on for them when they are unwell. And then it really snowballs, and they come in with very big debts.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

Recent Australian research demonstrated that people who were experiencing both financial hardship and symptoms indicating a likely mental health condition had experienced significantly more negative life events over the prior decade than others (Heartward Strategic 2022). Our interviewees reported that mental health issues were also intertwined with histories of trauma, and with alcohol and drug use:

*“If I asked them whether they identify as having a disability the majority will say ‘I have anxiety and/or depression and PTSD’ – that is by far the majority of people. And I think there’s research around alcohol and drug use, and that it’s because of traumatic events in people’s lives. And once you start hearing about what’s happened in their earlier life, you start to see the linkage.”*

– Solicitor

The extensive evidence base on the connection between financial wellbeing and mental health makes it unsurprising that HJP practitioners saw this as a common issue for their clients:

*“I’m struggling to figure out off the top of my head if any of the clients that we’ve assisted through the partnership in the last 12 months doesn’t have a financial wellbeing issue, on top of whatever else is going on for them.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

## What difference can HJP make?

For a legal service, partnership provides the opportunity to reach clients while they’re engaging with the mental health service system:

*“It’s kind of hard to unpack what the drivers are for why people end up in crisis, and you need to use that crisis as an intervention point to give people access to help.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

Interviewees also noted that staff from the health partner organisation were able to assist lawyers with assessing the client’s capacity and readiness to engage with legal matters, and to help build a relationship of trust with the lawyer.

Legal help contributes to supporting clients to stabilise their lives, including understanding options and feeling more confident to seek help in future:

*“I think it’s important for clients to realise that they can seek help when they have financial difficulty so they don’t become overwhelmed with the process and can focus on their health. If a person is being chased for debt, this is a legal issue that a solicitor may be able to help with. By us seeing clients in a residential rehabilitation setting we can have those discussions early so when they are in the community they know to reach out and seek assistance.”*

– Senior Solicitor, Legal Aid NSW

A specific financial topic that interviewees mentioned for this group of clients was payments from redress, compensation and Stolen Generations claims, given the links between experiences of abuse and alcohol and other drug use. The focus of these schemes is on the benefits of having an apology and recognition of the harms, but the financial payments may also make a difference in people’s lives. Being in a residential rehabilitation setting provides an opportunity to make applications while the client is receiving support and counselling, and the application process itself can be an important step in the client’s healing.

## Family and domestic violence

Of the 105 health justice partnerships operating in November 2022, 57 targeted their assistance to those experiencing or at risk of family and domestic violence (we discuss services targeted specifically to those experiencing family violence in the form of elder abuse in the next section). We interviewed staff from three services with this focus:

- Women's HeLP – a health and legal partnership for Central Australia and the Barkly (partnership between Central Australian Women's Legal Service and Central Australian Health Service)
- Mabels (partnership between Eastern Community Legal Centre, Boorndawan Willam Aboriginal Healing Service and three Victorian local government councils)
- WREN (Women's Resource and Engagement Network) (a partnership program between Northern Suburbs Community Legal Centre and Legal Aid WA, which maintains HJPs with Joondalup Health Service and ISHAR Women's Multicultural Centre).

HJPs without this specialist focus also reach clients in this cohort: nearly all HJPs support clients who are experiencing family and domestic violence.

### How do family and domestic violence intersect with legal and financial issues?

Women experiencing family and domestic violence are 10 times more likely than others to experience legal issues, and three times more likely to have legal issues related to finances (Coumarelos 2019). Studies of women seeking support for domestic and family violence have estimated that 80 to 90% experience some form of financial abuse, demonstrating the intertwined nature of these issues. The consequences of financial abuse include a woman having more difficulty leaving a violent relationship, and long-term harm to her financial wellbeing and independence (Bullen, Cortis et al. 2016). Interviewees highlighted the connection between financial wellbeing and being able to leave:

*“Money takes up our whole entire lives. If you don't have an understanding of how you're going to manage independently, such as doing budgeting and forecasting ‘what can I afford, where can I go to for resources?’ If you don't have that knowledge – you're going to say, ‘I need to stay’. So, it's very much entwined with an early intervention approach of developing that knowledge and skills.”*

– Program Manager, Mabels, Eastern Community Legal Centre

Family and domestic violence can cause or exacerbate health issues, particularly mental health issues (Australian Institute of Health and Welfare 2019). Family and domestic violence often starts or worsens during pregnancy or in the first 12 months post-partum, a time when people are highly likely to be interacting with the health system (Taft, Hooker et al. 2015). Women experiencing family and domestic violence were more likely to report their legal problems as leading to stress-related illness and physical ill-health (Coumarelos 2019).

## What difference can HJP make?

HJP can be a strategy to reach women in the places they are more likely to seek support (Forell and Nagy 2021). Of women who had experienced a physical assault by a current or former male partner, 20% said they sought advice or support from a general practitioner about the last incident and 13% said they had approached another type of health professional, while only 7% had sought help from a legal service (Australian Bureau of Statistics 2020). Domestic and family violence and family law are among the most common legal issues dealt with in HJPs and nearly all HJPs see this type of legal problem among their clients.

Having the financial counselling and legal support delivered in the health service also ensures the women are in a supported, trusted environment.

*“They’re going to a place where they’re comfortable. They know how to get there. They haven’t got the added stress of having to navigate to a completely different service.”*

– Senior Solicitor, WREN

## Elder abuse

Of the 105 HJPs, six services target those experiencing elder abuse. We interviewed staff from three services with this focus:

- Justice Connect, managing multiple HJPs addressing elder abuse in NSW and Victoria
- Older Persons Advocacy and Legal Service (HJP between Caxton Legal Centre and Metro South Health) in Queensland
- Engaging and Living Safely and Autonomously (ELSA) (HJP between Eastern Community Legal Centre and Eastern Health) in Victoria.

## How does elder abuse intersect with legal and financial issues?

According to the recent National Elder Abuse Prevalence Study, around 15% of older Australians experience elder abuse. The most common type is psychological abuse, followed by neglect and financial abuse. Frequently experienced types of financial abuse included being pressured into giving or loaning money or property; being stolen from; and experiencing financial neglect from those who had previously agreed to provide assistance. Financial abuse was a form of elder abuse for which people were more likely to seek help, and more likely to seek legal advice (Qu, Kaspiew et al. 2021).

## What difference can HJP make?

With many older people having regular engagement with healthcare services and relationships with trusted providers, HJP is recognised as a mechanism for identifying and intervening in elder abuse (Commonwealth of Australia 2019). Partnership enables services to reach people who would not otherwise have been reached by legal assistance, as the following comment illustrates:

*“We tend to see people who are very socially isolated through ELSA (our HJP). And I think the reason for that is people who don’t have any interaction with any other services will still end up in hospital [...] I don’t think we’d ever have the opportunity to help those clients if it weren’t for the HJP. It also gives them a moment away from the perpetrator, who is often an adult child living with them. So, people who are having their movement restricted, who are being controlled and unable to leave home freely or unable to have visitors and so forth, they don’t have the opportunity to disclose abuse. But when they’re in hospital, they might have that moment where they’re alone with a social worker, or a medical professional, and they can disclose that. It’s just such an important way for our clients to have that moment of safety and security and be able to disclose what they want and seek support.”*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

HJPs focusing on elder abuse have a sizeable proportion of their clients experiencing financial abuse. For example, an evaluation of elder abuse HJPs funded by the Commonwealth Government found that 44% of clients experienced financial abuse (Inside Policy 2021). Similarly, an evaluation of the ELSA Program at Eastern Community Legal Centre found that around half of their clients experienced financial abuse (Maylea, David et al. 2023).

Other HJPs deliberately focused on financial abuse:

*“With other aspects of elder abuse there might not be a legal remedy but for financial abuse there is. So instead of trying to be across everything, we decided to focus our energy and our expertise on responding to financial abuse specifically. So all of our work is directed to addressing or preventing financial abuse.”*

– Manager, Seniors Law

The Commonwealth evaluation noted that HJPs deliver services in a way that responds to the interconnectedness of legal and social needs, including financial needs, for people at risk of or experiencing elder abuse. It also noted that HJPs meet a need that is not met by the existing service ecosystem, providing specialist services for older people experiencing or at risk of elder abuse (Inside Policy 2021).

# Health justice partnership assistance related to financial wellbeing

The previous section provided some examples of how HJPs can reach people experiencing intersecting legal, financial and health needs. This section outlines the nature and extent of assistance related to financial wellbeing provided by HJPs, based on the interviews and our survey of the 105 HJPs known to be operating in November 2022.

## Legal assistance

Our survey asked a key contact from each HJP, usually a lawyer, whether their service had provided legal assistance for legal issues related to life events that can affect financial circumstances, such as family and domestic violence. We also asked whether they provided legal assistance for different types of financial issues in the previous financial year. Finally, we asked about legal issues that they identify but are out-of-scope for their service, to understand the potential role of HJP lawyers in referral pathways.

Looking at life circumstances that affect financial wellbeing, nearly all HJPs provided legal assistance for family and domestic violence. Family law and legal advice related to perpetration of domestic violence were also addressed by a large proportion of HJPs.

**Table 1: Proportion of HJPs providing legal assistance for life circumstances related to financial issues (shading indicates top three issues)**

In the 2021–2022 financial year, did the health justice lawyers provide assistance (including advice, case management or secondary consultation) for the following types of legal issues?	Yes, HJP lawyers provide assistance for this issue	We see this kind of legal issue but it's outside our scope of work	Total % of HJP who see this legal issue
Domestic or family violence – victim/survivors	98%	2%	100%
Family law	86%	10%	96%
Domestic or family violence – perpetrators	78%	11%	89%
Legal issues relating to mental health concerns	65%	24%	89%
Care and child protection	58%	29%	87%
Other crime	54%	37%	91%
Visa and immigration issues	33%	50%	83%
Employment (e.g., unfair dismissal)	33%	31%	64%

Given the large proportion of HJPs providing support for family and domestic violence, it is unsurprising that financial abuse was the type of financial legal issue that was seen by the greatest proportion of HJPs. As discussed above, studies have shown that 80 to 90% of women seeking support for domestic and family violence also experience financial abuse (Bullen, Cortis et al. 2016). Nearly all respondents (89%) reported that their HJP provided legal assistance for financial abuse; only a few HJPs with a focus on alcohol and other drug dependency reported that this issue was out of scope for their work. The next most common issues were fines and infringements (77%) and credit/debt (71%).

**Table 2: Proportion of HJPs providing legal assistance for financial issues (shading indicates top three issues)**

In the 2021-2022 financial year, did the health justice lawyers provide assistance (including advice, casework, or secondary consultation) for the following types of legal issues?	Yes, HJP lawyers provide assistance for this issue	We see this kind of legal issue but it's outside our scope of work	Total % of HJP who see this legal issue
Financial abuse	89%	5%	95%
Fines/infringements	77%	15%	92%
Credit/debt	71%	18%	89%
Redress/victim of crime programs	69%	15%	84%
Social security/Centrelink issues	63%	31%	94%
Child support claims	56%	25%	81%
Tenancy issues (including eviction, landlord disputes)	55%	39%	94%
Consumer law issues	51%	31%	82%
Mortgage issues	47%	13%	60%
Identification documents	42%	21%	63%
Superannuation	35%	21%	56%
Compensation claims (e.g., workers compensation, personal injury)	26%	38%	64%
Bankruptcy	25%	15%	40%
NDIS/NDIA issues	23%	47%	70%



The range of financial issues for which legal assistance is provided is likely unsurprising to those familiar with the work of community legal centres and legal aid services, but HJP practitioners interviewed noted that many people were unaware that such issues are legal issues until they were referred into the HJP:

*“We have to do so much more community engagement and outreach to help people identify that these are actually legal issues. People know they’ve got a criminal issue. People generally know to see a lawyer about family law issues or child protection issues. But very few people realise that civil law issues are legal issues – they’re not aware of it.”*

– Solicitor

The issues that were seen by most HJP lawyers but were out of scope for assistance in their HJP were NDIS/NDIA assistance, tenancy issues and compensation claims. In such cases, the HJP may provide referrals to other legal services. For example, 94% of survey respondents reported that their HJP saw clients with issues relating to social security/Centrelink but only 63% said they provided support for such issues, because many jurisdictions have specialist welfare rights services. In other cases, services made a judgement about which types of issues they were best placed to address, and where a referral to another legal service or to a private lawyer for pro bono help with specific legal issues might be more appropriate.

*“We make a lot of pro bono referrals. Someone might come through with all these other issues, and we’re able to also identify ‘hey, they’ve also got this debt issue, they need to recover this money from some sort of credit provider, or they’re being sued’. And we’re fortunate to be able to get the assistance of a pro bono firm quite readily with these sorts of issues.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

The surveys focused on the role of HJP lawyers in providing legal assistance, but interviewees noted that HJP lawyers also often take on non-legal tasks related to financial issues, such as filling in forms or requesting bank statements, when that is what is required to resolve the client’s situation.

*“Sometimes the social worker is no longer involved because the patient’s been discharged. And if the lawyer doesn’t do it, who’s going to do it?”*

– Manager, Seniors Law

As this quote demonstrates, if the work to hand was not specifically a legal task, there was often not a firm boundary between the work of the lawyer and the work of other non-legal professionals such as social workers, family violence advocates or financial counsellors. The role of these professionals is discussed in the next section.

## Non-legal assistance

Improving access to legal assistance for those who need it is a key reason for establishing an HJP. However, HJPs recognise the breadth of interrelated needs that their clients may have, and most work with many other professionals to meet these needs, including family violence advocates, counsellors, social workers and financial counsellors. Of these, social workers and financial counsellors have a significant role to play in supporting financial wellbeing.

### Financial counsellors

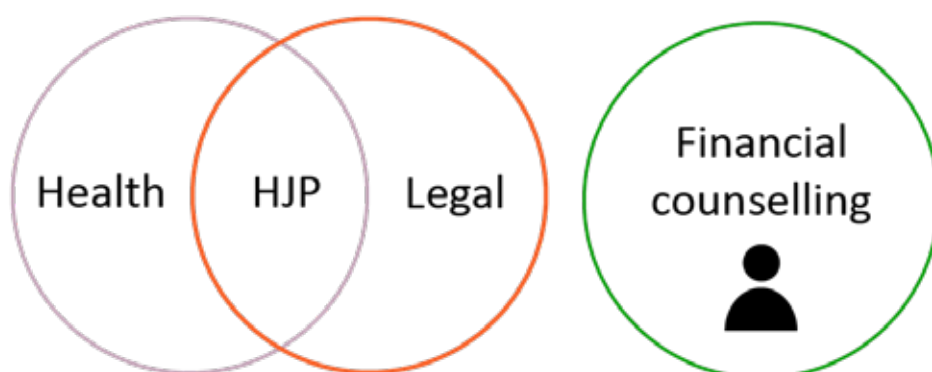
Of the HJP lawyers who responded to the survey, 84% provided some kind of referral to financial counsellors (whether internal referrals, external referrals, or both), 10% said that they received referrals from financial counsellors and 10% said that they did not have any type of referral arrangement with financial counsellors.

The survey asked about internal and external referrals, but in the interviews we learned that these simple categories were insufficient to describe the diversity of ways that HJP work with financial counsellors. We identified four types of arrangements:

- referrals, where the financial counsellor works for a separate organisation to the legal and health services
- partnerships, where the financial counsellor works for a separate organisation with a formal partnership arrangement, may be co-located in the HJP and may share funding and other resources
- internal referrals, where the financial counsellor is employed by one of the partner organisations
- integrated financial counsellors employed within the HJP.

In referral arrangements, the financial counsellor works for a separate organisation to the health and legal partners. The nature of referral arrangements varies greatly, with some organisations providing information or setting up an appointment, and others noting that they go beyond 'just referrals' to having a strong, collaborative relationship with the financial counselling organisation.

**Figure 3: In a referral arrangement, the financial counsellor works for a separate organisation**



Referral relationships were preferred by some HJPs, rather than having a closer connection that would involve information sharing, to manage the risk of systems abuse:

*“What we have to be mindful of when we’re working in family violence within a legal framework, is the purpose of why we are sharing information to community services, especially if the information that is shared might be relevant to the issues in dispute in ongoing Family Law proceedings, the perpetrator may be able to subpoena the notes.”*

– Program Manager, Mabels, Eastern Community Legal Centre

This risk was part of the rationale for Mabels preferring to support women to better navigate the system for themselves:

*“We build on her empowerment and her own ability to self-advocate. So that’s one good thing – because we know service systems. We don’t want to create clients’ dependence on a service system. The best thing we can do is teach people how to navigate and advocate for themselves. It’s part of our role. How do we teach her to have that language to go to the services to advocate for herself?”*

– Program Manager, Mabels, Eastern Community Legal Centre

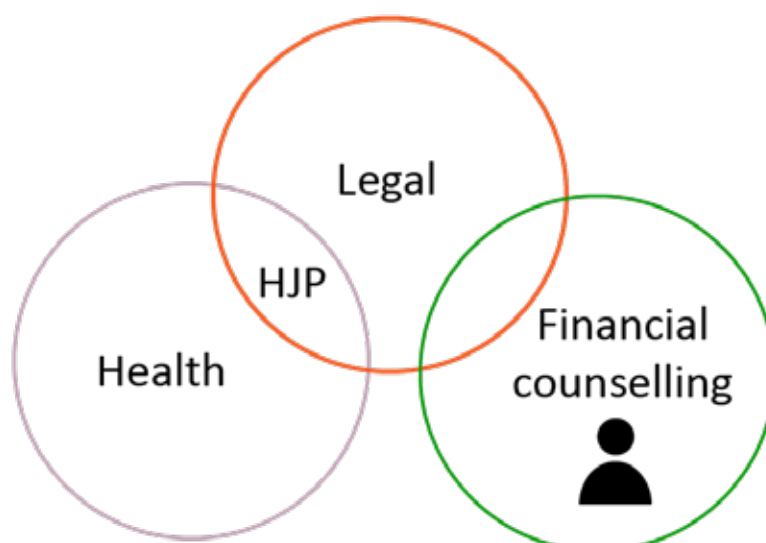
In some HJPs, strong relationships with financial counselling organisations helped HJP clients get more timely assistance than would have been possible without a referral. However, practitioners noted that they were mindful of waiting lists and the high demand for financial counsellors, and only referred if they thought it was essential to meeting the clients’ immediate needs.

For other HJPs, strong relationships had evolved into a more formal partnership arrangement between the community legal service and the financial counselling service. The financial counsellor still works for a separate organisation, but they share resources and co-locate with the HJP to enable timely support for clients.

*“Our financial counsellor is not on staff, but we have a partnership arrangement with Anglicare. So partially, some of our HJP funding is used to engage Anglicare to provide services to clients referred through the partnership. It’s a slightly different model in that she’s not employed by us, but we make lots of warm referrals, and she picks them all up and gets to them rapidly.”*

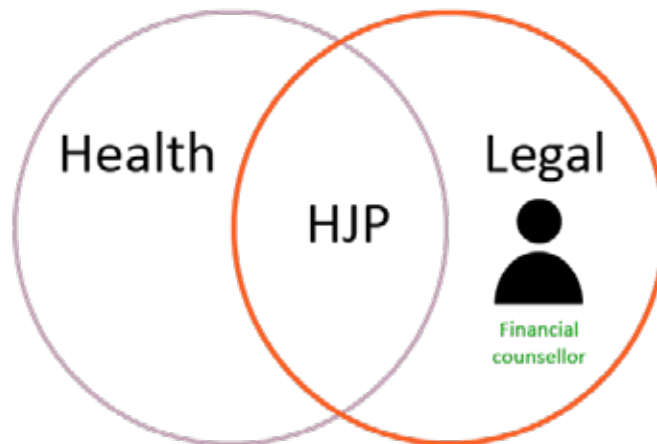
– Managing Lawyer, Health Justice Partnerships, IMCL

**Figure 4: In a partnership arrangement, the financial counsellor works for a separate organisation, but the financial counselling service & legal service may sharing funding, office space and other resources**



In internal referral arrangements, the financial counsellor is employed by one of the partner organisations (most often the legal assistance service).

**Figure 5: In an internal referral arrangement, the financial counsellor is employed by one of the partner organisations**



Such an arrangement had several advantages. Firstly, it reduced the need for a referral, which can be challenging for some clients:

*“Sending women from place to place, they don’t need that extra burden. CAWLS is experiencing an increase in interconnected socio-legal issues with separation, domestic, family, and sexual violence and debt/financial issues. CAWLS adopts a multi-disciplinary, trauma informed and integrated legal and socio-legal model of practice which limits the necessity for victims to repeat their experience to multiple professionals, and multiple organisations. We are a one-stop shop, we provide ongoing support, our staff are trauma-informed and holistically working with that client to achieve an outcome that supports her and her children to move forward in difficult times, to be informed and stay safe.”*

– Legal Practice Manager, CAWLS

Another advantage of having the financial counsellor employed within the service was their role in building the organisation’s capability for working with financial issues, on both an individual and system-wide basis.

*“It’s changed our whole understanding of an approach to debt negotiation, advocacy. It’s made us much more relational. And it’s also made us shift from looking at client’s legal rights, and the other party’s legal wrongs, to really telling client stories in a way that prompts a compassionate response from individuals and institutions they work within, and then using those stories to then go that next step, from individual advocacy work to then trying to find opportunities and moments to shift the dial in culture and policies and procedures around how banks and institutions and government agencies understand and approach people who are experiencing financial hardship. So that’s how I’d describe that transformative shift. It’s really changed the way we understand what the options and strategies are.”*

– Senior Lawyer

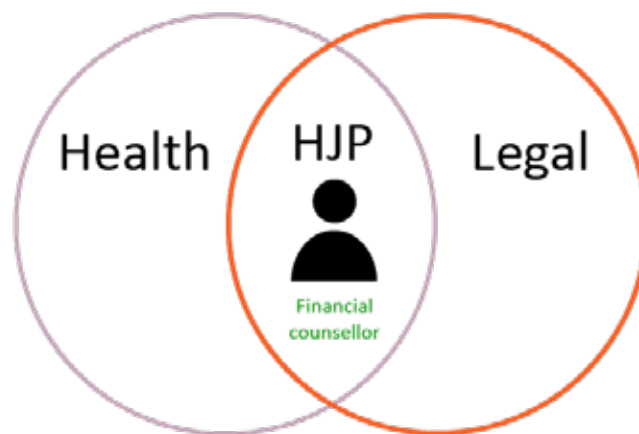
Having the financial counsellor be an employee of the legal service was also helpful for managing the risks around information sharing.

*“In legal settings, sharing information is incredibly difficult because we have legal privilege. So being able to employ staff ourselves does make a difference to information sharing and best practice around working with those people.”*

– CEO, Northern Suburbs Community Legal Centre

These advantages also applied to the small number of HJPs where the financial counsellor was integrated into the HJP. This was similar to the internal referral arrangement, but the financial counsellor was a dedicated resource for the HJP, rather than for all clients of the legal service. Such services also had a much closer working relationship between the lawyer and the financial counsellor, such as the client having their first appointment with both professionals (and a social worker) at the same time, and with a financial element built into the design of the HJP from the start.

**Figure 6: In an integrated arrangement, the financial counsellor is employed as a resource for the HJP**



Integrated arrangements had clear benefits for clients, including having timely access to both legal and financial support, not having to re-tell their stories multiple times, and not having to manage appointments across different services. Despite the many benefits, an integrated arrangement is not necessarily appropriate for all services, due to the challenges of implementation. For example, recruiting a financial counsellor to an HJP can be difficult due to a shortage of financial counsellors, but also due to the importance of finding a financial counsellor who is the right fit for the role. Working in a HJP means a narrower but deeper role in terms of clients and issues dealt with, and working within a legal service brings constraints on tasks that a financial counsellor might otherwise perform, such as supporting clients whose debts have gone to court, which becomes the remit of the lawyer in an HJP.

*“Recruiting for anyone in integrated practice, it’s a matter of finding the right person who actually wants to do this type of work as well. From my understanding, that’s a universal challenge in multidisciplinary legal services: to find financial counsellors who want to do a different style of work than really what they’ve signed up for in financial counselling work. Financial counselling work outside of a legal service tends to be high volume and fast-paced. Financial counselling in an integrated, multidisciplinary legal team is much more intensive, more time is spent with each client, so that a tailored and trauma-informed approach can be taken.”*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

Across all the different arrangements, HJP lawyers noted many benefits of working with financial counsellors, including enabling each professional to focus on what they do best. For the lawyers, this meant the ability to focus on the legal matter:

*“A real advantage is it releases the lawyer to really only focus on the legal matter and on ensuring that the client has a good understanding of what’s going on from a legal perspective.”*

– General Manager, Ruah Legal Services

Lawyers also noted that financial counsellors were able to achieve better or more timely outcomes for financial matters than would have been possible with a legal approach, including when working with banks:

*“The banks have got a fair bit of respect for financial counsellors. When a lawyer gets in contact, it goes off to the legal department, and when they’re sent off to the legal department, it gets stuck there. Whereas with financial counsellors, we’ve got avenues that we can talk to, that we build up relationships with over the years and can sort of bypass some of that. And it keeps it out of legal. At ECLC, our financial counsellors have been able to have debts incurred by the client waived on compassionate grounds relating to elder abuse. This has meant that the client has been in a better position financially to move forward.”*

– Financial Counselling Lead, Elder Abuse Response Program, Eastern Community Legal Centre

In some locations, an appointment with a financial counsellor was required before a client could access emergency relief funding, so strong relationships were important to ensure this could happen in a timely way.

## Social workers and family violence advocates

Given the topic of financial wellbeing, our interview questions focused on the different ways that services worked with financial counsellors. Practitioners reminded us, however, of the significant role social workers and family violence advocates play in supporting clients with financial issues. In many services, social workers took on tasks such as changing or cancelling bank accounts; arranging Centrepay or direct debit for bills; and discussing financial resilience strategies, such as setting boundaries with family members.

This was true even in services that also employed financial counsellors. For example, at WREN, a service for women experiencing family and domestic violence with both financial counsellors and social workers employed within the HJP, social workers had an important role in supporting access to Centrelink:

*“The first step for a woman to get that financial independence if she’s not working is getting that money from Centrelink and if there’s a language barrier or some other kind of barrier, the social workers play an integral role with that.”*

– Senior Solicitor, WREN

RUAH is an integrated service that employs both financial counsellors and social workers (known as key workers) and noted the importance of the relationship with social workers for gaining trust:

*“It helps facilitate trust with the client that then they can see that the key worker who they’ve developed a relationship with has a relationship with the financial counsellor. So they’ll often be there for the first initial meeting and then provided everyone’s comfortable, the client will go on to meet with [the financial counsellor] to work on the issues, and where necessary, if there’s issues around technology access or concern that the client’s not in a stable enough space to do that follow up by themselves, then the key worker may continue to assist in setting up those meetings and attending those meetings with the client.”*

– General Manager, Ruah Legal Services

For many HJPs, social workers in the health service play a vital role in identifying clients with life circumstances that would benefit from legal assistance, and referring into the HJP:

*“It’s probably the social worker picks it up. The clients don’t label it as ‘I’m experiencing family violence or elder abuse’. They might say ‘I’ve got troubles with my nephew or my husband, but they don’t name it.’”*

– Financial Counselling Lead, Elder Abuse Response Program, Eastern Community Legal Centre

# HJP outcomes related to financial wellbeing

The previous sections outlined the types of intertwined financial issues addressed in HJP, through both legal and non-legal supports, showing that HJPs do address financial issues, and that they can provide support for clients who may otherwise be difficult to reach.

It is more difficult, however, to demonstrate the work of Australian HJPs in financial wellbeing in terms of outcomes for clients. This is largely because financial wellbeing is not a primary intended outcome for most HJPs, and therefore it has not often been included as a subject of evaluation questions or as part of study designs.

In addition, legal assistance services commonly report their outcomes in terms of improving access to assistance and addressing legal issues, with outcome measurement being a relatively new focus for this sector (Forell 2021). Therefore, only a few Australian evaluations of HJP have measured quantitative change in an outcome measure related to financial wellbeing.<sup>2</sup>

Most evaluations of Australian HJPs do, however, include qualitative data on outcomes, including case studies, vignettes and quotes from clients. Despite financial matters not being a focus, much of this data includes references to intertwined financial issues and outcomes. This section maps outcomes that have been documented in evaluation reports from Australian HJPs against the financial wellbeing tree, along with findings from the interviews, to provide a picture of the financial wellbeing outcomes of health justice partnership, and the domains in which financial wellbeing outcomes are mostly commonly seen.<sup>3</sup>

Examples of the quantitative outcome measures used in HJP evaluations that were relevant to financial wellbeing included:

- measures of overall wellbeing and stress, such as the Kessler Psychological Distress Scale (K10) (Lee and Buykx 2018, First Step 2017)
- the overall dollar value of debt and fines waived (Blustein 2020)
- proportion of clients improving their income, e.g. movement from benefits to work, or from part-time to full-time (First Step 2017)
- Standard Client/Community Outcomes Reporting (SCORE), the standardised outcomes reporting tool used for Commonwealth-funded programs, which includes financial resilience. (See for example Maylea, David et al. 2023).

However, these outcome measures have their limitations, and HJPs face significant challenges when implementing outcome measurement. For example, Lee et al (2018) used the K10 but very few clients completed a follow-up survey, so there was insufficient data for a comparison with the baseline measurements. Baseline data was also missing for a large number of clients, as surveys were not offered to distressed clients, clients who lacked capacity for consent, and clients who did not speak English (and funding constraints meant that survey materials were not translated into other languages). Similarly, Maylea, David et al. 2023 note the limitations of SCORE, with assessment often completed by the practitioner, rather than the client.

2. Noting that there is international research on HJP but there are significant differences in health, legal and social support systems across countries so comparisons are not always useful.

3. Health Justice Australia maintains a collection of evaluation reports from HJPs around Australia. Some of these reports are not publicly available, often due to the need for the HJP location to remain private for safety reasons. Outcomes from such reports have been cited as 'confidential' and the documents are not included in the reference list.

## Being in control

Figure 7: The financial wellbeing tree, based on Muir et al 2017



The first domain of financial wellbeing is ‘being in control’, which includes having control of your finances and setting and pursuing long-term goals.

Helping clients to regain or maintain control over their financial situation was an outcome seen in HJP evaluation reports. Examples included helping clients to regain control of their finances after experiences of financial abuse; regaining control of property or assets, including formalising loan agreements to provide better financial protection (confidential 2017); and preventing family members from withdrawing funds without consent (confidential 2021).

In addition to having more control, an important outcome for clients identified in both reports and interviews was feeling more in control (related to the next domain of having limited worry).

*“A client had a son who was gaslighting her, saying ‘You don’t own this house, and you need to go into aged care.’ She was in hospital, so I did a title search and gave her some advice. The house was definitely hers [...] And then there was a discharge planning meeting. And I said, ‘I can come and support you’. But she didn’t want me at all. But apparently, at the meeting she kept saying, ‘Oh, my lawyer told me. Listen to me, I’ve got my title search.’ And for her that was really empowering. And she was able to stand up for herself at that meeting.”*

– Solicitor

A recurring theme through the interviews was the outcome of clients feeling more empowered and more confident as a result of having more information about the legal remedies to their situation.

We did not find examples of the other aspect of this domain, setting and pursuing long-term goals, in the evaluation reports that we reviewed.



## Feeling financially secure

Figure 8: The financial wellbeing tree, based on Muir et al 2017



Feeling financially secure includes not having to worry much about money and having a sense of satisfaction with your financial situation. As most evaluations didn't focus on financial wellbeing, there wasn't information to determine if HJPs contribute to clients' financial satisfaction. However, relief of worry and stress is often reported as an outcome of HJP assistance (for both financial and legal issues), and the link between this worry and health outcomes is one that is clearly seen in many HJP evaluations.

*"My mental health had a lot to do with it... The debts were impacting my ability to think straight and my ability to cope. Now I am actually able to breathe I can fully focus on my therapy... It's like a huge chunk of my stress is relieved. How about that, I could sleep at night! I didn't have to worry that I owe this much, I owe that much... That mental capacity was something that had opened my mind, that okay, I can breathe. I can think."*

– Quote from a client from Inner Melbourne Community Legal Cross-site Evaluation (Lee and Buykx 2018).

Our interviewees also often spoke of the outcome of clients feeling less stressed.

*"There are so many parts that come into someone's financial wellbeing, and a lot of that's just removing the stress, and ensuring that people are well supported."*

– Senior Solicitor, WREN

## Meeting expenses and some money left over

Figure 9: The financial wellbeing tree, based on Muir et al 2017



Meeting expenses and having some money left over includes having an adequate income to meet basic needs, pay off debts, cover unexpected expenses and have some money left over.

Our review of HJP evaluation reports showed HJPs could improve their clients' ability to meet expenses by facilitating access to compensation payments, redress payments, social security and other government payments, superannuation or insurance payments, or securing refunds. HJPs also improved clients' ability to manage their debt, through reducing debt or restructuring payments to be more manageable, having fines waived or restructured, or resolving issues around predatory loans or lease arrangements.

*"The lawyer gave me some good news that the car was going to be released from encumbrances with Motor Finance Wizard. I didn't have to pay the \$140 a week. I can afford to do more now. I can put \$40 in the car. I don't have to stress about going from supermarket to school. I can afford to see friends more often. Having PTSD, being stuck at home, can be very depressing. I have more money for the home, heating, and my three-year-old. I can now better afford medication for my son."*

– Quote from a client from Bendigo Health Justice Partnership Research and Evaluation Report (Curran 2016).

Some HJPs were also able to support clients to meet expenses through emergency relief funding, which often served to prevent loss of tenancy or secure emergency accommodation.

*"While we seek to refer to family violence services for flexible support packages where possible, we also frequently work creatively to try and find financial support pathways ... We are also working to increase our own crisis support bursary fund, which is very minimal, but is vital when meeting timebound crisis needs."*

– HJP survey response

An evaluation of HJP First Step (a partnership between First Step Legal community legal centre and a non-profit drug and alcohol treatment and rehabilitation service) showed some improvement in employment outcomes, with 27% of clients showing an improvement (for example from Newstart to part-time work) (First Step 2017).

HJPs can achieve significant monetary outcomes for their clients through legal remedies for fines and debt. For example, they can provide access or referrals to work development programs enabling fines to be waived:

*“I refer clients into that [civil law] team, who would then get legal advice on all their fines and identify what can be waived and what can be done under the Work and Development Permit scheme and what can’t. That’s very financial – there can be \$50–\$100,000 in fines sometimes that the team can help reduce.”*

– Solicitor

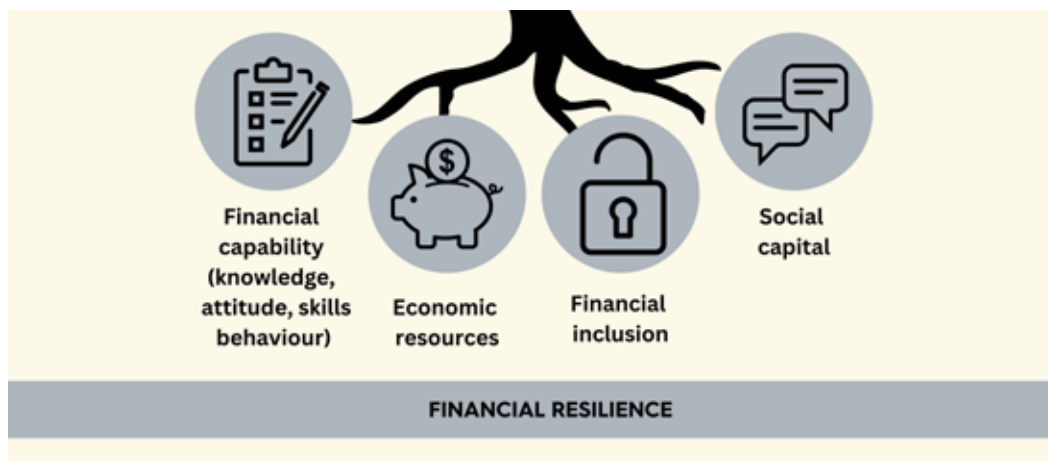
Many examples of this kind of monetary outcome were found in evaluation reports, for example:

*“Ultimately we were successful in our demands, and Amina ended up with all debts waived, and an extra \$15,000 comprising refunds and compensation in her bank account – a huge step forward in terms of alleviating Amina’s financial hardship.”*

– Quote from a case study in Health Agency to Court Evaluation Report (Blustein 2020)

## Influences on financial wellbeing: financial resilience

**Figure 10: The financial wellbeing tree, based on Muir et al 2017**



As well as direct support to address financial issues, HJP can impact upon financial wellbeing indirectly by building financial resilience and addressing other issues that interact with financial wellbeing. Financial capability is about knowledge, skills, attitude and behaviour. Improving the financial capability of clients is rarely part of the emphasis of HJP work – even HJPs with integrated financial counsellors said that this was not often a focus. However, some of the HJPs with embedded financial counsellors contributed to building community capability through community education sessions.

Financial inclusion is about having access to appropriate and affordable financial services and products. HJP contributed to this outcome by supporting clients experiencing financial abuse to access bank accounts. In some HJPs, supporting access to identification documents was a first step towards improved financial inclusion.

Muir et al. (2017) include ‘need for and access to community and/or government supports’ as part of social capital. HJPs contributed to this domain directly (such as improving access to government payments) and indirectly (for example, through resolving licensing issues and therefore improving ability to travel to access supports).

## Influences on financial wellbeing: external factors

Figure 11: The financial wellbeing tree, based on Muir et al 2017



### Personal health

As discussed previously, health and financial wellbeing are intertwined with legal issues. In some case studies, HJPs contribute to improved health directly through addressing health-harming legal issues (such as mould in housing). In most evaluation reports, a key contribution of HJPs to health was through reducing stress, including reducing the impact of stress on client drug use and mental health conditions.

*I was stuck... Without [the lawyer] I would've given in or I wouldn't be any further progressed. I just couldn't get anywhere on my own. It definitely had an impact on my health... Without her I'd probably still be at point 1 and now I'm at point 4 or 5. I'm very happy with the outcome.*

– Quote from a client in an evaluation of a hospital-based patient legal clinic (Bishop, Shahkhan et al. 2016)

### Household/social conditions and life events

The support HJPs provide to clients experiencing issues and challenges related to household, community, and society conditions and life events, often has the indirect benefit of addressing or mitigating the negative financial implications of these issues. Looking at housing for example, HJPs assist clients with the resolution of tenancy issues, mortgage issues or property disputes, which all have financial implications. Additionally, life events such as family breakdown, sudden illness, loss of housing and incarceration are all connected to financial issues. Many HJPs also engage in advocacy regarding systemic issues identified through the HJP services, contributing to improved outcomes in these areas.

# Beyond the individual: HJPs influencing change in services and systems

The previous sections have largely focused on the legal and non-legal assistance that HJPs provide to their clients, and the individual financial wellbeing outcomes achieved. However, HJPs' work is not limited to an individual focus. Many HJPs advocate for changes to the service system, and work to build the capability of their communities and of their health partner's staff to recognise legal need. These changes can build the capability of services and systems to respond to financial wellbeing issues, particularly for HJPs with a strong connection to financial counsellors or financial counselling services.

## Improving community capability

Most community legal centres and legal aid commissions deliver community legal education (CLE) to community members and to community workers and other professionals, with the goal of building awareness of legal issues and sources of legal support (Forell and McDonald 2015). HJP can extend the reach and effectiveness of CLE for clients through the assistance of the community or health partner. Examples might include the HJP lawyer delivering CLE at the partner's facility (thereby locating the training in place that is known and trusted), advertising the CLE to their clients, or helping to identify CLE topics that are important to their patients or clients. Of the HJP lawyers that responded to the survey, 31% said that, in the previous year, their health or community partner had provided such assistance with CLE.

Of those who said they provide such community legal education, 11% mentioned a specific financial topic and 33% mentioned a topic related to life circumstances that affect financial wellbeing.

In addition to community legal education, some HJPs deliver community financial education, which can be an important part of the role of an embedded financial counsellor:

*"She set up an education programme, it's a five-stage program, that focuses on things like debts, credit cards, superannuation, things like that. And it's five two-hour sessions... And that was co-designed with a couple of different councils and other organisations in our region. And it's been rolled out to a number of different communities. So we do lots of that education, early intervention work in that capacity."*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

HJPs were also involved in projects to develop community resources. For example, Seniors Law (Justice Connect), through their partnership with cohealth, conducted research with community groups, health workers and community workers to better understand why people don't develop future planning documents such as powers of attorney. They then codesigned conversation guides and easy-read resources to support people to develop such documents.<sup>4</sup>

4. These resources can be found at <https://justiceconnect.org.au/our-services/seniors-law/>

When we asked interviewees about what else they thought was needed related to financial wellbeing for the communities they serve, a frequent response was around financial literacy education. Improved financial awareness and capability was seen as primary prevention for elder abuse and domestic violence.

*“I’d be funding primary prevention and early intervention work particularly with financial counsellors, but also with other community service professionals and lawyers, to build financial capability, particularly with women.”*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

*“More education programmes targeted at older people, vulnerable older people, about finding someone to trust to have a power of attorney – and the dangers of having someone that they don’t totally trust. Knowing what can go wrong.”*

– Financial Counselling Lead, Elder Abuse Response Program, Eastern Community Legal Centre

Education was also seen as valuable in a residential rehabilitation setting:

*“Sometimes clients don’t have the money management skills that they need or want. Maybe some knowledge or access to a financial literacy course or resources might be beneficial, if the client wants to participate.”*

– Senior Solicitor, Legal Aid NSW

As discussed above, some HJPs were involved in this kind of community education work, alongside partnering or embedded financial counsellors, but saw the need for much more in this space. Others identified that their partnering health services would be well-placed to reach clients and deliver such programs:

*“Mabels is partnered with maternal child health nurses, and it would be great – maternal child health nurses are a universal service. They’ve got programs and support, with parenting and the child development side. In an ideal world, it [financial capability] would also be included in that – bringing in resources and groups to do training, more of a community development side so as many women as possible could access it.”*

– Program Manager, Mabels, Eastern Community Legal Centre

A challenge to this work is reaching clients at the right time. While HJPs are positioned to identify the needs in their communities, and to reach clients who otherwise might not engage with the service system, the timing is not always right for financial education:

*“A lot of the circumstances we see clients in, a lot of our clients really have no financial literacy. And they’re experiencing abuse. And that’s such a terrible combination of things to be experiencing at once. And when people are experiencing abuse, for them to have to learn something new at that time is so difficult, because emotions are running high, they’re very vulnerable. It’s just you can’t really learn at that time. So, how do we get that learning to happen earlier?”*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

## Improving capability in health services

Building the capability of the staff of health and community services to recognise clients' unmet legal needs and refer to the HJP is an important part of the work of many HJPs. Of the HJPs that responded to the survey, 75% said that, in the previous year, the lawyers had provided CLE or professional development to the staff of the health partner service. This high proportion is despite the challenges of COVID-19: at the time of the survey, almost half of HJPs reported that they still had limited ability to attend the health service in person, and many had moved their health staff training online.

Of those who provided training, 18% said their training covered a financial wellbeing topic (such as financial abuse or fines) and 73% said their training covered a life circumstance affecting financial wellbeing, such as family and domestic violence.

Interviewees confirmed the importance of capacity building and strong relationships leading to improved recognition of legal issues, and greater confidence in making referrals.

*"I would say that the success of the model is really a combination of that improved capacity and confidence to recognise elder abuse that comes about as a result of our capacity building activities and the strength of that relationship with the lawyer."*

– Manager, Seniors Law

Evaluation reports also showed examples of financial issues being included in HJP intake forms, or in 'legal health checks' (a structured way to assess whether clients would benefit from referral to the HJP lawyer, or to ensure legal issues are captured on intake into the HJP)<sup>5</sup>:

*"Some staff felt that identifying issues was relatively easy. 'I don't have any legal training, but I don't find it terribly hard. If they're saying they've got major debts, that's a pretty clear flag.'"*

– quote from a health worker in Evaluation of the Law Right Wuchopperen Health Justice Partnership and Law Yarn (Allison 2019)

## Advocating for systemic change

The survey asked whether the HJP had undertaken any policy advocacy or law reform activities as a partnership, such as joint submissions, over and above any advocacy work undertaken by the individual partner organisations. This was a less frequent activity conducted in partnership, with 16% having conducted joint policy advocacy activities in the previous year (again interpreting this statistic in the context of the additional burden that COVID-19 was continuing to place on health services at this time). Examples provided included joint submissions into reviews on housing, long COVID, and family and domestic violence.

Although systemic advocacy was not always done in partnership with the community or health service, HJP lawyers noted that it was an ongoing part of the work of community legal centres and legal aid commissions:

*"We also advocate consistently for responsible lending practices and debt recovery processes. So that people do not feel suffocated by the debt and the recovery of it. It's about trying to stop the problem before it occurs. It's making the lenders more accountable in their business practices."*

– Senior Solicitor, Legal Aid NSW

5. For more information on legal health checks see: <https://www.lawright.org.au/legal-information/legal-health-check/>

Internal or integrated financial counsellors sometimes enabled systemic advocacy work, both through the skills and perspective the financial counsellors brought to the service, and also through having some of their time as a dedicated resource for such work.

When interviewees were asked about constraints on their work in financial wellbeing, some practitioners pointed to broader systemic issues that both HJPs and financial counsellors work within, and the need to be realistic as to the types of outcomes that are possible. An example was the systemic issue of the inadequacy of social security payments, and the rising cost of living in Australia:

*“The obvious one is that it’s a systemic issue of, you know, people can’t afford their rent and people are on payments that are hard to subsist on. And those cycles of poverty, unless those systems change, you’re only the ambulance at the bottom of the cliff, rather than preventing people from cycling through the same issues.”*

*– Managing Lawyer (Health Justice Partnerships), IMCL*



# Opportunities and constraints to addressing financial wellbeing through HJP

The previous sections have demonstrated how HJPs can contribute to financial wellbeing outcomes at the individual, community, service and systems levels, and that there may be the potential to strengthen such contributions. This section considers the opportunities and constraints associated with addressing financial wellbeing through HJP.

## Placing financial wellbeing in a holistic context

As demonstrated in earlier sections, most HJPs support clients with financial issues, through civil law assistance for issues such as fines, debts and financial abuse, or through the integrated support of social workers and financial counsellors. HJPs may even have financial issues as the core focus of their work, such as elder abuse services with a focus on financial abuse. However, for many HJPs, the interest in financial issues is connected to a broader concern with the links between financial outcomes and outcomes in other areas, such as the flow on effects to a woman's ability to leave a violent relationship, or for a client to have a more stable environment to support their mental health.

For example, Northern Suburbs Community Legal Centre has both a partnership arrangement with a community financial counselling service, and a financial counsellor employed within their HJP. Despite this investment in financial issues, their CEO was clear that they were not interested in financial wellbeing as a stand-alone outcome:

*"We're not a financial wellbeing service... That's not our aim. It's not our core business. It's not a KPI. The KPI is a holistic service."*

– CEO, Northern Suburbs Community Legal Centre

This emphasis on a holistic approach is actually an opportunity, rather than a constraint, when thinking about options for improving financial wellbeing outcomes from HJP, because it aligns with research on what works in improving financial wellbeing. A recent review of initiatives to address financial wellbeing and financial strain in high-income countries found that flexible, holistic approaches that included wrap-around support or included multiple types of services into a single program were successful in improving financial wellbeing and reducing financial strain. In contrast, approaches that focused only on behaviour change or financial education were less effective, especially for those experiencing multiple forms of disadvantage (Yashadhana, Glenn et al. 2023). HJP is a strategy that already recognises the interconnectedness of health and legal issues, which are also connected with financial issues:

*"What we really want is more general funding that acknowledges the multiplicity of the many legal issues and many non-legal issues our clients have, and that actually, the most effective way to address that is in a wrap-around model where you have the flexibility to say, 'Oh, this client's main needs are housing and family functioning, so we're going to focus on that, whereas this client's main needs are financial wellbeing and support around their mental health treatment.'"*

– General Manager, Ruah Legal Services

Supporting this kind of flexible approach would also acknowledge that financial wellbeing issues and legal issues are not necessarily distinct issues, but may be intertwined, or may be the same issue at different points in time.

## Engaging with the challenge of evidencing outcomes

When asked about the financial wellbeing outcomes of their services, many interviewees reflected on the challenges associated with demonstrating the outcomes of their work. Although they recognise the importance of data on outcomes, HJPs (and community legal centres more broadly) face a number of challenges in outcomes measurement.

Clients of HJPs often have complex life situations and often have more than one legal issue, in addition to other health and welfare concerns. For example, in one HJP, 90% of clients had five to eight legal problems (Curran 2016). This complexity can make it difficult to capture and report on the full picture of client legal need, particularly if the legal databases are set up to only capture the ‘primary issue’.

Services may also find it difficult to capture the full picture of the support provided through an HJP to understand how outcomes are achieved. For example, databases used in community legal centres (such as CLASS and ActionStep) may be used by the lawyers but not by the non-legal professionals, such as social workers and financial counsellors. The activities and outcomes of the health services are also captured in separate systems. Many HJP are evaluated from a narrow lens of health outcomes or justice outcomes, rather than being evaluated for the outcomes of their partnership (Forell 2021).

There is also the issue of capturing what happens once a client is referred, whether internally or externally. One of the strengths of HJPs is their ability to reach clients who otherwise may not have engaged with the service system, but the difference that this reach makes may not be fully accounted for if referrals are not counted as HJP clients, or the data on the outcomes of referrals are not collected.

Practitioners in interviews spoke about being mindful of their clients’ circumstances when seeking to collect data. For example, WREN adapted their legal services client survey because the original version used a visual scale, and the angry faces for negative feedback were seen as inappropriate for a client group experiencing violence and trauma. Similarly, a solicitor (who preferred to remain anonymous) spoke of the difficulties of collecting survey data from her clients, and the time and resources that would be required to have surveys completed:

*“It’s nearly impossible to get somebody to fill in a survey – the only way I reckon it would work is I’d have to sit there with them and complete it with them and fill the form in with them. Because there’s paperwork, there’s a lot of people with literacy issues. You know, I’ve got people sitting across from me and their whole body is shaking. Their hands are shaking and they’re on either pretty full-on medication, or they’re using some kind of illicit drugs or they consume alcohol to extreme amounts. So, you know, that’s going on in their body. That’s affecting how their brain and memory work. So I feel like this group of people, handing them a piece of paper and asking them to read it and fill it in, isn’t a good way to go.”*

– Solicitor

Despite funders increasingly asking for outcomes data in grant applications and reporting, the time and resources required to collect such data are often underestimated and unfunded:

*“It gets complicated, we’re trying to pitch for a portion of funding for lived experience perspective and to embed a lived experience voice as part of our work and to have things such as monitoring and evaluation included. Funders aren’t always receptive to models that are more nuanced than just funding straight service delivery.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

HJPs are often bringing together multiple funding sources to make their work possible, which means managing multiple sets of expectations regarding reporting and evaluation. Even services large enough to have a dedicated monitoring and evaluation staff member noted there was rarely enough capacity to do additional research work. When resources are available to collect additional data from clients, a simple baseline and follow-up study, with a small cohort of clients from a single HJP, is unlikely to accurately demonstrate the value of legal assistance. As Day and Moensted 2019 noted:

*“Given the very complex lives of many of the HJP clients and myriad problems they experience on an ongoing basis, determining a quantifiable impact may be practically difficult.”*

*(Day and Moensted 2019)*

Funders, evaluators and HJPs may wish to include financial wellbeing in outcomes measures to better understand and build on this aspect of HJPs’ work. Even without the significant research investment that would be needed for robust quantitative assessment of impact, there is much to learn from these outcomes.

## Partnering to respond flexibly to community need

HJP is not a prescriptive service model that is replicated in different places. As was demonstrated in the section on financial counsellors, HJPs chose different arrangements that evolved over time in response to funding availability, community resourcing and need. Interviewees mentioned trying different combinations of practitioners, locations and referral pathways to see what would work best in that particular place:

*“Our model has changed quite a bit over the past year or so. Trying to find that right balance and how to best service our clients [...] It’s a constantly evolving thing. We’re all like ‘well, what can we do for each other? How can we support each other’s services and get the best outcomes for clients’.”*

*– Senior Solicitor, WREN*

The strategy of partnership also allowed services to build upon established practice and avoid duplication with existing service models and infrastructure. For example, several HJPs had formalised partnership arrangements that allowed the legal service to have a co-located financial counsellor who would prioritise the HJP clients, without trying to compete with the local financial counselling service for financial counselling-specific funding or for qualified staff. In contrast, HJPs in regions with few or no financial counsellors were well-placed to hire financial counsellors directly and develop an established legal service into a more integrated service delivery location.

Partnerships also adapt over time to the needs of the community. An example can be seen in the Inner Melbourne Community Legal and the Royal Melbourne Hospital joint submission to the House Standing Committee on Health, Aged Care and Sport inquiry into long COVID and repeated COVID infections. In response to the rising prevalence of long COVID, Royal Melbourne Hospital established an allied health-led multidisciplinary outpatient rehabilitation service, including social workers, physiotherapists and psychologists. Clinic data showed that 75% of clients had financial and legal issues. The joint submission outlines the systemic failure to provide financial and social support for people with long COVID and other long-term illnesses. In the interview, the managing lawyer said they were exploring what was needed to support clients, who:

*“...were no longer able to work, had exhausted all of their sick leave and entitlements, and had to resign. They were struggling to pay mortgages, struggling to support their families, and just managed basic day-to-day life and probably hadn’t, prior to that, been on Centrelink, or been the sort of cohort that we would have seen [at the community legal centre].”*

*– Managing Lawyer, Health Justice Partnerships, IMCL*

Although it was early days, the partnership demonstrates the potential to build on the foundation of an established HJP to identify and meet the needs of new clients at the intersection of legal, health and financial needs.

Such responsiveness to the needs of a specific place is a strength of HJPs, helping to overcome “the siloed nature of supports and poor referral pathways between them” that can characterise the service system for people with complex needs (Heartward Strategic 2022). Partnering can allow practitioners to provide multidisciplinary support teams for their clients, by drawing on the existing resources in a place, and locating new resources where they can make the most difference. However, HJPs need to allow time to adapt the strategy of partnership to the unique environment that it is working in, and to respond to the needs of that place:

*“Funders want those sexy pilots that initiate and innovate [...] good practice comes from the slow, plodding regularity of showing up each week and responding to what emerges. It doesn’t happen in some kind of incubator, it can’t be achieved and embedded within a short timeframe. We often get maybe 12 months of funding – it’s really hard.”*

– Senior Lawyer

## Reaching people experiencing complex disadvantage at the right time

Services had learned over time what worked best for the client cohort that they were working with to ensure the timing and nature of legal support. An HJP whose health partner was a treatment service for people experiencing problems associated with their alcohol and other drug use decided to focus on clients in the outpatient clinic, agreeing that dealing with legal issues was too much additional stress for clients in the inpatient withdrawal unit. Another HJP found that residential rehabilitation was an ideal time to be working with clients on redress claims, because they had the immediate support of counsellors through the process.

The experience of these HJPs reflects evidence about the timeliness of legal help being helpful relative to the experience of clients, rather than at a fixed point in legal or other systemic processes (Forell 2015).

As with legal assistance, financial counselling assistance was also context and case specific:

*“The financial counsellor is doing more of the emergency relief, helping with bills, negotiating with utilities providers and that sort of thing. And budgeting to a certain extent, but you’re talking mostly about people who are in crisis. So budgeting’s usually not at the top of their list.”*

– Senior Solicitor, WREN

HJPs told us that they were responsive to client need, including assessing their clients’ readiness to work on financial issues. HJPs often catch people at a point of crisis, at a time where, even if they would usually be disconnected from services, they are engaging with a health or community service.

*“It’s that real opportunity point where getting linked in is the key. And it may not be that they get substantive help until they’re out of hospital and in a slightly more settled space. But making that link at that point, means that we’ll be able to then unpack all of the layers that are kind of sitting underneath the key issue that got them referred to us in the first place.”*

– Managing Lawyer, Health Justice Partnerships, IMCL

Engaging with a HJP can be the start of an upward spiral where a client experiences success in problem-solving, and is therefore more able to continue engaging with services (Heartward Strategic 2022).

## Overcoming insufficient, fractured or inflexible funding

HJP practitioners see the benefits of a multi-disciplinary, cross-sectoral approach to meeting client need, but it can be a difficult approach to secure suitable funding for.

Partnership work can fall into the spaces between siloed government departments, or struggle to fit into the boxes around particular outcomes or needs that funders are seeking to address.

*“We continue to find it very challenging to get funding for the work that we do. There is still very much a strong belief that Department of Justice should only fund lawyers, Department of Communities should only fund key workers. And although we are told there are discussions around co-commissioning, we are yet to see this materialise.”*

– General Manager, Ruah Legal Services

While a call for longer funding periods is a common refrain from the community sector, interviewees articulated the particular challenge facing those seeking to establish an HJP or to embed new non-legal supports. Partnership work takes time to build relationships, build the capability of staff to work in partnership, and establish the referral pathway. Services can be left in a difficult position if funding ceases.

*“Do we really want to invest all this time in trying to set up a service where we just have to pull the plug in, you know, seven months’ time? So yeah, it’s all about funding, and the right funding. It’s got to be multi-year funding. And it’s got to be someone, a funder, who understands our vision and understands that it’s going to take time.”*

– Manager, Seniors Law

Funding was a key barrier to embedding financial counsellors in legal services. Some funding sources for legal services limit staff expenditure to lawyers only. Services who found alternative funding for social workers and financial counsellors then had to juggle the timing of funding, and match staffing to caseloads for lawyers, social workers and financial counsellors.

*“We need more funding that would allow us to expand in a coordinated fashion, rather than what looks like us cobbling together legal funding here and trying to match that with the level and the timing of the non-legal funding there.”*

– General Manager, Ruah Legal Services

Another barrier for embedding financial counsellors within services was the short-term nature of funding agreements. Services who had secured funding for a financial counsellor, successfully recruited someone with the right skillset, developed collaborative working arrangements, and started seeing the positive outcomes of adding in this support, then faced a funding cliff at the end of a pilot project or one-year funding agreement.

*“I’m hoping that we’ll hear news that it will be extended. It would be absolutely devastating from my perspective for this to end.”*

– Legal Practice Manager, CAWLS

At one organisation, the financial counsellor was initially hired via a short-term, local government homelessness grant, but it was challenging to find ongoing funding. In an effort to keep the role, they ran fundraising events, sustaining the position in the short-term while continuing to seek a longer term solution. This highlights how much the financial counsellor was valued by the team, but also how much additional work can be required to sustain successful projects.

Despite the many benefits of working with financial counsellors, the interviews demonstrated that strengthening financial counselling support in HJPs would not simply be a matter of providing funding for the additional staff member. Time and resources are needed to establish good working practices across the team, striking the right balance between respecting professional boundaries and retaining the advantages of being flexible about roles and tasks. This requires effective communication and ongoing conversations about how to best work together.

*“I came in, and I was like ‘I want to write a black and white guide about everybody’s role – this is the wall here, this is the wall there, you only do this and this’. But I’ve learned over the course of the year that it doesn’t work like that. But boundaries are extremely important. So we’re doing a lot of work on that in the team. And it’s ongoing work.”*

– Managing Lawyer, Elder Abuse, Eastern Community Legal Centre

Practitioners mentioned issues of confidentiality, consent and legal privilege as issues that need to be carefully considered when establishing arrangements for working closely with financial counsellors.

Another issue is the need for professional support. An advantage of a legal service referring clients to, or partnering with, a financial counselling service, rather than employing a financial counsellor directly, was the professional support that the financial counsellors could access when working within a specialist service. Legal practitioners with financial counsellors employed in their community legal centre noted the importance of ensuring that the financial counsellor is not professionally isolated, outlining the steps that had been taken to provide appropriate professional supports, including external supervision, connections to communities of practice, and internal management supports.

*“Our financial counsellor has two supervision groups, an individual one and a group, then she has me as the senior lawyer. We have discussions about which matters will be an internal referral to a lawyer. This works very well for case management, we run a very busy service and have to watch caseloads with all staff. The financial counsellors also have conferences a couple of times a year which we support attendance.”*

– Legal Practice Manager, CAWLS

# Conclusion

***“If problems are interlocking, then so must solutions be. A job alone is not enough. Medical insurance alone is not enough. Good housing alone is not enough. Reliable transportation, careful family budgeting, effective parenting, effective schooling are not enough when each is achieved in isolation from the rest. There is no single variable that can be altered to help [...] people move away from the edge of poverty.”***

**– Shipler, p. 11, cited in Cabaj (2021).**

Evaluations of HJPs are full of case studies of interlocking health, legal and financial problems, with stories demonstrating how debt from loans can cause stress that hinders recovery from addiction; how the loss of a licence can lead to loss of income and therefore housing; how financial abuse can derail retirement plans and contribute to health issues.

When financial wellbeing is understood as an outcome influenced by personal health, household and social conditions, and life events, then it becomes clear that HJP, as a strategy to reach people and support people experiencing complex disadvantage, has a role to play in achieving financial wellbeing outcomes, particularly when the legal support is integrated with other kinds of social supports. HJP brings legal help into trusted, accessible services already focused on supporting people’s health and wellbeing, and are strengthened when the legal support is integrated with other kinds of social supports. By working together, health, community and legal services can start to address the complex problems in people’s lives in ways they couldn’t do working separately.

This research project demonstrated the breadth of legal and non-legal assistance provided in HJPs that can help support people facing a range of challenges that affect their financial wellbeing, and the benefits of locating this assistance in trusted health and community services. Supporting HJPs to achieve financial wellbeing outcomes will require recognition of the strengths of HJPs as interlocking solutions – a collaborative and holistic approach that is driven by the local context. While there is opportunity to build on existing work, particularly in strengthening relationships with financial counsellors, there is not a one-size-fits-all model that can be replicated. Rather, there is a need for flexibility in service funding, design and evaluation that supports an HJP’s strategy of being flexible in implementation to best meet the needs of their clients and communities.

For HJPs, this research highlights the benefits that many services have seen for their clients and their wider practice from working closely with financial counsellors, whether in referral, partnership or more integrated arrangements.

For funders and policy makers, this research highlights the need for funding models to align with the evidence base on the intersecting and overlapping nature of financial, legal and health issues, and to recognise the advantages of allowing services the flexibility to respond to the needs of their communities and clients.

For future research and evaluation, this research demonstrates the need to consider multiple types of outcomes when evaluating HJP, and the potential benefits of including broader and multidimensional wellbeing measures in evaluation designs.

# Appendix 1: Methods

## Review of evaluation reports

- Health Justice Australia maintains a reference library of evaluations (published and unpublished) of health justice partnership (HJP) in Australia. We reviewed these evaluations to understand what types of assistance and outcomes related to financial wellbeing are reflected in those reports.
- The reports were coded in qualitative data analysis software Dedoose to create lists of the types of financial legal assistance provided, and any financial outcomes that were identified.

## Survey

- We sent a brief survey via email to the 105 health justice partnerships known to Health Justice Australia as of November 2022, with the survey to be completed by a key contact, usually a lawyer or program manager.
- Survey questions included whether their service had provided legal assistance for different types of financial issues in the previous financial year, using a list of financial issues we created by reviewing evaluation reports from HJPs. Other questions included the types of capability building and systemic advocacy work completed by the organisation.
- We received responses from 63 HJPs, a response rate of 60%.

## Interviews

- We interviewed 14 staff (including legal practitioners, program managers and a financial counsellor) from 11 health justice partnerships to better understand how they address financial challenges.
- The interviewees were selected via purposive sampling to provide diverse perspectives from services seeking to reach clients experiencing family and domestic violence, mental health issues and elder abuse.



# Appendix 2: Interviewees

Many thanks to the interviewees and their organisations, named and anonymous, who generously gave their time to provide insights for this report, including:

- Susan Amos
- Katrina Barrett
- Kathy Blitz-Cokis
- Kim Broughton
- Sue-Ellen Hills
- Fleur Leishman
- Yvonne Lipianin
- Anna Ryan
- Jo Sampford
- Claire Thurstans
- Sarah Toovey
- Molly Williams.

# References

Allison, F (2019) Evaluation of the Law Right Wuchopperen Health Justice Partnership and Law Yarn: 136, Cairns, Queensland, Law Right and Wuchopperen Health Service.

ANZ (2021) Financial wellbeing: A survey of adults in Australia, ANZ Banking Group Ltd.

Australian Bureau of Statistics. (2017) "Personal Safety Australia 2016, Statistics for family, domestic, sexual violence, physical assault, partner emotional abuse, child abuse, sexual harassment, stalking and safety." Retrieved 04/02/2021, 2021, from <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release#experience-of-partner-violence>

Australian Bureau of Statistics (2020) Partner Violence - In Focus: Crime and Justice Statistics. Canberra.

Australian Institute of Health and Welfare (2019) Family, domestic and sexual violence in Australia: continuing the national story 2019, Canberra, AIHW.

Bishop, L, Shahkhan, H and Loff, B (2016) A Hospital-based Patient Legal Clinic. *Journal of Law and Medicine* 23: 678-687.

Blustein, S (2020) Health Agency to Court: Tackling the Fines System Evaluation Report 2018-2019, WEstjustice Western Community Legal Centre.

Bullen, J, Cortis, N and Hill, T (2016) Responding to economic abuse (Issues paper 2), UNSW Social Policy Research Centre.

Cabaj, M (2021) Evaluating the Results of Intermediary Organisations. A Paper for Intermediaries in Australia, Sydney, Paul Ramsay Foundation.

Commonwealth of Australia (2019) Everybody's business: Stocktake of elder abuse awareness, prevention and response activities in Australia, Australian Government Attorney-General's Department.

Coumarelos, C (2019) Quantifying the legal and broader life impacts of domestic and family violence, *Justice Issues* 32, Sydney, Law and Justice Foundation of NSW.

Coumarelos, C, Macourt, D, McDonald, H, Wei, Z, Iriana, R and Ramsey, S (2012) *Legal Australia-Wide Survey: Legal need in Australia*, Sydney, Law and Justice Foundation of NSW.

Curran, L (2016) A Research and Evaluation Report for the Bendigo Health–Justice Partnership: A partnership between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services, Canberra, Australian National University.

Day, C and Moensted, M (2019) A health justice partnership in inner-city Sydney: Attendance patterns and client perceptions, Redfern, Redfern Legal Centre.

First Step (2017) First Step Legal Final Evaluation Report: Year 2 of 2, First Step.

Forell, S (2015) Is early intervention timely?, *Justice Issues* 20, Sydney, Law and Justice Foundation of New South Wales.

Forell, S (2021) Working together for client wellbeing: an outcome of health justice partnership, Sydney, Health Justice Australia.

Forell, S and Boyd-Caine, T (2018) Service models on the health justice landscape: a closer look at partnership, Sydney, Health Justice Australia.

Forell, S and McDonald, H (2015) Community Legal Education: 7 Insights, *Insights* 1, Sydney, Law and Justice Foundation of New South Wales.

Forell, S and Nagy, M (2019) Joining the dots: 2018 census of the Australian health justice landscape, Sydney, Health Justice Australia.

Forell, S and Nagy, M (2021) Health justice partnership as a response to domestic and family violence, *Health justice insights*, Sydney, Health Justice Australia.

Health Justice Australia (2022) Health justice landscape: November 2022.

Heartward Strategic (2022) Money and Mental Health, Commissioned by the Australian Securities and Investments Commission in collaboration with Beyond Blue.

Inside Policy (2021) Final Evaluation of the Elder Abuse Service Trials: Final Report, Canberra, Attorney-General's Department.

Lee, K and Buykx, H (2018) Partners in care: The benefits of community lawyers working in a hospital setting, Melbourne, Inner Melbourne Community Legal.

Maylea, C, David, C, Mackell, P, Borland, H, Cearns, P, Le Couteur, E, Kanjere, A and Dow, B (2023) Final evaluation of ECLC's ROSE and ELSA service trials, Melbourne, La Trobe University.

Muir, K, Hamilton, M, Noone, JH, Marjolin, A, Salignac, F and Saunders, P (2017) Exploring Financial Wellbeing in the Australian Context, Centre for Social Impact & Social Policy Research Centre – University of New South Wales, Sydney.

Nagy, M and Forell, S (2020) Legal help as mental healthcare, Health Justice Insights, Sydney, Health Justice Australia.

Pleasence, P and Balmer, NJ (2009) Mental health and the experience of social problems involving rights: findings from the United Kingdom and New Zealand. *Psychiatry, Psychology and Law* 16(1): 123-140.

Qu, L, Kaspiew, R, Carson, R, Roopani, D, Maio, JD, Harvey, J and Horsfall, B (2021) National Elder Abuse Prevalence Study: Final Report, Melbourne, Australian Institute of Family Studies.

Taft, AJ, Hooker, L, Humphreys, C, Hegarty, K, Walter, R, Adams, C, Agius, P and Small, R (2015) Maternal and child health nurse screening and care for mothers experiencing domestic violence (MOVE): a cluster randomised trial. *BMC Medicine* 13(1): 150.

Yashadhana, A, Glenn, N, Jaques, K, Belon, AP, Harris, P, de Leeuw, E and Nykiforuk, C (2023) A rapid review of initiatives to address financial strain and wellbeing in high-income contexts. *Public Health Research & Practice* 33(2): e3322315.

### **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:

**Research:** 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.



**+61 2 8599 2183**  
**[healthjustice@healthjustice.org.au](mailto:healthjustice@healthjustice.org.au)**  
**[www.healthjustice.org.au](http://www.healthjustice.org.au)**