

A new approach to programs for families and children

5 December 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.

Introduction

Health Justice Australia welcomes the opportunity to comment on proposed reforms to the Families and Children (FaC) Activity Program delivered through the Department of Social Services (DSS). In this submission we will share brief insights on the investment initiatives, data-informed decision making and outcomes and the role for Aboriginal Community Controlled Organisations (ACCOs).

Prioritising investment in connected, co-located, and integrated services

The emphasis on integrated and collaborative service approaches and early intervention and prevention as areas for priority for investment are welcome proposals. As acknowledged in the consultation [Discussion Paper](#), the lives of families and children are complex. Access to accessible and trusted integrated services that offer supports before issue escalate to crisis are important elements to achieve the proposed program outcomes. Our position is informed by our knowledge of and experience with health justice partnership (HJP) approaches, an established and successful model of collaboration, integrating legal help into services that support people's health and wellbeing. The settings and practitioners involved in HJPs are diverse, multidisciplinary and cross-sectoral, for example, hospitals, primary and community health, maternal and child services (including Child and Family Hubs), AOD and mental health services, and ACCOs. Practitioners involved in HJPs include social workers, lawyers, health practitioners, child and family workers, financial counsellors, domestic, family violence workers and advocates.

In pursuing these investment priorities, we encourage DSS to strengthen its support for maintaining and building or brokering partnerships across the sector. The purpose of integrated service collaborations is to improve how services respond to complex needs among the people they help. Partnership is foundational to the effectiveness of collaboration for this purpose, and it requires a range of processes, relationships and capabilities to work together, successfully, towards shared goals. The proposed extension to five-year grant agreements supports these aims in part, as it creates time for service providers and communities to build and maintain relationships. However, there are additional considerations that would enhance this approach. To support collaboration, we need investment in how practitioners and services work together, not just what they do together. In our experience working with HJPs and building the knowledge around the key enablers for the effectiveness and efficiency of integrated service responses, we have identified that this includes:

- Capacity (resources and people) and capability (skills, mindsets, and confidence) of multidisciplinary practitioner teams to partner in person-centred practice.
- Building the foundations for partnership, acknowledging that it takes time to develop a shared approach, across different organisational and professional contexts and to build trust and work collaboratively with people needing help.
- Research to better understand the contribution of partnership and integration to the capability and capacity of services to respond to intersecting, complex need.

To maximise effectiveness of the investment, the work to build capacity and capability should be integrated directly into funding programs. Incorporating this work from the outset will enable capability-building activities to be delivered across funded services, maximising learning and collaboration opportunities. It will also be important to consider how funding agreements are structured, to enable, rather than create barriers to cross-sector, cross-portfolio and community-led solutions. While we acknowledge some of these activities may be out of scope for direct funding through the FaC Activity Program, we recommend that DSS

consider avenues to provide this foundational support to build and sustain service delivery over time. The [Funding to promote system support for the children, youth and family sector](#) delivered in the ACT serves as a potential example of how this could be achieved in practice.

Assessing community need through a variety of data sources

We are supportive of the approach to better understand the needs of communities to inform decision-making around service provision. However, it is an ongoing responsibility of government to facilitate access and analysis of this knowledge, to support service delivery organisations to provide well-informed, community-led proposals.

Beyond the data sources outlined in the Discussion Paper, Health Justice Australia encourages DSS to consider the potential for legal needs analysis to inform program design with a focus on multidisciplinary and integrated service delivery. We have conducted a number of legal needs and opportunity assessments for organisations, that build knowledge around the likely legal needs to be occurring in particular communities, or with particular client groups, as well as the capacity and capability (skills, confidence, mindset) of practitioners working in health and social services to recognise and respond to issues that may have legal aspects and solutions. See for example, our work with [Neami National](#). The overlay of this type of information has the potential to provide important context around local need, as well as help to identify services that have the capability to respond and improve outcomes, particular for families and children facing the most complex, intersecting challenges.

Broadening out outcomes reporting to ensure meaningful information is collected

The collection of client outcomes data is important, but it is only part of the picture. There are a range of different outcomes that can be achieved at the level of individuals, practitioners providing FaC services, the organisations they work for and the system they are part of. Just as service design needs to recognise complexity, so too does outcomes measurement need to recognise this complexity and move beyond siloed approaches. It is important to draw out outcomes related not only to recipients of service, but also workforce and for systems and service design, to understand what is working well, what can be translated or scaled in other settings, and where improvements can be made.

Prioritising funding to ACCOs in communities with significant First Nations populations

Health Justice Australia strongly supports prioritising funding to ACCOs, consistent with the government's policy priority to deliver the Closing the Gap priority reforms and to meet the targets. It will be important that this is a supported and community-led transition process, with additional resourcing made available to ensure ACCOs can successfully navigate taking on additional responsibilities with confidence. It will also be important that this is aligned to existing programs across government to prevent duplication.



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