

# Commonwealth AGD Evaluation Plan for HJPs

HJA feedback on 'Draft Evaluation  
Plan - Domestic Violence Units and  
Health Justice Partnerships',  
Commonwealth Attorney-General's  
Department

31 March 2017

## Background to Health Justice Partnerships

Across Australia, over one in five people will have three or more legal needs in a given year (Legal Australia Wide survey, Law & Justice Foundation of NSW 2012), half of whom will receive no support for those needs. Among them, people living with disabilities, sole parents, people living in disadvantaged housing and people who rely on income support payments are highly represented.

Of those who will receive support for their legal needs, they're far more likely to raise them with a trusted health professional like a GP, community nurse or social worker, than to seek advice from a lawyer.



That's why health justice partnerships (HJP) bring legal services into health settings. HJP support collaboration between lawyers and health workers to better identify and respond to the legal needs that can undermine people's health.

HJP support populations that are particularly at risk of poor health and justice outcomes, like people experiencing domestic and family violence, people at risk of elder abuse, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse communities and people experiencing poverty and inequality.

Health justice partnerships provide legal support across a wide range of needs, such as:

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

**These are just some of the many legal issues that people can face in life. By integrating legal services into health settings, we can improve access to justice, address the social determinants of health and increase wellbeing.**

### About Health Justice Australia

Health Justice Australia is the national centre for health justice partnerships. We support the effectiveness of health justice partnerships in Australia through:

- building a body of evidence about health justice partnership through evaluation and research;
- developing resources that support the practical elements of partnership between practitioners;
- brokering, mentoring and facilitating partnerships; and
- achieving lasting change, connecting the issues identified through specific health justice partnerships to policy advocacy and reform.

## Executive summary

Health Justice Australia welcomes the opportunity to provide feedback on the Draft Evaluation Plan by the Commonwealth Attorney-General's Department (AGD) in its evaluation plan for health justice partnerships (HJPs) as part of the specialist domestic violence units funded under the Women's Safety Package.

As the national centre of excellence for health justice partnerships, Health Justice Australia is building collaborative relationships with researchers and HJPs around the country to improve the capability for rigorous, useful evaluation. As such, we value the opportunity to provide input on the Evaluation Plan and to receive the final report.

The opportunity for feedback is particularly important given this is the Commonwealth's first experience in funding HJPs; and that evaluation of these partnerships is still in its early stages of development nationally.

Overall, Health Justice Australia is supportive of the approach taken in this Evaluation Plan. The Plan's recognition of both service and client input as important for ensuring useful data about impact and outcomes are particularly important elements of this Plan.

However we are concerned about the absence of reference in the Evaluation Plan to a key element of the HJP service model, namely that collaboration between legal and health services - between the professionals within those services - builds trust and mutual understanding as the catalyst for better identifying, understanding and responding to the legal and other needs of vulnerable communities.

In the case of the HJPs funded under the Women's Safety Package, these vulnerable communities are women and children experiencing domestic and family violence.

Just as health partners are key to the effective design and delivery of this model, so too health

partners input and perspective on many of the evaluation questions are central to testing and demonstrating effectiveness.

To leave out that element of HJPs from the Evaluation Plan is to deny key data about the impact and outcomes achieved by this innovative partnerships. A singular focus on legal need, legal service delivery and legal outcomes risks inadequately evaluating the impacts of HJPs, which is particularly important for future service design and funding decisions. This broad concern is reflected in much of our feedback on specific elements of the Evaluation Plan.

We appreciate advice about when the final Evaluation Plan and final Report will be available. Our aim is to draw on AGD's work in our own, and that occurring across the HJP landscape, to ensure that lessons learned from HJPs are shared, in the interests of the effectiveness these partnerships in improving the health, justice and wellbeing of vulnerable communities across the country.

To discuss this submission further, contact our CEO, Dr Tessa Boyd-Caine, at the contact details below.

## Timeframe

In keeping with best practice, evaluation should take place simultaneously with implementation. One of the benefits of this is that it enables service improvements in response to the evaluation findings as they emerge, rather than as a separate and isolated body of research that does not impact on service delivery.

The later evaluation starts, the less useful it will be as a tool to improve effectiveness.

The Evaluation Plan comes more than one year into the three-year funding for HJPs under the Women's Safety Package. Our concern is that the current timeframe necessarily sees evaluation taking place towards the end of these funded services.

It would be useful if the Evaluation Plan:

- recognised the challenge this creates in terms of best practice evaluation;
- identified what measures are being taken to mediate against this challenge in terms of the quality of the evaluation itself; and
- identified what measures are being taken to mediate against the critical role of evaluation to influence the quality and effectiveness of HJPs for women and children experiencing family violence.

## Terms of reference

One of the fundamental elements underpinning health justice partnerships is the trust built between health workers and lawyers, to improve the capability of health workers to identify and respond appropriately to legal needs; and ideally to improve the capability of lawyers to respond appropriately to the health as well as legal needs of their clients.

Secondary consultations are one example of how this element of trust transforms the nature of legal service in an HJP context. In secondary consultations, health workers provide information about legal needs identified directly to their patients, while lawyers act as a 'secondary consultant', supporting and advising the health worker but not necessarily picking up direct contact with the patient.<sup>1</sup>

Secondary consultations enable health workers to maintain their trusted relationship with their patients, which has been critical in the identification of legal need in the first place. They are a key underpinning of, for example, the training provided to health workers.

They are also what enables HJPs to deliver legal advice to people who would have been otherwise unlikely to seek it directly from a lawyer.<sup>2</sup> This both differentiates them from other models of community legal service and also is central to their effectiveness.

The Draft Evaluation Plan provides no opportunity to assess this element of HJPs, either through its terms of reference or through its evaluation questions.

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<sup>1</sup> Hawthorne, F, Adamson, L, Eastwood, J & Lewis, V (2016) Working together: a health justice partnership to address elder abuse, [https://www.justiceconnect.org.au/sites/default/files/HJP\\_first%20year%20report\\_web.pdf](https://www.justiceconnect.org.au/sites/default/files/HJP_first%20year%20report_web.pdf)

<sup>2</sup> Law and Justice Foundation of NSW (2012), Legal Australia Wide Survey, [http://www.lawfoundation.net.au/ljf/site/templates/LAW\\_AUS/\\$file/LAW\\_Survey\\_Australia.pdf](http://www.lawfoundation.net.au/ljf/site/templates/LAW_AUS/$file/LAW_Survey_Australia.pdf)

## Methods and sources

The following questions are raised about specific elements of the Methods and Sources section of the Draft Evaluation Plan.

- Face-to face or Skype interviews with representatives of 1-2 key selected partner organisations of the units

Does this mean 1-2 partners in total, across the 5 HJPs funded? Again, given how central the partnership is to improving access to services and – ideally – outcomes for women and children, non-legal partners are a critical element of this model.

We recommend the evaluation plan engage with at least one of the health partners of every HJP for responses to this question.

- ‘The online survey will be confidential and will be designed internally.’

Does this mean by HJP service or by AGD? Can you provide further information about this, specifically internally to whom?

We recommend the evaluation plan pursue this through co-design with each HJP.

- Client surveys

In Health Justice Australia’s work to build a national HJP evaluation framework, we have had extensive discussions about the vulnerability of particular client groups and the best way to engage their input on service design, delivery and evaluation. Our research partners advise that in-depth interviews targeted to a smaller number of clients are far more likely to provide useful data than broad-scale surveying, given the likely low response rates in broad surveying methodology.

We recommend support be provided to HJPs to undertake in-depth interviews for client/patient input through this evaluation process. This would be of considerable value in the evolution of the HJP model nationally; as well as bearing direct relevant to this evaluation process.

## Evaluation tests

- 1.4 Have women with the greatest need, or women who would not otherwise access the help they need, received support from the units?

We recommend that this question be opened up for input from health partner/s and clients themselves, particularly given our previous discussion of the importance of secondary consultations.

- 2.1 What have been the most significant benefits for clients of the units?

We recommend that input from both health partner/s and clients themselves be sought for this question.

- 2.2 What are common factors that have enabled the units to achieve client outcomes?

We recommend that input be sought from health partner/s for this question.

- 2.4 Did clients receive improved services due to insights shared through the community of practice?

We recommend that this question warrants input from health partner/s, given that the relationship between legal and health services is the catalyst for improved access to people experiencing domestic and family violence, through collaboration between services.

- 3.1 What have been the greatest barriers to clients receiving the help they need through an integrated service model?

We recommend that input be sought from health partner/s for this question.

- 3.2 What are common challenges that units have faced in seeking to overcome the barriers to clients receiving the help they need?

We recommend that input be sought from health partner/s for this question.

- 3.4 How have challenges been addressed by each unit?

We recommend that input be sought from health partner/s for this question.

- 3.4 Was the community of practice useful for units to learn about how others addressed challenges?

We recommend that input be sought from health partner/s for this question.



**P** +61 2 8316 0516  
**E** [healthjustice@healthjustice.org.au](mailto:healthjustice@healthjustice.org.au)  
**W** [www.healthjustice.org.au](http://www.healthjustice.org.au)

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