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Never Stand Still

Medicine

Centre for Primary Health Care and Equity

Health Justice Partnerships in NSW

Program logic

Centre for Health Equity Training,
Research and Evaluation (CHETRE)

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Health Justice Partnerships in NSW

Health Justice Partnerships (HJPs) in NSW are local collaborations between legal assistance agencies (e.g. Legal Aid NSW, community legal centres), health agencies (e.g. Local Health Districts, health NGOs) and human service agencies (e.g. the Department of Family and Community Services, welfare agencies). HJPs in NSW:

- provide targeted assistance to the most vulnerable, with a focus on identifying and meeting the legal needs of clients who would not otherwise seek assistance
- provide legal assistance on-site in health services and health outreach services
- provide training for health and welfare agency staff to identify clients' legal problems and about the legal services available
- develop partnerships between local services
- each have an MOU between the services involved.

HJPs in NSW currently include:

- Miller – Budyari Aboriginal Community Health Centre
- Redfern – Redlink service (a collaboration between FACS, Justice and Health agencies)
- Blacktown – Blacktown Hospital
- Camperdown – Royal Prince Alfred Hospital.

A range of new HJPs are being developed across the state. For example, MOUs are being negotiated with the Sydney Children's Hospital, the Royal Women's Hospital and Blacktown Methadone Clinic.

Aligned activities

There are a range of activities across the justice sector, the health sector, government agencies, non-government organisations and community groups in NSW that align with the goals and activities of HJPs. There are also national initiatives that inform, and are informed by, the operation of HJPs.

Goals

The goals of HJPs in NSW are to:

- integrate health and legal services to minimise gaps faced by clients
- meet the health and legal needs of the most vulnerable people who don't usually access services
- provide timely intervention in legal issues to reduce their impacts on health and wellbeing.

Principles

HJPs in NSW are underpinned by the principles listed below.

1. Providing person-centred services that are accessible and integrated.
2. Focusing on the most vulnerable, i.e. people who experience multiple legal and health problems.
3. Working in partnership.
4. Recognise that justice and health issues are closely related.
5. Developing HJPs which are informed by local and international research into unmet legal need and best practice models of integration.
6. Sharing learning for ongoing quality improvement.

The configuration and nature of individual HJPs vary in response to contextual, individual and service needs.

Program logic

The development of this program logic

The Centre for Health Equity Training, Research and Evaluation (CHETRE) at UNSW Australia was commissioned by Legal Aid NSW and the South Eastern Sydney Local Health District to develop a conceptual framework and recommendations to inform the development and evaluation of HJPs in NSW.

This program logic was developed based on:

- earlier work describing a conceptual framework for Health Justice Partnerships in NSW
- two workshops with representatives of HJPs in NSW.

The value of this program logic is that it:

- describes relationships between activities, outcomes and impacts
- enables a shared understanding between those involved in HJPs in NSW about HJPs' activities and what they seek to achieve.

Understandings and assumptions

- Legal issues are social determinants of health and unresolved legal needs harm people's health.
- Health problems can cause legal problems.
- Integration of health and legal services is desirable and requires information sharing.
- HJPs require a shared understanding of both legal and health systems.
- Partnerships are an essential feature of HJPs and these rely on relationships.
- Colocation of legal and health services is integral to the functioning of HJPs.
- Formal agreements and memoranda of understanding are valuable tools in the design and functioning of HJPs.
- Work and Development Orders are part of the scope of HJP activity.

Terms used

Program logic

Program logic is a visual representation of the pathway from action to results.¹

Activities

Activities are actions taken as part of the HJPs in NSW.

Outputs

Outputs are services or products delivered as part of the HJPs. These will not be covered in detail during the workshop.

Outcomes

Outcomes are changes over time. In the short term these may include changes in operations, ways of working, attitudes, behaviours and skills. In the long term these may include changes in conditions experienced by clients, and changes to services and systems.

Outcomes lead to impacts. This is important to emphasise because the health sector often uses outcomes and impacts in the opposite way to other sectors, by suggesting that activities lead to impacts, which in turn lead to eventual health outcomes.²

Impacts

These are long-term sustained changes that are described but not necessarily measured in individual evaluations, due to:

- being influenced by a range of factors and activities, not limited to HJPs
- difficulties in establishing attribution between HJPs' activities and impacts
- the timeframes involved being long-term.

¹ Funnell S, Rogers P. (2011) *Purposeful program theory: Effective use of theories of change and logic models*, Jossey-Bass: San Francisco.

² Markiewicz A, Patrick A. (2015) *Developing Monitoring and Evaluation Frameworks*, SAGE Publications: Thousand Oaks.

Activities

Providing information and advice to clients

- Providing timely screening, identification of legal issues, advice and referral
- Colocation of legal and health services
- Case meetings
- Information sharing, where permitted and appropriate
- Community legal education for client and community groups

Workforce and service development

- Training for both health and legal professionals
- Defining standards and skills associated with HJP work
- Identifying key supporting and enabling agencies and stakeholders, including professional groups
- Strengthening information sharing and knowledge management

Governance

- MOUs and governance arrangements for individual HJPs
- Developing governance across HJPs at state level
- Building HJPs into related service agreements

Partnership development

- Aligning goals and collaborative action
- Collaborative planning and co-design; collaborative evaluation

Tools, resources and practices

- Develop protocols for referral and triage, including introductory information tools and referral tools
- Disseminating information, evidence and good practices

Monitoring, evaluation and research

- Developing evaluation and monitoring frameworks, along with routine
- Developing baseline profiles of current practices where possible
- Research on how HJPs can lead to enhanced outcomes
- Researching good practices and ongoing review of available evidence

Professional culture

Short- to medium-term outcomes (<2 years)

For clients

- Enhanced access – ability to interact, ability to seek, ability to reach, ability to engage with services
- Earlier identification of legal problems
- Greater awareness of legal issues and services provided by HJPs
- More appropriate and timely use of HJP services
- Reduced levels of stress
- Increased self-efficacy
- Improved mental health and well-being
- Reductions in legal stressors such as debt, housing insecurity, child removals.

For workers and professionals

- Increased awareness of the links between justice issues and health issues
- Enhanced ability to identify both justice and health issues
- Increased rates of screening for legal issues
- Increased proportion of appropriate referrals within and outside HJPs
- Improved understanding of roles and services within HJPs
- Improved trust and collaborative practices between workers and professionals within HJPs
- Improved experience in dealing with a wider range of needs and issues

For partnerships and services

- Increased number of users of HJP services
- Increased partnerships effectiveness
- Enhanced consideration of legal and health issues in partnership development and service planning

- Increased service reach amongst the most vulnerable

For the justice and health systems

- Enhanced access – approachability, acceptability, availability, affordability, appropriateness

Longer-term outcomes (2+ years)

For clients

- Improved help-seeking behaviour
- Improved management of justice and health issues
- More timely resolution of legal issues
- Improvements in physical health/mental health/wellbeing

For workers and professionals

- Fewer justice and health issues being escalated or identified at later s
- More timely identification of justice and health issues being identified
- Improved collaborative and supportive practices within HJPs
- Enhanced professional culture

For partnerships and services

- An increased range of client needs being met
- Better evidence on what practices are effective in addressing and resolving justice and health issues
- Reorientation of services towards more collaborative practices to address health issues
- Increased recognitions of the resources and time required to sustain partnerships
- Increased alignment with best practices
- Referral pathways and service arrangements have been defined
- Enhanced perception of HJPs
- Improved mechanisms for describing and monitoring the complexity of justice and health issues

For the justice and health systems

- Appropriate allocation of services
- Timely resolution of legal problems
- Improved mechanisms for planning, reporting and monitoring HJPs across jurisdictions
- Reduction in escalation of legal problems
- More efficient allocation of resources

Using this program logic

How to use this program logic

This program logic outlines the connections between activities, outcomes and impacts. Not all elements described here will be a part of every HJP.

Each HJP should review the elements and determine which are relevant to their settings, activities and intended outcomes. This will ensure a shared understanding within the Partnership of how activities and resource will lead to outcomes and impacts.

Informing planning and evaluation

This program logic may be used to:

- Planning implementation and co-designing activities
- develop detailed evaluation or monitoring frameworks
- inform the development of routine data items or minimum data sets
- inform the development of governance and oversight mechanisms.

Considering the data needed for HJP planning, monitoring and evaluation

When using and adapting this program logic it may be useful to consider what data is routinely collected and reported on, and how this may be relevant for planning, monitoring, and evaluating your HJP

What relevant data is available? (be specific)

- Nature of the data (format, frequency)
- Who collects it and how is it reported?
- Would it be accessible to your HJP? Are any information sharing agreements required?

What relevant activity data do you collect?

- Occasions of service
- Partnership activities
- Training activities

What relevant outcomes data do you collect?

- What data is collected and reported for:
 - Clients
 - Workers and professionals
 - HJPs/individual services
 - HJPs at a state level.

Suggested citation

Harris-Roxas B, Haigh F, Jaques K. (2016) *Health Justice Partnerships in NSW: Program logic*, Centre for Health Equity Training, Research and Evaluation (CHETRE), UNSW Australia on behalf of Health Justice Partnerships in NSW: Sydney.