

Productivity Commission

**Delivering quality
care more
efficiently interim
report**

15 September 2025

Health justice partnerships

Health justice partnerships embed legal help into health care services and teams to improve health and wellbeing for:

- individuals, through direct service provision in places that they access
- people and communities vulnerable to complex need, by supporting integrated service responses and redesigning service systems around client needs and capability
- vulnerable populations through advocacy for systemic change to policies which affect the social determinants of health.

HJPs 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.

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.

Response to interim report

At Health Justice Australia (HJA), we seek to develop the evidence about health justice partnerships (HJPs) and to share lessons from practice to improve service delivery outcomes. We welcome this opportunity to contribute to the development of recommendations to enhance the effectiveness of the care economy, in response to the Productivity Commission's interim report on *Delivering quality care more efficiently*.

Collaborative commissioning

The capability to collaborate

HJA welcomes the recommendations on collaborative commissioning, as a strategy to increase the integration of care services. Our expertise in integrated services through research and building the capability of practitioners to work in multi-disciplinary settings offers useful lessons in how to approach greater collaboration amongst organisations.

HJPs are an example of a collaborative integrated service approach. Legal help is brought into healthcare and other social support settings, to support people with intersecting health, legal and social problems, including housing, employment, discrimination, debt and family issues. While this approach has many benefits for service users,¹ it is also a well-established and successful model of collaboration, which supports the capability across often siloed health, legal and social services workforces to respond to complex problems within the communities they support.

In our experience, effective collaboration and partnership requires investing in the capability to work together and is as important as the work itself. Partnership is foundational to the effectiveness of collaboration, and it requires a range of processes, relationships and capabilities to work together, successfully, towards shared goals. This is what we describe as capability to collaborate. Effective collaboration needs to be supported through administrative and funding structures that invest in building the capability and capacity of organisations to work in this way. It requires sustained investment to build relationships and trust to work collaboratively and also takes time and cross-sector commitment to build the shared understanding and goals, trust and relationships, structures and activities required to enable partnership.²

Investing in building the capability to collaborate is a cost-effective measure that can:

- enable services to coordinate more holistic and effective care for people with complex needs
- reduce inefficiencies caused by siloed service systems, enabling services to do more with what they have
- invest in and sustain workforce capability, by improving the capacity of sectors to identify and respond to complex need
- help seed cultural change and create champions across services as a foundation for major systems reform.

¹ See examples in Appendix C: Integrated Service Evaluations in Federation of Community Legal Centres Victoria, 2023, National Legal Assistance Partnership Review, Response to Issues Paper: The Victorian Community Legal Sector Perspective

² Pascoe Pleasence et al, Reshaping legal assistance services: Building on the evidence base: A discussion paper (Report, Law and Justice Foundation of NSW, 2014).

The role of the wider determinants of health

The Productivity Commission has reported on the wide-ranging benefits of integrated service delivery, recognising an important role for holistic service design in the provision of legal assistance.³ Multi-sector collaboration is also recognised as a key principle to address the social determinants of health, which is embedded across key government priorities in domestic and family violence, suicide prevention and the National Preventative Health Strategy.

The mechanisms to support collaborative commissioning – governance, outcomes measurement, for example – must be developed in a way that acknowledges the impacts of the wider determinants of health, and the role of policy and programs from beyond the care sector in supporting improved health and wellbeing outcomes. This must also extend to the foundational activities of joint planning, health impact assessments and the monitoring and reporting of outcomes. The establishment of collaborative commissioning activity presents an opportunity to incorporate a formal approach to collecting community-wide data about the role and impact of legal needs, and the role of interventions such as HJP in responding to areas that have identified high levels of unmet need. This will result in an improved understanding of complex needs across the community, while identifying effective and targeted solutions.

We know there is growing interest amongst individual PHNs in exploring the potential role of HJP in contributing to health and wellbeing outcomes, however this varies greatly across the country. A systematic approach to analysing the impact of legal need across communities, would ensure consistency and support greater understanding of its health and wellbeing impacts more broadly. HJA has developed a suite of tools and activities that can assist in understanding the health justice needs of communities to inform organisational and collaborative place-based service planning.

Addressing funding barriers

HJA strongly supports the proposal to remove barriers to pooled funding or other forms of funding that would support joint commissioning. In our experience, conventional funding approaches are a significant constraint to establishing and maintaining the expansion of HJP. This highlights the ways in which restrictive funding conditions can stifle innovation in cross-sectoral settings, and place barriers in the way of collaborative or partnership-based approaches, even when that support is explicit in policy commitments. We see this routinely where justice funders cannot (or do not) fund legal assistance in health or social service settings because those settings are seen as beyond their scope. We also see health or social service funders who do not recognise the value of legal help in addressing their intended outcomes and so are unwilling to fund legal help within their operating environments. Alternatively, where there is a recognition of the value in analysing legal need, there can be constraints on funding. This is due to factors such as nationally set priorities determining how funding is spent, despite local need or a narrow focus on clinical outcomes.

National Prevention Investment Framework (the Framework)

HJA supports a stronger and more systematic approach to the funding and governance of prevention in Australia. While not necessarily understood as a conventional preventative activity, integrating legal assistance into healthcare and other support settings through HJP provides an opportunity to provide early support for service users, who may be experiencing multiple, intersecting issues. HJP can provide holistic

³ Productivity Commission, 2014, Access to Justice Arrangements Inquiry Report No 72, p 178.

support in a timelier way, particularly where legal help is not typically provided. Through this, HJP can help to prevent or reduce the likelihood that legal issues will escalate to crisis, at which point, they can compound ill health and systemic disadvantage, for individuals and within families.

The proposed Framework must include a focus on equity and the wider determinants of health. For the Framework to have its best chance at impact, there must be a recognition that activity in one sector (e.g., early years strategies, educational engagement strategies, parenting programs) may have longer term impact in other sectors (e.g., youth justice, criminal justice). Any governance and funding mechanisms to support the Framework must encourage cross-sector, cross-portfolio solutions, that address the issue raised in the interim report of 'misalignment between who benefits and who funds prevention'. As outlined in the previous sections, our experience of the funding environment for cross-sectoral approaches has been hampered by a misunderstanding of the value of legal assistance in health and social services. Further to this, we have also experienced structural barriers, where funding in one sector can only be used for very narrow and specific activities. This latter issue will also need to be resolved through adopting more flexible funding models.



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