

Speech to Policy Day, Centre for Research Excellence on Health Equity, 12 May 2016, Canberra

A fair go for all: addressing social & health inequities in Australia & internationally

1. What is a health justice partnership?

- Model of integrated services that provides access to legal services in health settings.
- Target population is people who either don't know they have legal needs; and if they do, don't access legal services to meet them. But they do come into contact with health services AND research indicates they're often more likely to reveal legal needs to health professionals – who understandably are poorly equipped to deal with those needs or respond appropriately.
- Social determinants of health (SDoH) is the critical underpinning of this approach: recognising that unmet legal needs can exacerbate or contribute to poor health; and that health outcomes can be undermined by legal need.
- Key outcomes are in the name: health, justice and partnership.

2. Health & justice outcomes

HJP springs from a strong emphasis, developed both in research literature and through practice, on legal need as a social determinant of health.

Examples of HJPs

- Public housing and health system efficiencies (Royal Prince Alfred Hospital in partnership w Redfern Legal Centre, NSW):
 - Addressing the mould in a public housing property to enable a young girl who'd undergone 6 months of chemotherapy to be discharged
 - A request for a handrail to be fixed which went unanswered resulting in a fall that put an age pensioner back in hospital. Legal team able to secure handrail which again enabled patient to be discharged.

- Lawyers, doctors and social workers in Mortgage Wellbeing Service in western Melbourne, addressing mortgage stress as an ‘umbrella’ issue sitting across high rates of DFV, unemployment, workcover needs. Cross-disciplinary support is critical because they’re often dealing with relationship breakdown, substance abuse, and gambling.
 - We often hear health professionals working in HJPs say it’s a relief to be able to ask their patients about issues like DFV when they know there’s legal advice available, there and then. And in the Mortgage Wellbeing Service the legal professional say the same in reverse, that it’s a relief to have professional social workers and health professionals available to address the needs coming up that a lawyer alone would be poorly equipped to address.
- Domestic and family violence: clear evidence that women can be most at risk of family violence during pregnancy, so a number of HJPs are working deliberately through ante-natal programs and with maternity units, to be a presence and available as and when women need them.
 - This was recognised by the Women’ Safety Package announced by the Turnbull Govt in 2015, which funded establishment of 4 HJPs around the country.
- Royal Children’s Hospital in partnership w Inner Melbourne Community Legal (Vic) focusing on unanticipated impacts of sick children, eg debt, rental arrears, implications for employment when parents suddenly become full-time carers.
- HJP inspired by US model of Medical-Legal Partnerships, which had its origins in paediatric hospital settings. Examples from there include single parents on oncology wards have been able to put in place the custody arrangements they want for their children; and people who are homeless having had accommodation secured so they can be discharged.

3. Partnership outcome

- Partnership is equally critical to the outcomes of health and justice. While the model focuses on integration of services as the best way to meet diverse or complex needs, it also seeks to achieve system change in professional practice, through training of health professionals in the early identification of legal need; and bringing broader range of practitioners and systems into scope in systemic advocacy.
- Important to reflect that this is only one model of integrated services, and there are other ways of achieving these outcomes. Acknowledge particularly the leadership of Aboriginal communities through Aboriginal community controlled models in health and other areas.
- In acknowledging this, important to remember how important self-determination is, both for individual and community outcomes; and in challenging system- and systemic-bias. If we are willing to recognise the presence of such bias in the structures of our society, then we have to recognise the likelihood of those biases in our own ways of working. The racism, sexism, ageism and other forms of discrimination that

disempower, devalue and harm people; the privileging of certain forms of knowledge and experience over others in understanding health or justice – eg professional expertise privileged over lived experience.

- The outcome of partnership is critical in moving us along the continuum through which we constantly address these, our own biases, as part of how we can better meet the needs of people and communities.

Three key points today:

- i. Collaboration and partnership as critical mechanism within a social determinants framework. In HJP this occurs:
 - between lawyers and doctors, nurses, allied health professionals (eg social workers), drug and alcohol and mental health workers;
 - in health and community services; and
 - in service effectiveness in meeting more and more complex needs with increasingly inadequate resources (NB importance of adequate tax reform and revenue measures).
- ii. Evidence-base is critical: if you can't measure it, you can't hope to propagate it within policy settings. Even as the evidence base grows for understanding problems through social determinants, we remain heavily constrained in our capacity to measure or evaluate the effectiveness of programs and responses based on SDoH. The challenge we face in HJP is methodologies that can reflect prevention of crisis, multiple and complex needs, and professional differences in what's valued in research – from the clinical, RCT of medicine, to the socio-legal analysis of justice to the participatory methods of community development.
- iii. Social determinants ... of anything.

Health is a critical lens – it has the evidence base; it's the frame many of us work in every day. But for the people health justice partnerships work with and for - people on low incomes or relying on income support, people who don't have secure employment or housing, people with significant but often unidentified legal needs –there are social determinants to many (if not all) of the problems they face.

In my work, I am constantly reminded of the social determinants, not just of health, but of imprisonment, of employment, of housing, of income security or - conversely – of poverty.

- While SDoH might be the lens we feel most comfortable with, a broader framing of social determinants can be a more useful or comprehensive way of understanding the needs in people's lives that, on the whole, we are responding to.
- Failure to broaden out social determinants approach beyond health could be one of the reasons why we struggle to engage governments and policy-makers on these issues; or

to make policy and program design effective, even when we're on the same page about causes.

There is a difference between trying to convince public servants that 'social determinants of health' matter to them in the department of education, housing, employment or even health; and suggesting that a social determinants approach is what they're already taking when they bring their agencies together:

- Eg FACS-led senior executive in Northern Services Directorate
- WA Partnerships Forum between senior leaders in government and non-government.