

Working together for client wellbeing: an outcome of health justice partnership

August 2021

Health Justice Australia

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- Driving systems change: connecting the experience of people coming through health justice partnerships, and their practitioners, with opportunities for lasting systems change through reforms to policy settings, service design and funding.

Acknowledgements

Sincere thanks to Tessa Boyd-Caine, Michele Leering, Virginia Lewis, Marie Nagy, and Chalita Ugrinovksi for reviewing this paper and to many others for the discussions that have improved its content.

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

Abstract

When life gets complex, people rarely experience problems in discrete and neat ways. Yet this is what service structures suggest, creating specialised silos that approach problems as though they are isolated and distinct. Family violence issues can intersect with mental ill-health, and may impact or be impacted upon by housing, employment or money issues. Other illness or disability might be in the mix, as might discrimination, criminal law or family law issues.

Health justice partnership brings legal help into healthcare settings and teams to more effectively address intersecting health and legal problems in the lives of shared clients. Partnerships work in a number of ways. They provide integrated health and legal care for individual clients. At the system level they build the capability of health and legal practitioners and services to provide more holistic person-centred care. More broadly, health justice partnerships advocate for change which improves the health and wellbeing of communities.

In choosing to partner, legal services frame their intent around improved access to justice. Health services aim to address social issues that are impacting upon their patients' health. Their shared intent is to improve the health and wellbeing of those disadvantaged by social and health inequity. Recognising the importance of shared goals as a principle of effective partnership (Partnership Brokers Association 2017), this paper explores wellbeing as one expressed outcome of health justice partnership.

Why wellbeing?

Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health (Marmot, Goldblatt et al. 2010 p.15).

[Access to justice] ‘...is increasingly recognised to extend beyond formal process to informal dispute resolution and ultimately to social justice and the distribution of welfare, resources and opportunity’ (OECD and Open Society Foundation 2019 p.142).

Health justice partnership brings legal help into healthcare settings and teams to address intersecting and accumulating health and legal problems in people’s lives. In Australia, health justice partnerships are commonly between public legal assistance services (such as legal aid commissions and community legal centres) and health services (such as community or family health services, mental health or alcohol and other drug services, Aboriginal Community Controlled Health Organisations (ACCHOs) and hospitals) (Forell and Nagy 2019).

Broadly, health justice partnership is a strategy that addresses both health equity (Marmot, Goldblatt et al. 2010) and access to justice goals (Council of Attorneys-General 2020) by services working together on health and legal issues that may hold people in disadvantage. Intersecting issues commonly addressed in health justice partnerships include mental health, family violence and family law, money issues and housing.

And yet each partner service brings its own expertise to address issues that a shared client may be facing, and its own lens on the difference that their help can make. Impact can look quite different if viewed solely and narrowly through these discrete professional lenses. Public legal services commonly view their outcomes in terms of access to assistance and legal issues addressed. Health services may view changes in terms of client or local population health and/or service efficiency outcomes. When services are working together with common clients but with no shared vision or framework, there is a risk that efforts may clash or undermine each other.

Health justice partnership also offers an opportunity to take a broader view of impact. First is the chance to consider the contribution each partner makes to the other's goals. For instance, how the legal assistance may support health outcomes and how the health service may improve the capacity of an individual to achieve and sustain legal outcomes.

Second is the opportunity to identify how the goals – and the efforts – of health and legal partners align: how services can, together, improve the lives of the people they both support. This shared focus broadens the vision from ‘what can my efforts do to improve this legal outcome or health outcome’ to ‘what can we do together – and with the client – to make their life better?’

The challenge in stepping towards this broader focus is how to capture the difference that is made – above and beyond individual health or legal outcomes – in a way that is meaningful for both the partnering services and for the client. This paper explores the concept of client wellbeing as an outcome for health justice partnership, recognising how it aligns with a social determinants approach to public health and broadens our insight into the impact of legal help.

Individual wellbeing is broadly identified as ‘the quality and state of a person's life’ (Linton, Dieppe et al. 2016), though there are different ways to define and measure it. Some focus on people’s internal state or mental health, while others focus more on the quality of or satisfaction with aspects of a person’s life: financial wellbeing, safety, future security. The focus is on satisfaction rather than happiness, because:

‘Whereas happiness tends to be more volatile and dependent on current mood, life satisfaction is generally more stable with respondents taking more long-term considerations into account when making such judgements’ (Wilkins, Botha et al. 2020).

Individual wellbeing is a concept that can and should be measured on multiple domains (Stiglitz, Sen et al. 2009), and can be assessed using both objective and subjective measures. Multi-dimensional measures of wellbeing recognise the complexity of factors that can make up wellbeing and provides an opportunity to explore how these interact. The Personal Wellbeing Index (Table 1 below), for instance, explores subjective wellbeing across the domains of health, achieving in life, relationships, safety, community connectedness and future security.

While the breadth of wellbeing is part of its strength, this can also make it a challenging outcome to work with, given the range of available measures and the complexity of attributing outcomes to specific interventions. However, the potential of this concept as a focus for health justice partnership recommends it as worthy of further exploration and development.

This paper outlines six reasons why individual wellbeing may be valuable as an expressed outcome of health justice partnership. It then discusses the measurement of wellbeing and the addition of wellbeing indicators as shared measures in health justice partnership. Beyond individual wellbeing is community wellbeing, which Marmot argues is as important as individual wellbeing when aiming to shift health inequity in society (Marmot, Goldblatt et al. 2010 p. 166). While this paper touches lightly upon community wellbeing, it also warrants further discussion for health justice partnerships that connect strongly with local communities.

Wellbeing as an outcome for health justice partnership

1. Wellbeing puts people at the centre of service design, planning and accountability/learning

Person- or client-centred service design is identified in both healthcare and in legal assistance as a key strategy to better ensure that services are more appropriate to needs, capabilities and contexts of clients with more complex and intersecting issues (National Legal Assistance Partnership, 2020-25; Australian Commission on Safety and Quality in Healthcare, 2020; Pleasence, Coumarelos et al. 2014). Person-centred design involves engaging with users at all stages of the design process to ensure that services cater to their real-life needs and challenges.

The NLAP will facilitate ... legal assistance and other service providers and governments to collaborate to provide integrated, client-centric services to address people's legal and other problems (*National Legal Assistance Partnership 2020-25*).

One way to retain person-centred service delivery is to prioritise measures of service quality and utility that reflect value as it looks to those client groups. This is because what is measured in monitoring and evaluation often become a focus for decision-making. As Stiglitz, Sen & Fitoussi (2009) observed, '[w]hat we measure affects what we do and if our measures are flawed, decisions may be distorted' (p. 7). If clients are involved in the design but the service is measured using an unrelated set of metrics (such as funder defined metrics), there is a risk that the focus skews away from value as seen through those clients' eyes.

2. Wellbeing is a goal that matters to the people and communities that health justice partnerships address

Health justice partnership is a strategy to support people experiencing compounding health and legal issues. Among others, partnerships support people experiencing mental health problems, people facing domestic and family violence, and Aboriginal and Torres Strait Islander people grappling with multiple, intersecting health and justice needs.

When people are consulted about what they want from services and policies, common themes include holistic service delivery, improved wellbeing, and to be active partners in change towards wellbeing (agency and capability). For instance:

Vision 2030 reflects what we heard from Australians with a lived or living experience of mental illness, suicidality and those who love and care for them. It proposes a person-led system, where our social and emotional wellbeing is front and centre of every decision, and where we, as consumers and carers, partner and have choice in the shaping and delivery of our care and support ([National Mental Health Commission 2020 p. 2](#)).

Aboriginal Community Controlled Health Organisations in Australia lead knowledge and practice in the provision of person- and community-centred healthcare, focused on 'whole-of-community self-determination and individual spiritual, cultural, physical, social and emotional wellbeing. Aboriginal health in Aboriginal hands' (National Aboriginal Community Controlled Health Organisation 2019). Indigenous social and emotional wellbeing is becoming 'increasingly prominent within Australian mental health policy

and practice’, comprising the inter-related domains of body, mind and emotions, family and kinship, community, culture, Country, and spirituality (in Dudgeon, Bray et al. 2020 p. 3).

Taking the lead from community, the central objective of the Productivity Commission’s Indigenous Evaluation Strategy is ‘better lives for Aboriginal and Torres Strait Islander people’, with the overarching principle of the strategy ‘centring Aboriginal and Torres Strait Islander people, perspectives, priorities and knowledges’ (Productivity Commission 2020 p. 7). Recognising the diversity of views among different communities (see Yap and Yu, 2016), this necessarily means that Aboriginal and Torres Strait Islander people are at the centre of articulating what improved lives look like to them and their communities.

Services that understand and respond to what is important to the people they serve can better understand the range of factors that may (also) be influencing their clients’ (or communities’) wellbeing.

3. Wellbeing takes account of intersectionality in people’s lives

Multiple and intersecting problems can interact in ways that are complex to untangle. For this reason, a siloed focus on a single issue (supported by narrow outcome measures) can fail to take account of these other influences. For instance, a singular focus on a legal outcome may miss the opportunity or need to address the intersecting impact of mental health issues, or indeed the positive impact that legal help may have on a person’s mental health. A focus on the whole person – in terms of their wellbeing – can lead to a more nuanced and contextualised view of these issues and the impact of strategies to address them.

4. Wellbeing provides a focus that can be shared across services and sectors

As a shared goal, wellbeing can break down departmental or jurisdictional silos. It recognises how different parts of our lives and experiences intersect (Hardoon, Hey et al. 2020 p. 7).

Health and legal services partner to better address the range of issues experienced by shared clients. Through health justice partnership, legal services are better able to reach and assist clients with unmet legal needs who would otherwise not seek legal help; and health services are better able to access legal solutions to address issues affecting patient health which lie beyond healthcare responses. Clients seek help for problems affecting their lives.

Again, a person’s wellbeing provides a common and person-centred focus for shared impact. In a health justice partnership, a shared focus on client wellbeing supports consideration of how health and legal strategies may be timed, sequenced or aligned to best assist the whole client. In short, it provides a more holistic outcome for integrated service delivery.

When measuring wellbeing, a number of or multi-dimensional wellbeing measures provide more insight than single measures, allowing consideration of how shared efforts made may (or may not) contribute to different aspects of a person’s wellbeing. However, in general, making connections between specific interventions and changes in wellbeing is a key challenge. This and other measurement issues are discussed further below.

5. Health justice partnerships address wellbeing

In addition to the health services provided, the types of problems typically addressed by health justice partnership – such as family law and family violence, money issues, housing quality and security, employment – are among social factors known to affect health and wellbeing.

Where these problems intersect and compound in people’s lives, wellbeing is further diminished. For instance, a recent New Zealand study explored the clustering of inequity in health, social welfare and crime. The study identified that those with the highest need in any one domain tested also reported low life satisfaction scores. ‘Individuals who belonged to three or more high-need groups [in mid-life], reported a level of life satisfaction one standard deviation lower than individuals who belonged to no high-need group’ (Richmond-Rakerd, D’Souza et al. 2020 p. 260).

Separately the experience of legal problems has been found to be associated with reduced feelings of wellbeing, with subjective wellbeing decreasing as the number of legal issues increases.¹

While we know that life satisfaction (subjective wellbeing) varies as people’s economic and social circumstances change (Western and Tomaszewski 2016) and that lower life satisfaction is linked to greater income inequality (OECD 2020 p. 12), there is less evidence about:

- how legal help affects wellbeing
- how strategies in one sector contribute to outcomes in other sectors (e.g. health strategies on legal outcomes and legal strategies on health outcomes)
- the value of collaborative efforts to address health and legal outcomes and to improve wellbeing.

Health justice partnerships provide an opportunity to explore these empirical questions.

6. Wellbeing provides a benchmark or point of comparison

The specific factors that influence wellbeing can vary between people and communities. However, the feeling of wellbeing has been described as ‘...a common currency, allowing us to compare very different determinants and interventions’ (Hardoon, Hey et al. 2020 p.30). The uptake and appropriate implementation of wellbeing as an outcome measure by health justice partnerships may offer opportunities to: explore the impact of variation between health justice partnership models on this shared metric; pool outcome data to examine the collective impact of health justice partnerships; and to compare these to other strategies that also describe their impact in terms of wellbeing.

Increasingly wellbeing is being used as a measure and point of comparison for progress globally, nationally, at the community and at the program level. For instance, wellbeing has been promoted by economists and policy makers as an alternative to gross domestic product as a lens through which to assess the difference that government and its services are making to improve lives (Hardoon, Hey et al. 2020, New Zealand Treasury 2020, OECD 2020). This is reflected in the third of the United Nations’ [Sustainable Development](#)

¹ Pleasence, P & Balmer, NJ 2020 Unreported results from the *Legal Problem Resolution Survey*, using the Diener et al. (1985) Satisfaction with Life Scale. People reporting no problems had a significantly different mean score of 26.54 (‘satisfied’) to those with a problem 23.58 (‘slightly satisfied’). People with one problem have a mean score of 24.56 (‘slightly satisfied’), 4 problems, 20.4 (‘neutral’) and seven problems, 16.36 (‘slightly dissatisfied’).

[Goals](#) which focuses on ‘good health and well-being’. Governments around the world are starting to explicitly target, value and report wellbeing as a national goal, with 34 out of 35 OECD countries now gathering ‘life evaluation’ data (reflective assessment on a person’s life) as part of their national statistics (Durand 2018, Exton and Shinwell 2018). National progress on a range of objective and subjective wellbeing measures can be compared using the OECD’s [Better Life Index](#).

In Australia, a range of standard data collections identify various aspects of wellbeing, together with subjective wellbeing (life satisfaction) scores. These include:

- Household, Income and Labour Dynamics in Australia (HILDA) Survey (Wilkins, Botha et al. 2020)
- National Aboriginal and Torres Strait Islander Social Survey (Australian Bureau of Statistics 2019)
- General Social Survey (Australian bureau of Statistics 2020a)
- People Matter Survey (workplace wellbeing)(NSW Public Service Commission 2020)
- Partner Violence - In Focus: Crime and Justice Statistics (Australian Bureau of Statistics 2020b).

As a result, points of comparison that can be used for benchmarking include average life satisfaction scores, together with some relevant objective wellbeing measures for the Australian population as well as various demographic subgroups. This allows us to explore questions such as whether health justice partnerships, compared to other strategies, are reaching people experiencing poorer wellbeing across a range of domains; and if and how services together are contributing to a difference in wellbeing for those people.

Measuring and interpreting wellbeing

... wellbeing remains a highly prioritised concept of interest. Beyond being a valuable outcome in itself, the explicit measurement and improvement of subjective forms of wellbeing has become a key policy and government objective. This is in part due to the observation that being healthy does not guarantee a person feelings of wellbeing, and the finding that 'objective' indicators of wellbeing such as income can only give a partial account of what it means to live well (Linton, Dieppe et al. 2016 p.2).

While there is broad interest in wellbeing as an outcome, there is considerable variation in approaches to measurement reflecting different definitions, theoretical perspectives, levels of measurement (global, national, community or program related) and interests. For instance, some individual wellbeing measures focus on people's physical or mental wellbeing, some on social connection and others on social circumstances, such as financial wellbeing and safety (Linton, Dieppe et al. 2016).

There are also both objective and subjective measures. Objective wellbeing is measured by indicators such as material resources (e.g. income, financial hardship, housing quality/stability) and social attributes (education, health, political voice, social networks and connections). Subjective wellbeing is measured by people's own evaluations of their lives. Western and Tomaszewski (2016) find that objective and subjective wellbeing are strongly associated, with better objective wellbeing aligned with higher life satisfaction and worse objective wellbeing with lower life satisfaction. They identify evidence of variation in life satisfaction by gender, class and Indigenous status which indicates the need to account for lower expectations (and therefore higher satisfaction with less objective wellbeing) among some people (pp. 16-17). This would indicate the importance of using both subjective and objective wellbeing indicators and monitoring for this effect. It is also important to consider what wellbeing looks like to different communities.

Subjective measures vary from single item global views, such as the single item Global Life Satisfaction measure (Table 1), to others which are very detailed (Linton, Dieppe et al. 2016). In Australia, the Household Income and Labour Dynamics in Australia (HILDA) survey uses both objective and subjective measures of 'life satisfaction' and satisfaction on a range of domains (see Table 1). The World Health Organization (1998) provides a five-item wellbeing score, which is focused on mental wellbeing.

In the context of health justice partnership, measures would need to be short (easily administered in a busy environment); but also able to drill down to satisfaction within particular domains of people's lives e.g. personal relationships, safety, health, standard of living, future security and the like. Of particular interest are the domains of life and wellbeing that partner services provide assistance with, which are also areas of life that we know intersect. For instance:

- legal assistance for a family violence matter may not only contribute to a person's satisfaction with their safety, but also their future security and their physical and mental health
- treatment for a debilitating health issue may help improve feelings of wellbeing in personal relationships and a sense of achieving in life.

A focus on the whole person by measuring wellbeing across a range of domains allows partners and partnerships to view their impact more broadly, beyond their own narrow silo, and to think about their contribution to a shared goal. Pairing wellbeing measures (pre and post intervention) with activity and

short-term outcome measures specific to each strategy enable further exploration of how these activities and the partnering to address complex problems contribute to wellbeing. By calibrating against wellbeing, the clients become the focal point in reflecting upon activities and other outcome measures.

A risk in using wellbeing as an outcome measure is that there will be factors beyond the intervention that also impact upon a person’s wellbeing. While this is certainly the case when partnering to address complexity, this may also be true (but less transparent) when a more specific outcome is identified. Methodological tools and a contextualised appraisal of results can help address this issue.

It is also important to ask whether it is reasonable to expect the intervention is enough to impact upon wellbeing – and if not, then if and how it might be making a contribution.

Table 1: Examples of measures used to assess individual wellbeing

Tool	Questions
Global Life Satisfaction Measure²	1. How satisfied are you with your life as a whole? Response options 0 (no satisfaction at all) to 10 (completely satisfied)
Personal Wellbeing Index³	How satisfied are you with: <ol style="list-style-type: none"> 1. Your standard of living? 2. Your health? 3. What you are achieving in life? 4. Your personal relationships? 5. How safe you feel? 6. Feeling part of your community? 7. Your future security? Response options 0 (no satisfaction at all) to 10 (completely satisfied)
HILDA life satisfaction and ‘domain’ satisfaction (The Melbourne Institute)⁴	All things considered, how satisfied are you with ... <ol style="list-style-type: none"> a. The home in which you live? b. Your employment opportunities? c. Your financial situation? d. How safe you feel?

2 Available on the Australian Centre of Quality of Life website <http://www.acqol.com.au/instruments>

3 Available on the Australian Centre of Quality of Life website <http://www.acqol.com.au/instruments>

4 Melbourne Institute, Hilda Wave 20, [survey tool](#)

Tool	Questions
	<ul style="list-style-type: none"> e. Feeling part of your local community? f. Your health? g. The neighbourhood in which you live? h. The amount of free time you have? <p>All things considered, how satisfied are you with your life overall?</p> <p>Response options</p> <p>Ranked from 0 (completely dissatisfied) to 10 (completely satisfied)</p>
<p>HILDA objective measures (The Melbourne Institute)⁵</p>	<p>E.g. Financial stress</p> <p>Since January [survey year] did any of the following happen to you because of a shortage of money?</p> <ul style="list-style-type: none"> a. Could not pay electricity, gas or telephone bills on time b. Could not pay the mortgage or rent on time c. Pawned or sold something d. Went without meals e. Was unable to heat home f. Asked for financial help from friends or family g. Asked for help from welfare/ community organisations
<p>WHO-5 (a World Health Organization mental health/wellbeing measure)⁶</p>	<ul style="list-style-type: none"> 1. I have felt cheerful and in good spirits 2. I have felt calm and relaxed 3. I have felt active and vigorous 4. I woke up feeling refreshed and rested 5. My daily life has been filled with things that interest me <p>Response options</p> <p>5-0 (all of the time; most of the time; more than half the time; less than half the time; some of the time; never)</p>
<p>Personal well-being in the UK QMI. (Office for National Statistics 2018) (subjective measures)</p>	<p>I would like to ask you four questions about your feelings on aspects of your life. There are no right or wrong answers. For each of these questions I'd like you to give an answer on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".</p> <p>Life satisfaction: Overall, how satisfied are you with your life nowadays?</p>

⁵ Melbourne Institute, Hilda Wave 10, [survey tool](#)

⁶ Available in multiple languages [here](#)

Tool	Questions
	<p>Worthwhile: Overall, to what extent do you feel that the things you do in your life are worthwhile?</p> <p>Happiness: Overall, how happy did you feel yesterday?</p> <p>Anxiety: On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did you feel yesterday?</p>

Some health justice partnerships that are strongly linked with their communities may also seek to measure community wellbeing. VanderWeele (2019) argues that community wellbeing is more than the sum total of the wellbeing of individuals in that community and offers measures that identify key elements such as good relationships, proficient leadership, healthy practices, satisfying community and strong mission.

Wellbeing measurement in and by Aboriginal and Torres Strait Islander communities

Recognising the diversity of views among Aboriginal and Torres Strait Islander communities about what wellbeing means, a common theme is that wellbeing refers not only to an individual, but to ‘...the social, emotional and cultural well-being of the whole community’ [National Aboriginal Health Working Party, 1989, p ix, quoted in (Williams 2018 p.9)]. Gee et al (2014) identify that ‘the SEWB [social and emotional wellbeing] of individuals, families and communities are shaped by connections to body, mind and emotions, family and kinship, community, culture, land and spirituality...’ (p.58).

This broad understanding of wellbeing is reflected in tools developed to measure empowerment and wellbeing, such as the Growth and Empowerment Measure (GEM). The GEM was developed as an evaluation tool for Indigenous-led empowerment-based programs and ‘seeks to measure people’s perspective of their psychosocial wellbeing and empowerment at individual, family, organisational and structural levels’ (Haswell, Kavanagh et al. 2010 p. 792). Critically, any evaluation of wellbeing in Aboriginal and Torres Strait islander communities must centre on wellbeing as it is understood by communities supported by the health justice partnership.

The value of wellbeing

One limitation of individual wellbeing as an outcome measure is that its value cannot be easily calculated in dollar terms (compared to, for instance, quality-adjusted-life-years). However, there are wellbeing valuation tools available and being further developed in Australia (and used by the New Zealand Government) to add a dollar value to wellbeing outcomes (see The [Australian Social Values Bank](#)). While the range of objective wellbeing measures able to be costed at this point through the Australian Social Values Bank tends to concern housing outcomes (having been developed in a social housing context) the methodology itself appears transferrable.

Next steps

...measuring well-being is not an end in itself. For well-being indicators to contribute to better lives, they must be used in shaping policy decisions taken by government, and/or by other actors, such as civil society, business, and the general public (Exton and Shinwell 2018).

Health justice partnership involves diverse services coming together with their own skills and contribution to improve outcomes for shared clients. Collaboration to a shared end aims to enhance the impact of their respective work.

This paper explores the value of individual wellbeing first as a shared outcome of partnered services and second as an outcome measure of their shared endeavour. Stating client wellbeing as a desired outcome focuses partner agencies on how their own and their shared practice may best contribute to their clients' improved lives. Measuring wellbeing helps to track that impact. There are challenges to using wellbeing as an evaluation metric, due to the issues in attributing difference to the activities and in assuming the activities may affect wellbeing, given what else is happening in a person's life. However, there is value in exploring wellbeing measurement as a tool to keep clients firmly at the centre of holistic service delivery.

Discussion points

- Do health justice partners see value in wellbeing as a shared outcome?
- What are the challenges and risks to using a wellbeing focus?
- What are the opportunities?
- How would wellbeing provide insight into goals towards health equity?
- Can a concept like wellbeing or life satisfaction with specific domains work for the purpose of health justice partnership evaluation?
- Would the measurement of wellbeing give us insight into how specific strategies may support wellbeing beyond their particular single objective (e.g. how addressing debt may improve mental wellbeing)?
- What are key **objective wellbeing** measures relevant to health justice partnerships? (e.g. mental health, health, safety, financial stability, family stability, housing stability)?
- What are key **subjective wellbeing measures** (e.g. Personal Wellbeing Index, life satisfaction)?

References

- Australian bureau of Statistics (2019) *4714.0 - National Aboriginal and Torres Strait Islander Social Survey, 2014-15* Canberra.
- Australian bureau of Statistics (2020a) *General Social Survey: Summary Results, Australia, 2019* Canberra.
- Australian Bureau of Statistics (2020b) *Partner Violence - In Focus: Crime and Justice Statistics*. Canberra.
- Australian Commission on Safety and Quality in Healthcare. "Person-Centred Care." Retrieved 19 May 2020, from <https://www.safetyandquality.gov.au/our-work/partnering-consumers/person-centred-care>.
- Council of Attorneys-General (2020) *National Strategic Framework for Legal Assistance 1 July 2020 to 30 June 2025*. Attorney Generals Department. Canberra, Australian Government.
- Dudgeon, P, Bray, A, Darlaston-Jones, D and Walker, R (2020) *Aboriginal Participatory Action Research: An Indigenous Research Methodology Strengthening Decolonisation and Social and Emotional Wellbeing*, Discussion Paper, Melbourne, The Lowitja Institute.
- Durand, M (2018) Countries' Experiences with Well-being and Happiness Metrics. *Global Happiness Policy Report 2018*, OECD.
- Exton, C and Shinwell, M (2018) *Policy use of well-being metrics*, OECD Statistics Working Papers 2018/07, OECD.
- Forell, S and Nagy, M (2019) *Joining the dots: 2018 census of the Australian health justice landscape*, Sydney, Health Justice Australia.
- Hardoon, D, Hey, N and Brunetti, S (2020) *Wellbeing evidence at the heart of policy*, London, United Kingdom, What Works Wellbeing.
- Haswell, MR, Kavanagh, D, Tsey, K, Reilly, L, Cadet-James, Y, Laliberte, A, Wilson, A and Doran, C (2010) Psychometric validation of the Growth and Empowerment Measure (GEM) applied with Indigenous Australians. *Australian and New Zealand Journal of Psychiatry* 44: 791-799.
- Linton, M-J, Dieppe, P and Medina-Lara, A (2016) Review of 99 self-report measures for assessing well-being in adults: exploring dimensions of well-being and developments over time. *BMJ Open* 6(7): e010641.
- Marmot, M, Goldblatt, P and Allen, J (2010) *Fair Society Healthy Lives (The Marmot Review)*.
- National Aboriginal Community Controlled Health Organisation (2020) *Annual Report 2019-2020*, Canberra.
- National Mental Health Commission (2020) *Vision 2030: Blueprint for Mental Health and Suicide Prevention (March 2020 consultation version)*, NMHC.
- New Zealand Treasury. (2020) "Why we need the Living Standards Framework." Retrieved 10 December 2020, from <https://www.treasury.govt.nz/information-and-services/nz-economy/higher-living-standards/our-living-standards-framework/why-we-need-living-standards-framework>.
- NSW Public Service Commission. (2020) "People Matter Employee Survey." Retrieved 21/06/2021, 2021, from <https://www.psc.nsw.gov.au/reports-and-data/people-matter-employee-survey/pmes-2020>.
- OECD (2020) *How's Life? 2020: Measuring well-being*. Paris, OECD Publishing.
- OECD and Open Society Foundations (2019) *Legal Needs Surveys and Access to Justice*. Paris, OECD Publishing.
- Office for National Statistics. (2018) "Personal well-being in the UK QMI." Retrieved 14 December 2020, from

<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingintheukqmi>.

Partnership Brokers Association (2017) *Brokering Better Partnerships: Executive Summary September 2017*, Partnership Brokers Association.

Pleasence, P, Coumarelos, C, Forell, S and McDonald, H (2014) *Reshaping legal assistance services: building on the evidence base: a discussion paper*, Sydney, Law and Justice Foundation of NSW.

Productivity Commission (2020) *Indigenous Evaluation Strategy*, Canberra, Productivity Commission, P. Commission.

Richmond-Rakerd, LS, D'Souza, S, Andersen, SH, Hogan, S, Houts, RM, Poulton, R, Ramrakha, S, Caspi, A, Milne, BJ and Moffitt, TE (2020) Clustering of health, crime and social-welfare inequality in 4 million citizens from two nations. *Nature Human Behaviour* 4(3): 255-264.

Stiglitz, JE, Sen, A and Fitoussi, J-P (2009) *Report of the Commission on the Measurement of Economic Performance and Social Progress (CMEPSP)*.

The Melbourne Institute HILDA 'Living in Australia' questionnaire, Wave 10. Melbourne, University of Melbourne.

The Melbourne Institute HILDA 'Living in Australia' questionnaire, Wave 20. Melbourne, University of Melbourne.

VanderWeele, TJ (2019) Measures of community well-being: a template. *International Journal of Community Well-Being* 2(3): 253-275.

Western, M and Tomaszewski, W (2016) Subjective Wellbeing, Objective Wellbeing and Inequality in Australia. *PLOS ONE* 11(10): e0163345.

Wilkins, R, Botha, F, Vera-Toscano, E and Wooden, M (2020) *The Household, Income and Labour Dynamics in Australia Survey: Selected Findings from Waves 1 to 18*, This is the 15th Annual Statistical Report of the HILDA Survey, Melbourne, Melbourne Institute: Applied Economic & Social Research, University of Melbourne.

Williams, M (2018) Ngaa-bi-nya Aboriginal and Torres Strait Islander program evaluation framework. *Evaluation Journal of Australasia* 18(1): 6-20.

World Health Organization (1998) *Wellbeing measures in primary health care: The deprecare project*, Denmark.



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