Mapping a new path

The health justice landscape in Australia, 2017

Key findings
A quiet revolution
Health justice partnerships are collaborations between health and legal services that bring lawyers out of their offices and into the most unlikely of settings: the hospitals and community health services that people are more likely to turn to for help. This quiet revolution in service delivery is addressing the unmet, health-harming legal need of some of the country’s most disadvantaged populations.

The evidence driving collaboration
Since the World Health Organization’s groundbreaking Commission on Social Determinants of Health (2008), the evidence has continued to grow about how factors beyond the medical, including poor-quality housing, unstable or insecure work and family breakdown, drive poor health outcomes. In 2012, a landmark study established that over one-fifth of people in Australia experience three or more legal problems in a given year, many of which cause illness. People often seek no advice for these problems but, when they do, they are more likely to ask a non-legal advisor, such as a health professional, than a lawyer. This evidence points to common groups of people with intersecting health and legal issues, but who access health services with symptoms rather than seeking out services for legal solutions. The collaboration between health and legal services at the heart of health justice partnerships is a response to this evidence.

The health justice landscape in Australia, 2017
From just a handful of services operating in this way in 2012, this report reflects 48 services now delivering legal services in health settings, including those integrating lawyers into healthcare teams in health justice partnerships. Health justice services have been operating in almost every state and territory in Australia, however most are in Victoria and New South Wales. Across Australia, three-quarters of these services are in major cities. Who services are supporting and how
While some partnerships assist any patient of the health service, most focus on a particular client group. Most services provide help for domestic and family violence and family law issues; and more than half of these services help with housing and tenancy, credit and debt, fines, government/social security and consumer issues.

Who’s working where
Just under half of these services were in hospitals, and one-third in community-based health settings – including mental health services, a maternal and child health service, and home visits provided by district nurses. Eight were in Aboriginal health services, including six in Aboriginal community controlled organisations. The remainder were in other settings, including a housing estate, community services and a school.

The features of collaboration
A number of features of collaboration on the health justice landscape help us understand how these services work in partnership and how they might differ from other health or legal services.

Shared goals
The shared goals of partnerships include: improving access to legal help, particularly to address health-harming legal need; the provision of holistic services; improved client health and wellbeing; and improved legal outcomes for clients/patients.

Referral process
More than one in five respondents indicated that there were formal referral processes from the legal staff back to the health staff and nearly 30% indicated no referral procedures. This may reflect the simple nature of the service models involved, where legal clients are already in, and are drawn from, the health setting.

More than half of the respondents reported informal referrals from legal staff back to the health staff.

Interdisciplinary training
A key feature of a health justice partnership is the work undertaken to build the capacity of partner staff to work together to support their clients or patients. Nearly all of the respondents indicated that training had been provided by the legal staff to health staff about legal issues and/or the services provided onsite by the legal partner. Six out of 10 indicated that training had been provided by the health staff to the lawyers.

Secondary consultations
More than three-quarters of respondents (36) said that legal service staff provided secondary consultations to health professionals in the service setting, while 34 reported that health professionals provided secondary consultations to the lawyers.

Systemic advocacy
Eleven respondents indicated that their partnership was engaged in systemic advocacy.

Helping Mary live independently
Mary is an elderly woman with diabetes and some mobility issues. She lives independently at home, but struggles with the stairs. An occupational therapist recommended a handrail be installed, but her landlord took no action. Mary fell at home and was admitted to hospital. Luckily for Mary, the hospital has a health justice partnership. A local community lawyer works in the hospital to help patients with their legal needs that also impact their health. The lawyer wrote to the housing authority to point out its legal obligation to make minor modifications in homes.

Four days later, the handrail was installed and Mary could be discharged to return living independently (and safely) in her home.
More from Health Justice Australia

Visit healthjustice.org.au for a range of resources based on this first national report on the health justice landscape in Australia.

*Mapping a new path: the health justice landscape in Australia, 2017* provides a detailed picture of the current health justice landscape, including data on who is collaborating where, how services are working together and what their funding sources are.

*Building health justice partnerships: 3 key lessons from practitioners* draws from the experiences of service providers in establishing partnerships between health and legal agencies to address health-harming legal need.

*Service models on the health justice landscape: a closer look at partnership* is a forthcoming paper to inform discussion on what differentiates a ‘health justice partnership’ from other service models. Through this discussion we aim to reach clarity around the features of each service model, which is critical to their effective evaluation.

© Health Justice Australia, August 2018

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.