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Justice in Health

A scoping report on the role of legal support in inclusive health care

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Research Summary

Why was the research done?

People experiencing housing instability and homelessness often also grapple with legal issues that may affect their health, predate their entry into homelessness or manifest due to exclusion from accessing housing as a fundamental social determinant of health. Law clinics, sometimes as part of Health Justice Partnerships represent a radical point of departure intended to enhance capacities to address social determinants of health through legal support. This research asked how health and social care intersect with legal support in the context of housing instability. We sought to understand the experiences of health and social care providers and the people they support to address the question how legal supports may be leveraged to produce better health outcomes for people experiencing housing instability.

What were the key findings?

We found that the notion of adding legal support to the care mix for people experiencing housing instability, including homelessness was considered novel, and sometimes even counter intuitive. We came across questions, such as, what is a legal issue? When does it become a social or a health problem? Who is best placed to offer the holistic support people need to navigate complex systems? How can we advocate for system change in order to reduce these complexities? Law, health and social care professionals constantly appraised the challenges they were presented with to offer tailored and appropriate support, while people experiencing housing instability reported positive individual outcomes where these supports were well coordinated.

What does this mean for policy and practice?

We conclude that there is significant legal need among people experiencing housing instability, including homelessness. However, suitable pathways and support practices to address legal need are less clear and contend with systemic failures to provide affordable housing for all members of the community. Legal support needs to be carefully embedded within health and social care to intervene at an appropriate time and place. For people with a history of trauma and deep distrust in authority, the primary health clinic might not be the ideal setting to be introduced to a lawyer. However, social workers within primary health care can play a crucial role in initiating and guiding participants towards legal assistance and representation, while facilitating routine support with housing, income support and disability support applications.

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We acknowledge the Traditional Custodians of the lands on which we work and live across Australia.
We pay our respects to Elders past and present and recognise their continued connections
to land, sea and community.

CHAPTER 1. INTRODUCTION

1.1 Rationale

People experiencing housing instability and homelessness often also grapple with legal issues that may affect their health, predate their entry into homelessness or manifest due to exclusion from accessing housing as a fundamental social determinant of health. The issues people experiencing housing instability, including homelessness face might be legal troubles that lead them into criminal justice or other systems tasked with sanctioning norm violations. At the same time, legal troubles also stem from structural constraints on the capacity to advocate for one's rights and entitlements in welfare systems and matters of housing. This two-facedness of legal challenges is not neatly separable but might often coincide in the life of a person.

For this report, we understand housing instability as a series of involuntary movements between social and local spaces that bring people into contact with different government and non-government agencies through interlinked systems but also hospitalization, institutionalization, or incarceration (Plage 2025). For instance, people may violate city council regulations by sleeping in their cars or camping out in public parks (Herring et al. 2020), engage in petty crime to survive (Flatau et al. 2020), or use drugs in spaces that expose them to public scrutiny (Greene and Painter-Davis 2023).

People experiencing homelessness are also more likely to be victims of crime and violence (Stambe et al. 2025) and have child protection agencies involved in their family lives (Kuskoff et al. 2022). People may also face disputes with their neighbors and landlords that put them at risk of losing a tenancy (Fleming et al. 2019). Other legal issues reflect broader trends in the general population, including overwhelming consumer debts (Gabbay et al. 2017), the experience of domestic and family violence (DFV) (Kuskoff et al. 2025), or difficulties accessing income support (Greasley and Small 2005; Sherratt et al. 2000) or housing (Hernández 2016). The complexity and accumulation of issues make it extremely challenging for people experiencing housing instability and homelessness to navigate justice, welfare and health systems (Halushka 2020; Plage et al. 2023).

Law clinics represent a radical point of departure intended to enhance capacities to address social determinants of health through legal support. Sometimes law clinics operated through collaborations across law, health and social care are called Health Justice Partnerships (HJPs). HJPs' objectives are explicitly linked to progressing greater health equity (Curran 2017; Genn 2019; Martinez et al. 2017; Tobin-Tyler et al. 2023). In Australia HJPs seek to strategically embed lawyers and paralegals within health care settings (Lewis et al. 2018). Whether recognized as a HJP or not, law clinics offer pro bono or low-cost lawyers to assist people who are otherwise unable to obtain legal advice and representation.

At the time of the study, Micah Projects partnered with LawRight to run a law clinic co-located with the Home for Good cluster delivering a range of services related to housing, accommodation and healthcare. In 2024-2025, the Home for Good team supported nearly 7,000 people at the Housing and Homelessness hub (Micah Projects 2025). The co-located law clinic complements these services to address drivers of housing precarity that are amenable to legal support. Micah Projects also works together with multiple health and social care organisations in Inclusive Health Partnerships to operate the Inclusive Health and

Wellness Hub (IHWH) integrating primary health care, nurse-led support, allied and complementary health care to support the health of people experiencing social disadvantage. Nearly 1,500 people accessed care through the IHWH in 2024-2025 (Micah Projects 2025).

1.2 Aims and research questions

This research report has two interrelated aims geared towards the promotion of greater health equity. First, it broadly explores the links between the social determinants of health and justice. Second, the report provides specific insights into the role of legal support in the provision of health and social care to people who are experiencing housing instability. Employing an approach within the social determinants of health paradigm (Martinez et al. 2025; see also Marmot 2005), we draw on a Roundtable discussion and semi-structured interviews undertaken between 2024 to 2025 to explore how health and social care intersect with legal support in the context of housing instability, including homelessness to address the following research questions:

RQ1 What legal issues are currently addressed as part of health and social care provision?

RQ2 How do people experiencing housing instability engage with legal support through health and social care providers?

RQ3 What are the experiences of health and social care providers in facilitating legal support for people experiencing housing instability?

RQ4 What are the experiences of law professionals who provide pro bono legal support in integrated care settings to people experiencing housing instability?

RQ5 How can legal supports be leveraged to produce better health outcomes for people experiencing housing instability?

1.3 Our approach

To answer these questions, we begin by outlining the research design and data sources on which we base our analyses. We outline the insights gained from the Roundtable discussion and how it informed later stages of the research. We then present three findings chapters: first, we identify how legal troubles impact people's health; second, we explore different perceptions of the utility of legal support and co-located legal professionals; third, we shine a light on issues around integrating legal support into other social and health services tailored for people experiencing housing instability. We conclude by offering some considerations on strengthening integrated models of care via addressing legal need.

1.4 Methods and data

Data collection took place between September 2024 and October 2025. After ethical approval (UQ HREC ID 2024/HE001184), we first undertook a Roundtable and then recruited participants for semi-structured interviews from three distinct groups: (1) health and social care providers, (2) legal practitioners, and (3) people with experience of homelessness.

Justice in Health Roundtable

A roundtable took place in September 2024 with practitioners from different professional and organisational backgrounds. Participants were invited if they were active in the health and social care landscape in Brisbane where this study took place and if housing instability fell within the remit of their work. Roundtable participants represented diverse disciplines and affiliations spanning government and non-government agencies, social work, criminology, law and health professions. This goes to show how important it is to encourage collaboration across siloes. Altogether, 15 participants attended the half-day Roundtable including 3 legal practitioners, 5 social workers, 3 health professionals, and 4 support workers in correctional facilities. The Roundtable aimed to:

1. identify key legal issues for people experiencing housing instability,
2. map local stakeholders involved in current individual and system-level advocacy, and
3. set priorities for policy, research, and practice.

First, we asked Roundtable participants what the key legal issues are that they encounter in the lives of the people they support (see Figure 1), and what barriers and enablers participants experienced in their work (see Figure 2). The issues they enumerated ranged from housing troubles to DFV, child safety and family matters to consumer debts and criminal justice involvement. Transition periods such as the end of a lease or a relationship, and release from incarceration appeared as particularly fraught.



Figure 1 - Key legal issues



What helps with addressing legal issues for better health outcomes?

What makes it harder to address legal issues for better health outcomes?



Figure 2 – Barriers and enablers of health outcomes through legal support

Second, we took a vignette-based promptⁱ to guide the Roundtable discussion around how legal, health and social care flow together in practice. The Roundtable participants used the vignette to reflect on how they categorise issues within the remit of social, housing or medical intervention. We present key insights from these discussions in callout boxes throughout this report. Participants were continuously asked to reflect on the intersections in their work and the role of legal support for addressing poor health associated with housing instability. The Roundtable was audio recorded with informed consent and a short video summary was circulated among participants (Plage and Baker 2024).

Interviews

Three separate interview guides were developed for health and social care practitioners, legal practitioners, and people with experience of housing instability, including homelessness. We conducted semi structured interviews with clinical and non-clinical staff (n=8) supporting people with their housing and health needs. The participants have backgrounds in nursing, medicine and/or social work, yet no specific training as law professionals. With these participants, we discussed how they feel about providing legal support for people, the most acute gaps in the provision of legal support, their views on the idea of integrating trained law professionals into inclusive health and social care, as well as potential risks or challenges. We also interviewed five lawyers who provide services to people experiencing extreme social disadvantage on a pro-bono basis. These participants were recruited through the law clinic embedded with the Home for Good team at Micah Projects but also from legal centres in the local community. We discussed with this participant group what drives their expansion into pro-bono work with people experiencing housing instability, the experiences they have in this space, the challenges they have to navigate and what they perceived as their contribution to achieving greater health justice.

Additionally, it was deemed crucial to include the perspectives and experiences of people supported through integrated health and social care to identify their needs and priorities when it comes to legal support. This participant group was supported through accessing housing, health services or sustaining

tenancies in Brisbane. Altogether, we conducted 26 interviews with 28 (8 male and 20 female, aged between 28 and 71) people experiencing housing instability between February 2025 and July 2025. Interviews lasted between 21 and 117 minutes (average 46 minutes). Participants were recruited with the help of our partner organisations, including warm introductions to clients they had supported and posters in their primary health and wellness clinic. A significant number of participants were recruited via word of mouth, that is study participants circulated recruitment materials in their own networks. Participants experiencing housing instability received a \$50 voucher for their contribution to this research.

Interviews took place in a hotel repurposed as transitional housing, a community day centre, in public spaces (e.g., café) over the phone or via zoom, depending on where participants felt most comfortable. Most interviews took place individually, but on two occasions participants requested to be interviewed as a dyad. While participants had experienced homelessness as defined by the Australian Census, at the time of the study their housing status varied between tenancies in public or community housing (7) or the private rental market (1), staying in temporary or crisis accommodation (15), a boarding house (1), in a rehabilitation centre (2) or living in a tent (1). One participant self-identified as 'homeless,' but did not disclose specific details. Throughout the process of recruitment and interviewing, we emphasized the voluntary nature of participation in the study, we reassured participants that their participation or non-participation would not affect their relationship with our partner organisations and left it up to them to disclose potentially stigmatising experiences with the criminal justice system. Eight participants shared that they or a close family member had been incarcerated, and 13 disclosed having sought support from a legal service. All participants identified issues in their lives for which legal support might be suitable. Data from all sources were transcribed using otter.ai and analysed supported by NVivo. All names assigned to participants in this report or pseudonyms.

CHAPTER 2. HEALTH IMPACT OF LEGAL ISSUES

The stories shared by participants with experience of housing instability, including homelessness demonstrated how housing instability involves movement across organizations, spaces and institutions. Dealing with these issues while being unstably housed can exacerbate mental and physical health issues that are affecting people experiencing housing instability disproportionately. In turn, poor health presents a formidable barrier to resolving any legal problems and may contribute even to their escalation as people are required to meet formal and informal requirements that prove eligibility to care, housing and participation in the community.

This chapter outlines three impact areas through which support with legal issues affect health: exacerbation, compliance and distress (Figure 4).

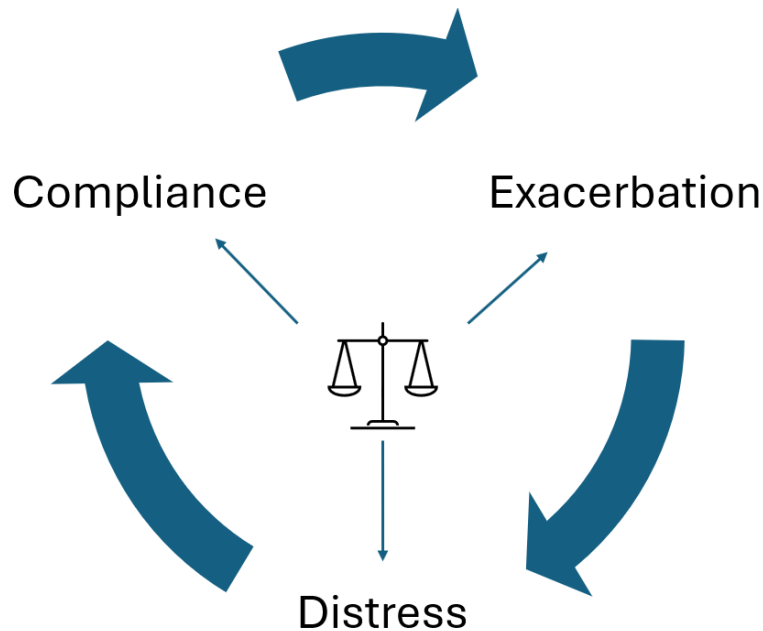


Figure 1 - Domains of health impact

Consider Susan’s story. Susan shared how she came into contact with the criminal justice system after a period of severe mental health deterioration. After a mental health breakdown, she was charged with using violence against ambulance staff. She vividly described her confusion about how to meet her legal needs and the consequences of inadequate legal representation:

Where do I start? Who can help me? How do I know what a good [lawyer] looks like? ... My legal journey did include being taken to jail, and that was [horrific]. ... It took me a long time to recover from that experience ... I don’t think I’ll fully recover. (Susan, transitional housing)

Her perception of being sentenced to a week in jail was to be “taught a lesson to stop calling emergency services”. However, incarceration exposed her to further trauma and did not address her underlying needs for psychological care. It worsened her mental health condition and introduced additional financial stressors, while jeopardizing her housing and employment. Indeed, she reflected that a lawyer she

eventually paid to represent her, had very little time to support her case. Release from prison introduced further demands:

[As] part of my bail conditions, I had to have mental health care coming and mental health support. And even that, took a while to find the right person. I was stressing because it was bail conditions and I had to. (Susan, transitional housing)

Participants like Susan and the health care practitioners we interviewed discussed bail conditions upon release from incarceration, such as these:

I have seen this very often. Then when they discharge from or release from the prisons, the parole officer says, "Go and have a Mental Health Care Plan." ... Where are they going to go for counselling? Who's going to pay for it? ... It's like ticking a box. ... I'll do it for him, just to keep him out of trouble. And doing a mental health care plan does not help his mental health at all. (Health Care Practitioner)

This participant highlighted the issue of health care as a compliance exercise that did not serve the needs or wishes of the person. Another participant mused, "[It's] to show the court making some progress." (Health Care Practitioner). As these health professionals illustrate, mental health plans prescribed to comply with justice proceedings might not be medically useful by producing better health for the person. As Susan explained, having her mental health linked to her bail conditions added further strain to an already stressful situation. Hence, we identify compliance as an impact area of legal need for health that feeds into exacerbation.

The amplification of existing ill-health by making care and being in the community contingent on one another was often experienced as acute. Yet, the consequences reverberated long term. As Susan admitted:

Over time, I've now got better supports for my mental health so I can get by. But it's always going to be there, what's happened to me and what's gone on. Like, the emergency services always being a trigger. Like, it's lessened. There was times when I was totally dissociating and not knowing where I was or what I was doing. Like, how did I get here? Because I just disconnected. Yeah. Just wandered. (Susan, transitional housing)

The distress Susan described was specific to her life circumstances, but across participants we saw patterns and similarities which considered together demonstrate common long-term impacts of such distress. Such experiences undermined trust in interlinked health, social care and justice systems. Melany, for instance, maintained:

When I was homeless, especially, I had trouble getting to court, because they didn't know where I was to be able to send a letter. So, I got filed to appear, and one of the files to appear was when they charged my daughter. They picked me up that day. I was supposed to be in court, and it was a [failure to appear] so they charged me again. I said, 'that's not fair,' but I just copped it, sweet. ... It was just that the stress of having to try and get onto legal. I never had anyone in my corner. (Melany, public housing)

We draw on the example of facing charges and possible incarceration to illustrate the distress associated with unaddressed legal need faced by people experiencing housing instability which echoed through people's lives. Like, Melany, many participants were left feeling like they "never had anyone in their corner" preventing support seeking behaviour and fomenting distrust in care systems. While contact with

the criminal justice system illustrates this point, we identified similar dynamics in other areas of unaddressed legal need, including DFV and victims' assistance, accessing housing and income support, or dealing with consumer debt and SPER fines. What these experiences have in common is the sense of vulnerability, confusion and pressure to comply with formal requirements (e.g., completing forms, producing supporting documents such as medical certificates or treatment plans) or face potentially dire personal consequences (e.g., lack of money to afford necessities like food, entering homelessness or incarceration). In their combination, these experiences have immediate but also long-term negative implications for people's health and wellbeing (see Callout Box 1).

In this context, we identify the potential utility of integrating legal support into health and social care as we elaborate below.

Vignette 1a: Liam

When I have the seizures, because of the tumour on me brain, all me new age memories just get shuffled. I come to some days, and I don't even know what town I'm in ... one day I got taken to the hospital 30 times, I think it was, by ambos. And I'd come to ... arguing with the doctor because he won't write the scripts out for me. And then I can't remember doing it. Another time after that, apparently, I kicked him. And I got charged for it. I've still got to go to court for it.

Vignette 1b: Erin

[Liam] is my friend, who I look after. ... if [he] has a seizure he could die. He gets robbed every time he has a seizure, so it's very important that he has his medication. So, I would follow up on that for him and assorted other things. So yeah, so it was like [this support organisation, the Department of Housing, the community housing provider, the other support organisation], all these touch points. And the balancing act when you're supposed to be vulnerable and all of that, it is a nightmare to navigate.

Stigma in accessing care

Social work

Capacity for legal representation

Time and emotional energy

Burden on peer navigators

Navigating service access

CHAPTER 3. UTILITY OF LEGAL SUPPORT & CO-LOCATION

The dynamic relationship between health and legal issues in the context of health and social care often remains in the background, while immediate crisis intervention to provide housing, albeit temporary, takes priority. We found that this was acknowledged across our sample, including among lawyers and participants with experience of housing instability. It is important to keep this in mind when thinking about how legal support might positively intervene in the impact areas of exacerbation, compliance and distress to produce better health outcomes for people. Specifically, we prompted all participants to consider how they would feel about having access to legal support in health care settings, such as primary health clinics or hospitals. The participant responses indicated that despite the establishment of HJPs in Australia and their presence across all states and territories in all major urban centres, the concept of having lawyers and paralegals available at the doctor's office was still novel and required explanation. While we found that co-located legal, health and social care services were not self-explanatory, this opened discussions about the utility of integrated legal support.

Because of the cohort that we work with, they're more in trouble with the law than any other General Practice. ... We get more requests from lawyers. We get more people involved with the justice system than others. So that would be really reassuring, I think, for staff and to understand more about what's being asked of us, or to understand what's reasonable to share, or what's not necessary. (Health Care Practitioner)

Lawyers described how they saw their role in this space beyond criminal justice:

You have to be in a tenancy to need legal assistance around a tenancy, and many of our young people are just couch surfing or homeless. A lot of people often are surprised about the amount of consumer credit and debt work that we do, and why that's connected to homelessness. ... Helping someone stabilize their income actually assists them to access safe housing ... I've helped young people defend evictions because they were being evicted because they were taking an extended stay in hospital, and their landlord saw that as they're abandoning the tenancy. (Lawyer)

There is an empowerment piece that we play generally as a service helping people to understand what their rights are, what the process is, what those implications are, so that they can make informed decisions. (Lawyer)

Notably, participants experiencing housing instability supported through the law clinic co-located with the Home for Good cluster identified how this support helped them and grounded the utility of integrated legal assistance in their experiences. Kerry remembered:

Around that time, I couldn't find a house, I found out I had hepatitis. I was stressed. Everything was falling apart. Going to Micah, it was helpful in a lot of ways. It led me to LawRight [and] to better my health. When I was dealing with the domestic violence ... he had control over my bank accounts. He had control over my work money; he made me go downhill real fast. ... I got away from him. And then I was living at that boarding house and started slowly repairing my life and got my new job, and Micah got rid of the hepatitis, and [lawyer] helped me with everything. (Kerry, private rental)

Even where participants recognized the potential of integrated legal support, they remained sceptical about the traction or uptake of this type of support for and amongst people experiencing housing

instability and homelessness. Health Care Practitioners were wary of deterring help-seeking from participants where distrust in the justice system would reflect on the clinic:

I have heard about [co-located Health Justice Partnerships]. I think as a referral pathway that would be valuable in this clinic, but as a [lawyer] sitting here and advertised, I wouldn't be as keen. Mostly because I think it would be a deterrent for some people to access health care ... It depends on if you called them a social worker, that might be a little bit easier. But if you call them, you know, Justice Advisor, or someone, I think people would run a mile. (Health Care Practitioner)

The lawyers we interviewed highlighted how their presence in the community, including integrated health care settings would go towards building rapport and working relations with care professions and normalize law work as part of individual and system level advocacy for people experiencing social disadvantage:

It breaks down the barriers of, "oh, there's this big, scary lawyer," but also for them to go back to their patients and be able to say, confidently, "oh, we have this lovely lawyer who works here, not part of the hospital. She's really nice, and she can come and talk to you and give you some options." And because they know that, because they have that relationship with the lawyer and like, through co-location. ... We send the same person to the same site because it has that. It creates that dynamic and that relationship, and people know the names of who's there. (Lawyer)

This confirms insights from our Roundtable discussions that highlighted inaccessibility of systems due to an assumption of legal literacy, persistent stigma around housing instability and the dual capacity of integrated systems to produce care but also harms. If seeking to complement existing health and social care delivery with legal support, it will be important to bear in mind the experiences of people who are looking for support and their relation to home, both culturally and materially. The latter includes acknowledgement of the constraints on being able to assist people with drivers of exacerbation and distress while there is no stable and affordable housing available (see Callout Box 2). There needs to be clarity around different roles and boundaries between professions working together towards better individual health, housing and justice outcomes, and ultimately greater health equity.

Vignette 2a: Erin

In an ideal world I would've liked to just find a place to move in by the 7th. Let's face it, today's the 2nd, and that's what I said to the support worker lady today, "Realistically, with the current housing situation and everything like that..." I didn't tell her, but even if I do my biggest, "I'm a domestic violence," plea kind of thing, which is how I got this place, "So please give me special consideration," kind of thing, it's unrealistic that I'm going to get a place.

Vignette 2b: Erin

[Liam] was in and out of court and came with all these court documents and asked me to decipher what that all meant for him, and I assisted him with that. So, I became this kind of like Erin Brockovich of the homeless of Brisbane. We used to go and help him to go to court and make sure that they got dressed and found the place where they could have a shower and do things like that.

Eligibility for care

Peer support and its limitations

Funding as a systemic issue

Caregiving as emotionally rewarding

Prevention

Lack of professional navigators

CHAPTER 4. WORKING TOGETHER WITH LEGAL SERVICES

Across all participant groups there was an acknowledgment of legal need among people experiencing housing instability and homelessness. However, how to meet the legal needs was less clear, not only among people seeking support but also among those providing it. Having internal and external referral pathways towards services such as LegalAid, Women’s Legal Service or community legal centres was still considered new and innovative. Case workers in particular remembered how they approached these referrals with caution:

It’s still not that I do it often, but it’s at the beginning, it was definitely hard because I guess it’s just a sector that I never really deal with, and so anything is quite intimidating when you come over to that sector. So, at the moment, it’s been pretty good so far. ... Obviously I feel like I’m out of my depth. ... It’s also it’s about knowing that I’m not an expert, and I never will be, and I’ll never have the answers or the solutions to anything until I kind of reach out and collaborate with other segments. ... and other people are happy to help you. You just ask, and especially when it comes to vulnerable populations. (Social Worker)

This social worker shared how their willingness to make use of referral pathways to legal services was anchored in an understanding of the different types of expertise and care for people experiencing housing instability calls for. In other words, the question of how health and social care services might productively work together to achieve good outcomes for individuals was a question on how to integrate care across professions, organisations and their different roles. Here, mutual respect for one another’s expertise but also boundaries around roles and responsibilities were crucial. This includes how these roles and responsibilities might be communicated to people who are supported in integrated care:

I’ll draw for them a little pie or a pizza. And on that pie and pizza we name the different professionals and what their roles might be, and when you might contact them, and things like that. On our little pie, we might have a slice that is your lawyer, a slice that is your social worker, a slice that is your psychologist, and a slice that is your psychiatrist, and then your medical team. And so with a young person, particularly the younger ones, we use this kind of diagram for to help them understand why there might be so many people involved in their care. And it might be something like where I might say to them, “okay, so if you get a scary letter from your landlord with a notice to do something, that’s when you contact your lawyer slice.” (Lawyer)

As we discussed the potential for achieving better outcomes for people who are supported within interlinked systems, we also prompted participants to think about risk and challenges. In response, privacy and data sharing for integrated care appeared central, both among health and social care professionals and among participants with experience of housing instability. Sally wondered:

Would the data be collected and then used in court against you at some point, and would it be stored somewhere where the police could access it and then use it against you in the street sometime, when they pull you up to search you or something, or just to raise your ID because you’re fucking sleeping in a park? That kind of thing. ... I don’t have a MyHealth Record, but I wouldn’t want it attached to something like that, where a surgeon can pull it up and see it 10 or five years down the track and be like, “Oh, well, they were in last time for such and such.” (Sally, tent)

Among the people experiencing housing instability, privacy and data sharing concerns were alleviated by having a sense of control over which data they wished to share. Brandon, a participant with psychiatric illness and co-occurring drug use admitted how difficult it was for him to build trust and rapport. Where participants raised privacy concerns, this was justified with reference to bad experiences in the past.

That [data sharing], of course, worried me, because I have issues with trusting, trust in authority and stuff like that. But I just discovered through myGov app that I'm able to access myHealth record and stuff, and actually decide on access of who gets what.... Having that control over the access gives a lot of peace of mind As long as you have those permissions in place, like through your health, for them to be able to share information that and anything you talk to a lawyer about is private and confidential. Just like you're going to see your doctor. (Brandon, crisis accommodation)

All participants recognized that personalized and timely support across different life domains would require integrated information systems and professional collaboration spanning government and non-government organizations. The discomfort with sharing information while desiring holistic care has elsewhere been identified as the personalization-privacy paradox, where patients withhold critical information that could aid in diagnosis due to concerns about privacy and data misuse (Baines et al. 2024). The stakes for people experiencing housing instability, including homelessness, were perceived to be high, as they were acutely aware of being under scrutiny from law enforcement and the public while often experiencing mental ill-health that would further suspicion. Combined with mental distress from past experiences that have led to institutionalization, incarceration or involuntary hospitalization, these participants were understandably reluctant to place their trust in integrated legal services.

In turn, this raised the possibility that they would look for support and information elsewhere. Many participants, like Ray, leveraged their informal networks to find help.

Together with some legal support from a friend of mine, we drafted some correspondence. ... But with the help of the supports I got from [integrated health and housing teams], and then obviously me making a hell of a lot of noise with the Minister for Housing. They then got me this unit, alright? But it came with a significant, significant push and lots of medical evidence-based material (Roy, public housing)

While Roy had access to a friend with legal experience while also relying on support from services at Micah Projects and mainstream health services, health and social care provider participants were aware of the risk of poor information that could exacerbate mental distress, but also of the toll this could take on people providing this support informally while experiencing housing instability and related stressors themselves (see Callout Box 3). There is need for support in navigating access to services as supportive peers tap into their own thin resources, including time and emotional energy.

Vignette 3a: Erin

I still haven't finished my paperwork for [Liam's] Legal Aid stuff. I have to get every court brief. Why don't the lawyers do that? ... all those [...] apps and things that they have in the myGov thing and all that business, that is just so disconnected and difficult to navigate. It's useless. ... in New South Wales you don't even have to fill out paperwork to apply for Legal Aid. You just go in and have an interview, and they take some notes and push a button.

Vignette 3b: Erin

You make a commitment, you live by that. ... I was trying to find a balance last week of, well, I'm stressed about this ... the Legal Aid thing's undoubtedly going to have a certain amount of stresses involved with it.... All new ground to me. Obviously, I don't have a clue. I've never done these things before. Yeah, so I've got to do that. So, I'm thinking, well, emotionally it created demand.

LegalAid access in Queensland more demanding

Rethink process to reduce burden

CHAPTER 5. CONCLUSIONS

We aimed to identify the legal issues people encounter when experiencing housing instability, including homelessness, what supports are currently available to address these issues and how these are integrated into the local health and social care provision. We presented insights from a Roundtable and interviews with participants from law, health and social care backgrounds, and people experiencing housing instability.

We found that the notion of adding legal support to the care mix for people experiencing housing instability, including homelessness was considered novel, and sometimes even counter intuitive. We came across questions, such as, what is a legal issue? When does it become a social or a health problem? Who is best placed to offer the holistic support people need to navigate complex systems? How can we advocate for system change in order to reduce these complexities? Clear answers to these questions were often not available as law, health and social care professionals constantly appraised the challenges they were presented with to offer tailored and appropriate support (Plage and Baker, 2025). Timing is crucial to prioritize issues for urgent attention. Addressing legal need has to take place at the right time, not necessarily while people are in crisis and without access to shelter. In turn, the extreme constraints on housing affordability and wait times for housing allocations complicate the capacities to provide integrated legal support. As such, eligibility to holistic care is linked to systemic fault lines including insufficient funding to prevent people experiencing housing instability from entering homelessness.

Roundtable attendees and interview participants also identified rewarding feelings for peers providing support with navigating legal systems but acknowledged that this could also place undue burdens on them or lead to sharing of inaccurate information and ultimately bad advice. It is here, where we see the greatest scope for legal support to produce better outcomes. Finally, we conclude that there is room for improvement to make LegalAid, a key mechanism to facilitate legal representation, more accessible in Queensland. Roundtable participants agreed and recognised, that LegalAid is faster and easier to access in other jurisdictions. Structuring access processes differently could reduce the burden on people seeking LegalAid significantly.

We conclude that there is significant legal need among people experiencing housing instability, including homelessness. However, suitable pathways and support practices to address legal need are less clear. They need to be carefully embedded within health and social care to intervene at an appropriate time and place. For people with a history of trauma and deep distrust in authority, the primary health clinic might not be the ideal setting to be introduced to a lawyer. However, social workers within primary health care can play a crucial role in initiating and guiding participants towards legal assistance and representation, while facilitating routine support with housing, income support and disability support applications.

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ⁱ The vignettes were based on deidentified interview data collected from a previous research study (Plage 2025) in which the role of legal support was out of scope but appeared as a significant avenue for further research.