



# **Annotated Bibliography**

**Resource for the review  
of the National Legal  
Assistance Partnership**

**2 August 2023**



## Health justice partnerships

Health justice partnerships (HJPs) integrate legal help into services that support people's health and wellbeing. HJP's assist:

- individuals, through direct service provision in places that they access
- partnering practitioners and services by integrating service responses around client needs and capability
- people and communities vulnerable to complex need through advocacy for systemic change to policies and practices that affect the social determinants of health.

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.**

## Health Justice Australia

Health Justice Australia is a national charity and centre of excellence supporting the effectiveness and expansion of health justice partnerships through:

- Knowledge and its translation: developing evidence and translating that evidence into knowledge that is valued by practitioners, researchers, policy-makers and funders.
- Building capability: supporting practitioners to work collaboratively, including through brokering, mentoring and facilitating partnerships.
- 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.

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## About this resource

This annotated bibliography is provided as a resource to support key priorities identified in the Terms of Reference for the Review of the National Legal Assistance Partnership (NLAP). The summarised evidence responds specifically to the evaluation of effectiveness and challenges of service delivery including integration, collaboration and innovation of legal assistance service delivery within and beyond the justice system, including the value of legal help for health and human service outcomes broadly. The evidence also demonstrates how the NLAP can support broader government priorities such as the National Plan to End Violence Against Women and Children, Australia’s Disability Strategy, and the National Framework for Protecting Australia’s Children.

This resource summarises Health Justice Australia’s original research, as well as our analysis of other evidence. It speaks to key questions:

- What do we know already and what else do we need to know about unmet legal need? How does legal need intersect with other, particularly health and social, problems?
- What is the value of addressing legal need beyond the justice frame?
- How can partnership or integrated approaches improve service responses and contribute to better outcomes for people facing complex legal need?

Where references are listed as forthcoming, Health Justice Australia can provide draft, confidential copies of publications directly to the Review team, or other interested parties.

## Mental Health

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

The COVID pandemic has laid bare the extent to which socioeconomic adversity and mental health intersect, particularly for those most vulnerable to unemployment, financial hardship and family stress. It has also substantially impacted upon access to help for each of these issues.

For some, mental health will interact in an ongoing way with everyday problems that lawyers can assist with. And yet working separately, legal assistance services and mental health services can each struggle to address the intersecting reality of these issues. Legal services can struggle to reach, stay connected with and assist clients with unmet legal need in a way that is timely and appropriate to their health journey. Mental health services do not necessarily have the levers to address social factors affecting clients' mental health or treatment. Accepting that accessible and appropriate legal assistance can play a role in mental health management and recovery, and that responding to legal problems can be challenging in many ways, the question becomes one of how health and legal services can join up to support clients in need most effectively.

**The current redesign of access to mental health support and treatment provides an opportunity to offer more holistic responses to compounding issues that may otherwise continue to escalate. Health justice partnership offers one avenue for this, by using legal help to: build the capability of mental health services to identify and connect clients to appropriate legal help; and support clients to gain control of underlying stressors, such as housing, money issues and family safety.**

*Keywords:* mental health, health justice partnership, outcomes

**Health Justice Australia (2022).** [Legal need in mental health services: A data snapshot](#).

The challenges of everyday life – money issues, housing, employment, family issues and interactions with government systems can affect and be affected by mental health. While effective clinical care is essential to supporting people through diverse challenges, there has been increasing recognition that other disciplines and services can contribute by addressing specific areas of need that interact with mental health.

But to what extent do consumer legal issues arise in mental health services and how equipped do staff feel to respond? To find out, Neami National, a community based mental health provider, and Health Justice Australia conducted a survey of 146 staff working across 70 Neami services. Nearly half of all respondents were peer support workers, 20% were support workers, 17% managers/team leaders and 15% clinical workers. **This short snapshot presents top level findings about: the types of legal need that staff see their consumers experiencing whether staff feel they 'have enough' connections, skills, knowledge, confidence, remit and resources to identify unmet legal need, and address issues when they arise.**

*Keywords:* legal need in mental health services, health justice partnership, practitioner capability

**Forell, S (forthcoming)** [Assessing legal need and capability in mental health services](#)

Neami National is a community-based organisation providing services around Australia to improve mental health and wellbeing in local communities. This paper reports on research to inform the establishment of HJPs in Neami services. It explored the types of legal issues consumers may be experiencing at the time they are using Neami services and what Neami's frontline mental health and wellbeing staff may need to identify legal need and support clients experiencing these issues. This paper draws together findings from a

survey of frontline staff working in 70 Neami sites across Australia, together with in-depth legal needs assessments in three sites. Legal needs assessments review the types of legal issues likely to arise based on the profile of consumers in each site and legal needs evidence about those cohorts, together with interviews and focus groups with site staff.

Results and implications: **In the survey staff identified a wide range of legal issues experienced by consumers at the time they are seeking support for mental health issues. Most common were credit, debt and social security issues, housing, family law and family violence.** However, the legal needs assessments identified how the combination of legal issues varied from place to place, influenced by the profile of clients (e.g. gender, age, other intersecting needs).

With 67% of survey respondents indicated that they spent around 50% or more of their time ‘responding to these types of issues’, staff identified a range of supports they required to assist clients. In particular: more knowledge of other services, connections with professionals in other organisations and connections with community. **Building relationships and knowledge through community legal education and secondary consultation are part of what health justice partnership may offer<sup>1</sup>.** The legal needs assessments added context to these findings, identifying differences from site to site, based on role and remit, experience, and existing connections with legal services varied from place to place.

Together the findings indicate that across services, staff are seeing clients with legal issues that are interacting with their health, and that staff require more support to connect clients with the appropriate help. However, the specific profile of need varies with the cohort of consumers in each service. Likewise, the strengths, opportunities, and needs of staff in each setting to support consumers with these issues varied with their roles, remit, existing connections and capabilities. Taken together with the availability, priorities and capacity of local legal services; and the readiness for partnership among potential partners, the findings indicate that the type of health justice partnership most appropriate and feasible in each location will vary. This is consistent with a reality seen across the health justice landscape, that there is no single model of HJP. Rather HJPs take shape in response to needs and opportunities. Legal needs assessments set a foundation for understanding what will be appropriate in each setting.

*Keywords:* mental health, legal needs assessment, legal capability, practitioner capability

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

This research builds on the solid foundation of literature establishing the close relationship between financial wellbeing and mental health and extends this body of work by illuminating these issues in the Australian context. **It stresses the reciprocal relationship between financial wellbeing and mental health, the spiralling nature of their downward and upward effects on each other, and the cumulative impacts of challenges in both areas. The findings of this research indicate there is a collective responsibility and opportunity, regardless of sector, to continue to support financial wellbeing and mental health.**

This research also presents a new lens through which influencing factors, that determine how and to what extent financial and mental health outcomes follow from experiences, can be viewed and understood. It suggests that resilience in the face of challenge can be bolstered through efforts targeted at the domains of

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<sup>1</sup> See also Forell S & McDonald H (2015) [Beyond great expectations: modest, meaningful and measurable community legal education and information, Justice issues paper 21](#) Law and Justice Foundation of NSW

'connection and community', 'confidence and capability' and 'choice and security', with positive change in more foundational domains (notably 'choice and security') flowing on to improvements in other domains.

**The research identifies 'turning points' in experiences that can be the catalyst for improvements in financial wellbeing and/or mental health, including intervention by friends and family, service providers and employers. Participants often reported turning points occurring after 'rock bottom' moments and identified 'upward spirals' occurring afterwards, in which positive improvements in financial circumstances led to positive improvements in mental health and vice versa.<sup>2</sup>**

This research indicates that those experiencing financial and mental health challenges typically engage in problem-solving multiple times before reaching crisis points, with mixed success. There are a number of reasons why initial help-seeking can be unsuccessful or ineffective, including the unsuitable or inflexible design of supports, lack of awareness of suitable supports, and an overreliance on short-term solutions that defer problems or create later additional issues. Setbacks in help-seeking wear people down, prompting increased feelings of shame and inhibiting further help-seeking. Stakeholders in this research noted opportunities to build on positive interventions already in place and to design additional supports across service design, service provision, education and communication, cross-sector collaboration and referral, and systemic, policy and regulatory changes.

*Keywords:* mental health, financial wellbeing, collaborative service delivery, service design

## **Domestic Family Violence (DFV)**

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

General practitioners, community health services, hospitals and other health settings are often sites of trusted help for people – most commonly women – who are vulnerable to or experiencing domestic and family violence (DFV). Yet the issues arising for those experiencing DFV commonly extend far beyond their health. They include legal issues ranging from the need for violence protection orders to assistance with family separation, housing and money problems.

Health justice partnership embeds lawyers in healthcare settings and teams. It is a strategy to provide accessible, timely legal help to people experiencing the complex array of issues surrounding DFV, while supporting health service capability to act as an effective pathway to support. **It recognises that no matter how much effort we put into improving access to legal help through justice pathways like courts or police, more women and children experiencing or vulnerable to DFV will seek help through health pathways.**

This paper describes health justice partnership as an integrated response to DFV: what partnerships currently look like, where they are found, who they support, and what they offer partner agencies, practitioners and their clients. Noting health justice partnership as an emerging model, there is more to test and learn about the placement, design and value of health justice partnerships in different health service settings; and how they integrate with the broader domestic, family and sexual violence service landscape. As service delivery is reassessed in the wake of the Covid19 pandemic, we identify the

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<sup>2</sup> Legal issues are often implicated in crises points – family breakdown, family violence, sudden job loss, eviction, criminal justice interaction.

opportunity to explore health justice partnership as a tool to provide accessible, safe, client-centred and holistic support for those experiencing DFV.

*Keywords:* family and domestic violence, health justice partnership, mental health, outcomes

**See also:** Coumarelos, C. (2019). [Quantifying the legal and broader life impacts of domestic and family violence](#). Justice Issues. Sydney, Law and Justice Foundation of NSW.

Pricewaterhouse Coopers (2023). [The benefits of providing access to justice](#). Sydney, National Legal Aid.

## **Children and families/ early intervention for child protection**

**Chia, J. (forthcoming). Health justice partnership as early support for children and their families. Sydney, Health Justice Australia.**

**Early support** is the best way to protect children, by providing families with the assistance they need at an early stage.

**Investment:** Governments across Australia have been investing in developing services to deliver early support for children and families at risk of interacting with the child protection system.

**Opportunity:** There is an opportunity to recognise, and expand upon, the role of health justice partnership as part of the landscape of early support for children and their families.

**Evidence:** This paper draws together the existing evidence on this opportunity to inform policy reform. We seek to influence policy-makers, funders, researchers, and health and legal services as they grapple with the ever-growing crisis in social and economic costs of the child protection system in Australia, including its spillover impacts into the youth and criminal justice systems.

*Keywords:* children and families, child protection, early intervention, health justice partnership

**See also:**

**Libesman, T., P. Gray, E. Chandler, L. Briskman, A. Didi and S. Avery (2023). [Parents with Disability and their Experiences of Child Protection Systems](#). Sydney, Parents with Disability and their Experiences of Child Protection Systems.**

This report presents evidence about the particular needs of parents with disability and their need for legal help at much earlier points in the child protection system. E.g.

*It is often only after child protection agencies have intervened to remove children and commenced legal proceedings that parents are referred to legal services or informed of their rights to access legal representation. It is also often only then that parents become aware of the full nature of child protection concerns and the legal ramifications of the child protection processes they have already been involved in or subject to. Such processes include meetings with child protection workers, parents' participation or non-participation in services, and parenting or disability assessments. They can also include parents being asked to sign documents by caseworkers, or temporarily relinquishing the care of their children at their suggestion. All have legal ramifications and are collated by departments as evidence in court. (p.15)*

*Keywords:* children and families, disability, child protection, legal need, access to justice, early intervention

**Social Ventures Australia (2023).** [Happy, healthy and thriving: enhancing the impact of our Integrated Child and Family Centres in Australia.](#)

This paper closely examines a number of Australia's major Integrated Child and Family Centre (ICFC) models. It explores the operational, policy and funding structures that are needed to best support outcomes for children and families experiencing socio-economic disadvantage. This paper aims to inform strategies to both strengthen the impact of ICFCs and scale their operations to ensure the children who would benefit most are able to access them.

## **Health justice partnership in Australia**

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

Joining the dots reports a 2018 census by Health Justice Australia, of the health justice partnerships in Australia. Health justice partnerships are collaborations to embed legal help into health care settings and teams, to support people experiencing intersecting health and legal issues.

Data was received from legal partners in 73 health justice services and 25 of their health partners. The census identified different ways services came together, as: health justice partnerships between different organisations; integrated services (where a lawyer is employed by a health service); outreach legal clinics; and legal help and healthcare as part of broader multi-agency service hubs.

**The census identified that while only one in five health justice services specifically targeted family and domestic violence (FDV), people at risk of or experiencing family violence are seen in nearly 90% of all services on the landscape. Similarly, while one in six health justice services targeted support to those living with mental health conditions and/or addiction, yet more than four out of five indicated that at least 'some' of the people they served were experiencing mental health conditions and/or addiction.** The report also describes the types of legal issues addressed in partnerships - most commonly family law, family violence and money issues - and the ways that services work together.

*Keywords:* health justice partnership in Australia, mental health, family violence

## **Health justice partnership and financial wellbeing**

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

Health justice partnership (HJP) is a strategy to embed legal help in community and healthcare settings, to break down siloes between services, and to reach and support people experiencing complex disadvantage. 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. Health Justice Australia conducted a research project to better understand how health justice partnerships in Australia contribute to their clients' financial wellbeing. Financial wellbeing is when a person can meet expenses and have some money left over, and be in control of their finances, now and in the future (Muir, Hamilton et al. 2017).

Financial issues are often both a cause and a consequence of health and justice issues. HJPs provide legal support 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**



**into an HJP.** Health Justice Partnerships also provide legal assistance related to life events that have financial implications, such as experiences of family and domestic violence, mental health, and elder abuse.

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 meant that arrangements for providing such non-legal support vary widely, including through referral, a partnership with another service, or integrated services. Relationships with financial counsellors strengthened the ability of HJP lawyers to achieve financial wellbeing outcomes for their clients. Financial counsellors also contributed 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).

These findings suggest opportunities to develop the ability of HJPs to achieve financial wellbeing outcomes, including through supporting and strengthening pathways to financial counselling assistance. **However, such efforts would need to build on, and not detract from, the strengths of HJP as a holistic response to complex disadvantage, and as a flexible strategy that evolves to meet the needs of a specific service system and community. Narrow metrics for success, prescriptive service designs, and siloed funding can be barriers to HJPs establishment and effectiveness.**

*Keywords:* health justice partnership, financial wellbeing, financial counselling, outcome measurement

## **Health justice partnership – evidence (general)**

**Beardon, S., et al. (2021). "[International Evidence on the Impact of Health-Justice Partnerships: A Systematic Scoping Review](#)." *Public health review*: 10.3389/phrs.2021.1603976**

Background: Health-justice partnerships (HJPs) are collaborations between healthcare and legal services which support patients with social welfare issues such as welfare benefits, debt, housing, education and employment. HJPs exist across the world in a variety of forms and with diverse objectives. This review synthesizes the international evidence on the impacts of HJPs. Methods: A systematic scoping review of international literature was undertaken. A wide-ranging search was conducted across academic databases and grey literature sources, covering OECD countries from January 1995 to December 2018. Data from included publications were extracted and research quality was assessed. A narrative synthesis approach was used to analyze and present the results. Results: Reported objectives of HJPs related to: prevention of health and legal problems; access to legal assistance; health improvement; resolution of legal problems; improvement of patient care; support for healthcare services; addressing inequalities; and catalyzing systemic change. **There is strong evidence that HJPs: improve access to legal assistance for people at risk of social and health disadvantage; positively influence material and social circumstances through resolution of legal problems; and improve mental wellbeing. A wide range of other positive impacts were identified for individuals, services and communities; the strength of evidence for each is summarized and discussed.** Conclusion: HJPs are effective in tackling social welfare issues that affect the health of disadvantaged groups in society and can therefore form a key part of public health strategies to address inequalities.

*Keywords:* health justice partnership, evidence, international

Granger R, Genn H, Tudor Edwards R. [Health economics of health justice partnerships: A rapid review of the economic returns to society of promoting access to legal advice](#). *Frontiers in Public Health*. 2022 Nov 15;10:1009964. doi: 10.3389/fpubh.2022.1009964. PMID: 36457317; PMCID: PMC9705517.

Background: Welfare legal problems and inadequate access to support services follow both the socioeconomic and the health inequalities gradients. Health Justice Partnership (HJP) is an international practitioner-led movement which brings together legal and healthcare professionals to address the root causes of ill health from negative social determinants. The aim of this paper was to identify the current evidence base for the cost-effectiveness of HJP or comparable welfare advice services.

Methods: A rapid review format was used, with a literature search of PubMed, CINAHL, ASSIA, PsycINFO, Medline, Cochrane Library, Global Health and Web of Science identifying 496 articles. After removal of duplicates, 176 papers were screened on titles and abstracts, and 20 papers met the eligibility criteria. Following a full-text screening, a further 14 papers were excluded due to lack of economic evaluations. Excluded papers' reference lists were scanned, with a further 3 further papers identified which met the inclusion criteria. A final pool of nine studies were included in this review. Results: Studies focused on the financial benefit to service users, with only three studies reporting on cost effectiveness of the interventions. Only one study reported on the economic impact of change of health in service users and one study reported on changes in health service use.

Conclusion: **This review highlights the current evidence gap in evaluating the cost-effectiveness of adequate access to free legal welfare advice and representation.** It proposes an interdisciplinary research agenda between health economics and legal-health services is required to address this research gap.

*Keywords:* health justice partnership, health economics, welfare legal advice, return on investment (ROI), rapid review, cost-consequence analysis (CCA), cost-utility analysis (CUA), public health

## **Practitioner and service capability**

Rajan, R., et al. (2021). [Secondary consultation: A tool for sharing information and transferring knowledge in health justice partnership, discussion paper](#), Health Justice Australia.

This discussion paper explores secondary consultation as an activity that practitioners have identified as a valuable tool for working in health justice partnership. Health justice partnerships are collaborations to embed legal help in health care settings and teams.

**The term secondary consultation refers to communication and information sharing between partnering practitioners that helps them to support their patients and clients. In this paper we share what we have learned so far about the activity, exploring its definition, value and impact in practice. We seek to continue the conversation about ways to capture the extent and nature of secondary consultations in data, and the value of this data for articulating and beginning to measure impact.**

The paper explores: what is secondary consultation; the benefits and challenges for practitioners and their patients and clients; and capturing data and measuring impact. Our insights are based on a review of existing literature, our health justice census data, informal discussions and a workshop with practitioners, and a survey of our health justice partnership practitioner network that Health Justice Australia conducted in October 2020.

*Keywords:* Health justice partnership, practitioner capability; secondary consultation

## Burnout and practitioner wellbeing

Chan, J., S. Clarke and A. Freedman (2023). [The State of workplace burnout 2023](#). Sydney.

The past two years has brought on the most rapid and significant levels of change in the workplace in many decades. This volatility and uncertainty has resulted in a massive movement of employees, giving rise to the prevalence of the term ‘the great resignation’. Research shows that unmanageable workload and burnout are top reasons people are giving for leaving an employer during these the last 24 months. The State of Workplace Burnout Report is looking to expand our understanding of the continuing impact of burnout and help organisations create specific insights and guidelines to help organisations tackle structural and cultural causes that leads to burnout. This year, our focus is on establishing how burnout alleviation strategies can be incorporated as a part of the employee value proposition and an attraction, engagement and retention strategy for organisations. As organizations speculate on how to help their people not only survive but thrive during this period and beyond, the insights from this study will help leaders develop strategies to protect their most important asset – their people.

A version of this study which includes data about a health justice practitioner sample is available from HJA.

*Keywords:* practitioner burnout, job satisfaction, integrated services, health justice partnership

## Partnering capability

Turner, L. (2021). [Building blocks for health justice partnership development](#). Sydney, Health Justice Australia.

Increasingly, health and social services are seeking to work together on the vexed and wicked problems they cannot address alone. Identifying the need to collaborate or work differently in response to those problems is an important first step, but where to from there?

This resource is for anyone looking to start an HJP with strong foundations. It provides a handy reference point for those looking to troubleshoot different stages of HJP development and implementation.

*Keywords:* health justice partnership, partnering, partnership capability, integrated service

## Access to justice in context

Schram A, Boyd-Caine T, Forell S, Baum F, Friel S. [Advancing Action on Health Equity Through a Sociolegal Model of Health](#). *Milbank Q.* 2021 Dec;99(4):904-927. doi: 10.1111/1468-0009.12539. Epub 2021 Oct 5. PMID: 34609023; PMCID: PMC8718588.

**Policy Points:** Health actors can use the law more strategically in the pursuit of health and equity by addressing governance challenges (e.g., fragmented and overlapping mandates between health and non-health institutions), employing a broader rights-based discourse in the public health policy process, and collaborating with the access to justice movement.

Health justice partnerships provide a road map for implementing a sociolegal model of health to reduce health inequities by strengthening legal capacities for health among the health workforce and patients. This in turn will enable them to resolve health issues with legal solutions, to dismantle service silos, and to drive systemic policy and law reform.

**Context:** In the field of public health, the law and legal systems remain a poorly understood and substantially underutilized tool to address unfair or unjust societal conditions underpinning health

inequities. The aim of our article is to demonstrate the value of expanding from a social model of health to a sociolegal model of health and empowering health actors to use the law more strategically in the pursuit of health equity.

**Methods:** We propose a modified version of the framework for the social determinants of health (SDoH) equity developed by the 2008 World Health Organization Commission on the Social Determinants of Health by conceptually integrating the functions of the law as identified by the 2019 Lancet–O’Neill Institute Commission on Global Health and Law.

**Findings:** Access to justice provides a critical intersection between social models of public health and work in the justice fields. Addressing the inequities produced through the policies and institutions governing society unites the causes of those seeking to enhance access to justice and those seeking to reduce health inequities. Health justice partnerships (HJPs) are an example of a sociolegal model of health in action. Through the resolution of health issues with legal solutions at the individual level, the dismantling of service silos at the institutional level, and policy and law reform at the systemic level, HJPs demonstrate how the law can be used as a tool to reduce social and health inequities.

**Conclusions:** Greater attention to law as a tool for health creates space for increased collaboration among legal and health scholars, practitioners, and advocates, particularly those working in the areas of the social determinants of health and access to justice, and a promising avenue for reducing health inequities

*Keywords:* access to justice, health equity, social determinants of health, social determinants of justice

**Whitman, A., et al. (2022).** [Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts.](#) USA, The Assistant Secretary for Planning and Evaluation (ASPE), Office of Health Policy.

Long-standing health inequities and poor health outcomes remain a pressing policy challenge in the U.S. Studies estimate that clinical care impacts only 20 percent of county-level variation in health outcomes, while social determinants of health (SDOH) affect as much as 50 percent. Within SDOH, socioeconomic factors such as poverty, employment, and education have the largest impact on health outcomes.

SDOH include factors such as housing, food and nutrition, transportation, social and economic mobility, education, and environmental conditions. Health-related social needs (HSRNs) refer to an individual’s needs that might include affordable housing, healthy foods, or transportation. This report provides select examples of the evidence in several of these areas. In terms of Social Service Connections, it finds that some studies of care management and coordination using multidisciplinary teams that support HRSNs show reduced total cost of care and improved health outcomes, but the evidence overall on these effects is mixed.

*Keywords:* access to justice, health equity, social determinants of health, social determinants of justice, integrated service delivery

**Tobin-Taylor, E, Boyd-Caine, T, Genn, H & Ries, N (forthcoming 2023) 'Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Health Equity', Journal of law, medicine & ethics, 51, pp330-341**

**Research Base Across Countries:** The practitioner-driven development of Health Justice Partnerships (HJPs) in the UK, US, and Australia demonstrates grassroots legal and healthcare provider confidence in the value of the intervention as a tool for achieving justice and health equity. The intuitive logic of partnership and positive provider and user experiences have been important drivers of support for the movement.

However, this has largely proceeded ahead of a mature and systematic research base. While there is a relatively wide range of studies and reports addressing HJP models, practice, and outcomes, there remains a need for targeted, rigorous research and evaluation evidencing the potential benefits of HJPs. Recent literature reviews provide important insights into the current state of the HJP research field, the evidence gaps, and the conceptual and methodological challenges in developing a research and evaluation program that would be internationally meaningful.

**What Have We Learned?** A comprehensive international literature search on HJPs (including academic, practice, and gray literature) covering the period 1995-2018 revealed a large number of studies predominantly from the UK and US. Strong evidence was found across all regions and service types for the effectiveness of HJPs in improving the socioeconomic circumstances of individuals (e.g., financial and housing security). There was also convincing evidence that HJPs reach patient groups most likely to be affected by health-harming legal needs who would otherwise not seek help for social welfare issues. This supports the contention that HJPs act on health and social inequities, although targeted research focused on addressing inequities is largely missing from the literature. The review found high-quality studies (both quantitative and qualitative) showing improvements in mental health, particularly stress, depression, anxiety, and well-being, and that these improvements occurred as a direct result of the legal interventions. However, an overall conclusion on the impacts of HJPs on individual health is more difficult to draw from published studies, given the diversity of patient populations and legal issues being addressed. Few studies internationally have used a control or comparison group to robustly assess changes in health, and studies taking an experimental approach have encountered significant methodological challenges.

While research directly investigating the effectiveness of HJPs in preventing ill health was absent in the literature, there was good evidence for improvements in social determinants, including access to food, heating, and healthcare, and increased social participation, self-care, and self-confidence. Studies of the impact of HJPs on health service utilization showed inconsistent patterns and mostly lacked appropriate international collaborations: the future of health care. Other impacts for health services and patient care had been explored to a lesser extent and were not the focus of much high-quality research. However, benefits identified qualitatively included supporting healthcare professionals to manage patients' non-medical needs and improving both practitioner and patient experience. Catalyzing systemic change through legal and policy action has been more rarely reported in the literature, although there are case studies demonstrating the wide-reaching effects of these activities.

A very recent review highlights the current evidence gap in evaluating the cost-effectiveness of adequate access to free legal welfare advice and proposes an interdisciplinary research agenda between health economics and legal-health services to address this gap. However, in an important development, the UK Ministry of Justice has commissioned large-scale research on the impact of HJP and how to scale-up. The work involves a robust impact, process, and economic evaluation of existing co-located medical and legal services in general practice surgeries.

In the US, NCMLP has undertaken comprehensive reviews of published research on HJPs. A 2013 review based on literature published between 1977 and 2012 found that the reviewed research was dominated by descriptions of the model and its variations, and very few studies provided systematically derived evidence of the benefit of HJP services on patients, provider institutions, and communities at large. Despite some limitations, the studies showed evidence of positive impacts of HJPs on, for example, patients' stress levels, recovery of healthcare costs, financial return on investment, and education of providers. An update of the review published in 2020, drawing on additional studies, found further evidence that HJPs significantly improved patient health and well-being, particularly relating to mental health, compliance with medical

treatment, and reduction in Emergency Department visits. The 2020 review concludes that despite increasing attention given to HJP and the growing evidence base, more research is needed to demonstrate impact and to evaluate HJP service quality, especially when scaling up.

In recent advancements, a US study demonstrated a reduction in hospitalization rates for children receiving legal interventions through HJP to address acute legal needs such as the threat of eviction, and a further qualitative study of pediatric care suggests HJP can improve patient and population health by educating health providers about how to help patients with health-harming legal needs and social determinants of health.

Health Justice Australia has made a significant contribution through describing and mapping the number and range of HJPs in Australia and, with a broader international focus, has taken seriously the need to make progress on articulating a serviceable theory of change that will support the development of evaluation frameworks. A recent paper suggests the adoption of a common framework for measuring HJP/MLP outcomes. Proposing the concept of 'client wellbeing' as an outcome for health justice partnership, Forell argues that it aligns with a SDOH public health approach and highlights the broader societal value of legal assistance for low-income groups.

*Keywords:* health justice partnership, international comparison

## **Cross sector outcome measurement/wellbeing**

**Forell, S. (2019). The impact of legal help beyond access to justice: learning from health justice partnership. International Legal Aid Group Conference. Ottawa, Health Justice Australia**

Health justice partnerships (HJPs) in the Australian context are collaborations to embed legal help in healthcare services and teams. HJP is a service model to improve health and wellbeing for: individuals, through direct service provision in places that they access; people and communities vulnerable to complex need, by redesigning integrated service responses around client needs and capability; and vulnerable populations through advocacy for systemic change to policies which affect the social determinants of health.

This paper draws upon a recent census of HJPs to profile the Australian health justice landscape. It then discusses the individual and systems outcomes anticipated for HJPs and opportunities for work in collaboration with public health researchers to explore this potential. **The paper also explores HJPs as an opportunity to define, assess and share the value proposition of legal help beyond the access to justice frame: to ask how legal assistance contributes to health and wellbeing as part of a broader human service network.**

*Keywords:* health justice partnership, outcomes

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

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.**

*Keywords:* access to justice, health justice partnership, outcome measurement, wellbeing as an outcome



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