Knowledge for Implementing People-Centered Justice: The Promise of Medical-Legal Partnerships/Health Justice Partnerships

Michele M. Leering

Abstract

This paper reviews the evolution and implementation of medical-legal partnerships (MLPs) and health justice partnerships (HJPs), focusing on what we know—and still need to know—about the role and importance of cross-disciplinary health-legal collaborations in achieving people-centered justice. Based on existing research, we know that HJPs, which embed access to legal services within healthcare settings to address health-harming legal needs, have proliferated over the past three decades across Australia, Canada, the United Kingdom, and the United States, with national coordination bodies now supporting implementation in three countries. Evidence demonstrates that HJPs can effectively resolve legal problems and improve socioeconomic circumstances; improve access to legal assistance for populations who would otherwise not seek help; generate positive mental health outcomes, particularly reductions in stress, depression, and anxiety; and ameliorate burdens on healthcare. We also know that HJPs align with all four pillars of people-centered justice: designing people-centered services, enabling governance infrastructure, empowering individuals and professionals, and supporting planning, monitoring, and accountability. The model facilitates early intervention, prevention, and holistic problem-solving by integrating legal advocacy with healthcare, and positions access to justice as a social determinant of health. However, important questions remain around whether to standardize evaluation methodologies across disciplines with different research hierarchies and evidentiary standards, particularly given tensions between research design (*e.g.*, randomized controlled trials) and the complex realities of HJP implementation. Significant gaps also persist in understanding the long-term impacts of these partnerships, how to sustainably scale them with scarce resources, and how workforce preparedness—including legal education reform—can support effective delivery.

Drawing on systematic reviews, case studies, and practitioner knowledge from four countries, this paper argues that HJPs and the health justice approach offer a promising model for people-centered justice and concludes with recommendations for developing shared evaluation frameworks, building an international community of practice, and aligning legal professional competencies with people-centered justice principles.

Suggested citation: Michele Leering, *Knowledge for Implementing People-Centered Justice: The Promise of Medical-Legal Partnerships/Health Justice Partnerships* 115 (Global Perspectives on People-Centered Justice: Exploring the Evidence, Matthew Burnett & Rebecca L. Sandefur eds., 2026) abfn.org/medical-legal-partnerships-health-justice.

Knowledge for Implementing People-Centered Justice: The Promise of Medical-Legal Partnerships/Health Justice Partnerships

Michele M. Leering[*]

Preface

This White Paper forms part of the Knowledge for Implementation series sponsored by the Justice Data Observatory that explores what solutions are effective for people-centered justice ("PCJ"), and how to sustain and scale them. This paper explores how the health justice partnership ("HJP") approach as implemented in four higher-income countries helps to close justice gaps, improves health equity for "made vulnerable" and marginalized individuals and communities, and offers a model aligned with the four pillars of PCJ and related design principles. The content is partially drawn from a Canadian background paper that captured how HJPs evolved, how they have been researched and evaluated, and their impact.[1] Focused on four countries, this paper relies on a large body of scholarship and grey literature but does not explore less formal health and justice approaches that may exist in other countries, although these are worthy of future study due to their transformative potential.

The introductory section sketches out the spectrum of health justice approaches, synthesizing information about developments in Australia, Canada, the United Kingdom, and United States, and how HJPs function as a model for PCJ. The second section summarizes what we can learn from empirical and other studies about HJPs' multi-faceted benefits and impacts, and what we know about how this model functions best. Research gaps, questions of interest, and developments to monitor are explored in the third section. The final section considers next steps for research and inquiry, mindful of logistical challenges and limited resources for implementation and evaluation. Logistical challenges include issues of workforce preparedness, and more specifically the current limitations of legal education for preparing legal professionals to effectively and efficiently advance PCJ. However, HJPs provide an opportunity to overcome these challenges by engaging legal professionals in robust cross-disciplinary collaborations with healthcare professionals. The justice sector can learn much from healthcare professionals given the healthcare sectors' ongoing quests for health equity, people-centered healthcare, social accountability, evidence-based practice, and commitment to robust professional competency frameworks.

1. Introduction

Known in the United States as medical-legal partnerships ("MLPs") and in Australia, the United Kingdom, and often in Canada as health justice partnerships ("HJPs"), these innovative and context-dependent multi-disciplinary service delivery models have evolved over the last three decades. They offer a service model that aligns with the four pillars for people-centered justice described in the *OECD Framework and Good Practice Principles for People-Centred Justice*: (1) designing and delivering people-centered services, (2) creating governance enablers and infrastructure, (3) empowering people, and (4) planning, monitoring and accountability.[2] In particular, HJPs are designed and delivered as people-centered and are holistic and collaborative in approach. They are focused on people empowerment—both for individuals experiencing justiciable issues and those who are trying to help them, by cultivating a whole-of-society approach and more responsive *justice ecosystem*. Furthermore, they are evidence-informed: many partnerships are committed to collaborative planning, monitoring and accountability to improve their effectiveness and impact.

[*] Visiting Scholar, Queen's University Faculty of Law.

Increasingly, law[3] and access to justice itself[4] are being posited as Social Determinants of Health ("SDoH").[5] These multi-disciplinary approaches to helping people solve their problems with a legal component hold promise to improve health equity and to protect human rights aligned with the social and structural determinants of health.[6] To date, developing these partnerships has primarily been a practitioner-led innovation and movement, working from the ground up,[7] viewed with increasing interest by policy makers and governmental organizations.[8]

The *health justice approach* attempts to respond to the challenges faced by disadvantaged, marginalized and "made vulnerable" populations, including needs for early intervention and prevention, holistic problem solving, and systemic advocacy on structural injustices. Aspects of this approach are responsive to a growing body of research about how legal assistance services for people should be designed.[9] HJP approaches show promise for ameliorating *health-harming legal needs* ("HHLN") through individual and systemic advocacy, as well as reconfiguring service delivery to provide better people-centered services. HJPs, in Canada at least, are part of a much broader movement to increase access to justice by legal service providers ("LSP") working more systematically with *trusted intermediaries*[10] to reach "made vulnerable" communities who do not perceive or recognize their problems as legal and/or may not trust legal or justice sector professionals.

Tobin-Tyler et al. identified four assumptions that are common to HJP approaches across Australia, the US and UK:

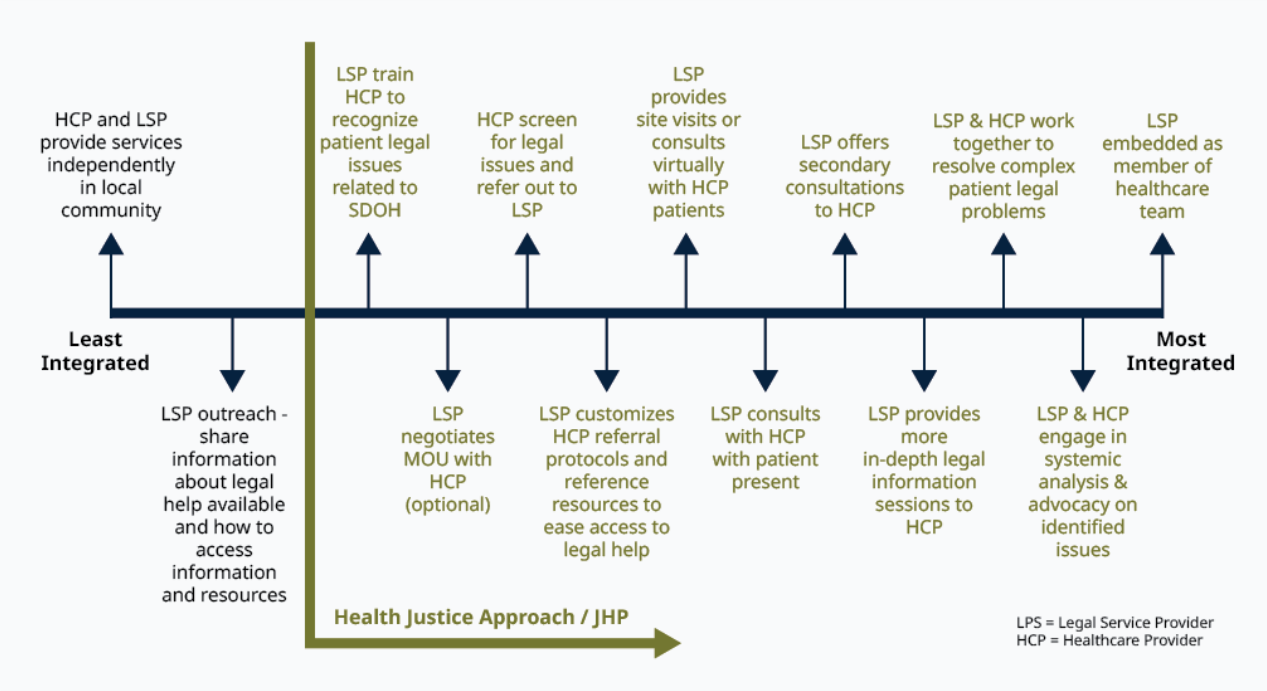
> (1) low-income and other marginalized groups experience worse health due to injustices that are both directly caused or exacerbated by and potentially remediable through law; (2) access to justice—especially through direct legal advice and support—is crucial for improving health and health equity; (3) because the same low-income and marginalized populations experiencing poor health also experience poor access to justice, formal partnerships among service providers working with these populations can facilitate both justice and better health equity; and, (4) by collaborating health and legal service providers are in a unique position to identify the downstream health effects of law and policy failures.[11]

The US has the longest and most comprehensive history of explicitly developing these partnerships. The earliest collaborations began there in the 1960s, followed by hospitals and civil legal aid agencies working closely together in the 1980s during the AIDS crisis. The first official MLP was formed in 1993 between the Boston Medical Center and Greater Boston Legal Services to address the poor housing conditions of children with asthma.[12] According to the National Center for Medical-Legal Partnership's ("NCMLP") website there are at least 450 partnerships in 49 states.[13] This includes academic MLPs ("A-MLPs")[14] with 61 connected to US university law schools (and to 39 medical schools).[15] A-MLPs have three beneficial and transformative goals: educating pre-professional learners, creating interprofessional learning opportunities, and engaging in research to contribute to the evidence base for MLPs as a health equity intervention. They have influenced a generation of medical and law students who are helping to shift their professional cultures: MLPs have been endorsed by the American Bar Association and American Medical Association and others.[16]

Advocates in Australia, UK and Canada have also been developing similar models, although these were not initially described as MLPs. In the UK, the movement began in the 1990s with free welfare advice in physicians' offices, with research starting around 2006 of initiatives described as HJPs, followed by a 2018 mapping study identifying 380 HJPs.[17] There were early Australian developments in the 1980s, with a considerable expansion since 2012. Health Justice Australia's 2022 mapping study identified 105 HJPs, with a 2024 update counting 141.[18] In Canada, the movement has been relatively nascent, with the first inter-disciplinary partnership funded in Ontario in the early 1980s, followed by Pro Bono Ontario's 2009 MLP initiative in children's hospitals. Starting in 2014, more community-based HJP initiatives began, largely catalyzed by time-limited funding from Legal Aid Ontario. A 2019 mapping study revealed 11 legal hosts, with 33 associated HJPs.[19]

HJPs include a wide spectrum of collaborations between LSP and healthcare providers ("HCP"). In Ontario, Canada these range from focused outreach and referral networks to more formal arrangements characterized by negotiated Memorandums of Understanding ("MOU"), to lawyers embedded in healthcare teams as set out in Figure 1 below. In appropriate situations, *secondary consultations* are offered to HCP to help them help their patients navigate their problems with a legal aspect.[20] In more complex situations with intersecting legal, health and social issues, LSP and HCP might work together to help the patient/client resolve their issues.

Figure 1. Spectrum of HJP approaches in 2019 in Ontario, Canada[21]



multidisciplinary services, outreach services where lawyers attend healthcare settings, integrated services where a LSP is employed by a health service or a HCP is employed by a legal service, and partnerships between separate health and legal services to embed legal help in healthcare teams or services.[22] In the UK, four typologies were identified from least to most integrated: partnerships performing a *social prescribing* function, those connected by indirect links, those with direct links such as referrals or co-location, and partnerships where legal advisors work within health teams, or single service providers.[23]

2. Existing Research

Studies over the past 30 years of varying quality and size have explained and documented the impact of these partnerships. Scoping and systematic reviews[24] have explored legal and health benefits. Other research has explored "what works" and the challenges faced in implementing the partnerships.

2.1. Evidence from scoping, systematic and literature reviews

UK-based Beardon et al. ambitiously categorized the intended impact and outcomes of HJPs in an international systematic scoping review of 118 studies originating from Australia, Canada, New Zealand, Ukraine, UK, and US.[25] They provided a narrative synthesis of the studies' findings related to partnerships objectives according to eight thematic outcomes: (1) *preventing health and legal problems;* (2) *accessing legal assistance;* (3) *improving health;* (4) *resolving legal problems;* (5) *improving patient care*; (6) *supporting health services and providers;* (7) *addressing inequalities;* and (8) *catalyzing systemic change*.[26] They found

> strong evidence for their effectiveness in resolving legal problems and thereby improving the socioeconomic circumstances of individuals, outcomes reported from all regions and service types. This demonstrates the important role of HJPs in addressing social determinants of health .... There was also strong evidence that HJPs improve access to legal assistance for patient groups that would otherwise not seek help for social welfare issues. HJPs therefore facilitate action on health and social inequalities by reaching those most likely to be affected by health harming legal need.... Overall, there was strong evidence among the studies (both

quantitative and qualitative) for improvements in mental health, particularly stress, depression, and anxiety.[27]

Danny Jomaa et al.'s more limited scoping review synthesized the findings of 30 studies from Canada, Australia, the UK, and US.[28] Most examined the impact of interventions on patients/clients, but several assessed changes in HCP capacity to identify unmet legal needs related to the SDoH or calculated the financial return on investment ("ROI") for healthcare organizations. Partnerships addressed diverse legal needs including housing, utilities, income and food security, personal and/or family stability, health insurance, employment, education, immigration and legal status, powers of attorney and wills, and advice in criminal law matters. Evidence of benefits in multiple domains was found, categorized into three thematic outcomes: (1) *patient health status and healthcare utilizations*;[29] (2) *justice, social, and economic outcomes*;[30] and (3) *degree of health-justice integration*.[31]

Other systematic and scoping reviews explored the potential for resolving HHLN for specific populations. How MLPs might identify and meet the needs of vulnerable populations, particularly those who are HIV-affected, was addressed by compiled empirical evidence from 13 US studies by Martinez et al.[32] They concluded that MLPs should be customized to serve specific populations, given the diversity of possible interventions to meet their needs. League et al. focused on how MLPs could help meet the needs of immigrant and refugee populations, noting positive outcomes when medical professionals contribute to legal proceedings.[33] "[P]eople may feel more comfortable disclosing personal trauma and persecution to medical professionals rather than legal professionals."[34] Alur et al. reviewed what MLPs can do for trauma patients because those living on a low income are disproportionately impacted.[35] Dowling et al. discovered a high number of HHLN in cancer patients, with studies documenting reduced stress, better compliance with treatment, and monetary benefits for patients who received MLP legal services.[36] Positive effects on children's physical health, cognitive development, use of mental health care and health care, and improving family wellbeing were found by Shchetinina et al.[37]

Adams et al. synthesized the health, social and financial impacts of welfare rights advice delivered in healthcare settings based on 54 UK studies and one US study.[38] Most studies were considered grey literature and showed financial benefits.[39] Common themes were: delivering legal advice in healthcare settings legitimizes it, improves access, and decreases stigma; receiving this advice decreases worry and anxiety and improves mental health and the quality of life regardless of whether financial benefit resulted. Increased financial benefits helped elderly clients maintain independence, improved physical health, and reduced health services use. They cautioned that benefits may only be temporary, and increased income benefits offset by the health impact of long-term illnesses.[40]

Building on Adams et al., Allmark et al. used 87 UK studies to construct a logic model outlining the potential causal pathways between advice interventions and health outcomes.[41] They plotted where the interventions occurred, who intervened, and the anticipated *primary* (short term—direct result of the intervention), *secondary* (indirect), and *tertiary* (longer term) outcomes. For each outcome, the potential health, financial or non-financial benefits were described with the weight of the existing evidence represented. Short-term financial benefits included recovering unclaimed benefit income and managing debt, as well as non-financial benefits like free prescriptions, dental care, and other enhancements. There was self-reported evidence of health improvements.[42] Some studies showed strong associations between financial capability and psychological well-being, as well as a *counselling effect* (positive impact of being listened to).[43] Non-financial secondary outcomes included reduced social isolation, improved family and other relationships, and improved home environment.[44]

Continuing to build on Adams et al. (2006), Reece et al.'s critical narrative systematic review explored the impact of UK welfare rights in healthcare using studies published between 2010 and 2020.[45] Although noting concerns over the scientific quality of some studies, they tracked improved financial security, wider health and welfare benefits for both patients and healthcare services, and factors for successful implementation.[46] Two studies captured an average rate of return of £27 per every £1 invested in social, economic, and environmental benefits.[47]

The NCMLP sponsored three consolidations of the US MLP literature in 2013,[48] 2020,[49] and 2025.[50] Gallo's review confirmed beneficial outcomes in five areas: (1) *changes in patient health and well-being*, (2) *improved housing and utility stability*, (3) *improved access to financial resources*, (4) *improvements to health care systems and workforce*, and (5) *improvements in policies, laws, and regulations* and 13 beneficial sub-outcomes.[51]

2.2. Other research and evidentiary developments

A growing body of literature builds *knowledge for implementation*. Johnson et al. delved deeply into MLPs' structures and functions.[52] Liaw et al. identified facilitators and challenges hampering MLP effectiveness.[53] Facilitators included coordination and communication strategies to enhance trust and enhance impact including co-location and predictable office hours, periodic organizational meetings, a clinic champion and staff buy-in, educating patients about the MLP and what to expect, sharing lessons learning across sites to disseminate best practices, and effective data systems.[54] Implementation challenges included mistrust, communication gaps and inconsistent staffing, lack of buy-in by some staff and organizational leadership, coordination challenges, poor information flows, lack of information and follow through led to client distrust, trouble reaching non-English speaking clients, a mismatch between capacity and referrals, and data collection challenges with LSP.[55] A two-year implementation evaluation of a US multi-state MLP to address housing instability showed how essential MLPs are to upstream interventions in healthcare systems.[56] Implementation facilitators were identified: clinical champions, ongoing patient-facing staff training, integrating legal screening withing preexisting and social health screening protocols. Implementation challenges included information sharing due to several factors including consent issues and software incompatibility for permissible data sharing, a geographic services mismatch, and orienting legal partners to complex health systems.

Knowledge for implementation also includes how best to develop a responsive workforce. An example of this type of research is Welch et al.'s systematic review that explored how effective MLPs were for teaching undergraduate and graduate medical students about the SDoH and how to engage in cross-disciplinary work.[57] Positive results illustrated how MLPs can better enable both people-centered health care and health equity, justice goals, and influence the future delivery of integrated health and legal care, and professional competence.[58]

To support better program design, research, and evaluation, McLaren et al. recommended a social-ecological framework to map how MLPs operate in multi-dimensional ways to produce beneficial outcomes. They mapped research findings showing impact at five levels: intrapersonal, interpersonal, organizational/institutional, community, and policy/societal.[59]

Efforts to create an enabling infrastructure in each country have been critical to the growth of this PCJ approach. This includes, as examples, creating centralized resources, training, and advocacy supports in each country: NCMLP since 2006, HJA since 2016, ongoing efforts at University College London (UCL) under the leadership of Professor Hazel Genn, and the forthcoming virtual HJP Learning Hub and proposed Centre of Excellence in Ontario, Canada. There is now substantial grey literature documenting how best to support HJP development.[60] Reference texts have been published in the US and Canada.[61] Exemplary resources to develop partnerships and implement effective service delivery models have been developed by NCMLP, HJA, and UCL.[62] As an example, writing for UCL, Beardon created a brief implementation guide that summarized her doctoral and other research findings: she identified three overarching principles: being accessible and responsive to needs, offering high quality and impactful advice, and working with collaborative and engaged partners.[63]

A comprehensive review of new research is beyond the scope of this paper, but US trends worth mentioning include: introducing a legal health check-up in a school-based health center for low-income adolescents[64]; examining MLPs as a *structural intervention* in HIV/AIDS treatment and conceptualizing a legal continuum of care[65]; integrating MLPs into trauma care[66] and perinatal care[67]; MLPs facilitating *cost of care conversations*[68]*;* and new initiatives to meet the needs of specific populations.[69] In the Canadian context, systematic advocacy initiatives are being documented.[70]

In Australia, by 2018 one in five HJPs addressed some form of domestic and family violence: the promise and impact of the HJP approach has been evaluated in several studies.[71] Research studies are illustrating the impact of HJPs on the legal needs of families experiencing adversity and enabling early intervention.[72] Research is helping to identify legal needs arising in mental health settings and ascertain the baseline level of legal capability prior to HJP implementation.[73] Plage et al. identified service principles to inform integrative and culturally responsive care.[74] The benefits for Indigenous communities are being documented: an Aboriginal HJP continues to show positive benefits and reaching benchmarks set of an embedded evaluation for reach, engagement, capability, empowerment, and collaboration.[75]

In Australia, First Step Legal conducted a robust evaluation study with the help of academic partners identifying improvements in client health, well-being, capability and confidence to address their legal issues and access justice.[76] This study also revealed an increase in service providers' professional capability and improved job satisfaction and reduced

stress.[77] NSF Consulting undertook a five-year impact study evaluating the appropriateness, efficiency, and impact of a health justice collaboration focused on mental health and complex client need with useful outcomes for clients and service providers.[78]

In the UK, UCL will soon release a summary of recent UK research. And, as discussed in the next section, the UK's Ministry of Justice will soon report on its commissioned evaluation research.

2.3. Gaps in research, data, and evidence, questions of interest and developments to monitor

Until very recently, there have been methodological differences and few similarities between how non-legal actors including HCP, evaluators, social scientists and biomedical researchers research and evaluate—and how LSP and justice sector actors do this work (to the extent it even happens). To reduce this gap, future research will benefit from establishing HCP and LSP consensus on appropriate research methodologies, and a common discourse including a taxonomy of HJP terms that can be operationalized for research purposes.

Several other factors could improve capacity on the justice sector side including an infusion of resources for research and evaluation. LSP could be better prepared and participate more meaningfully in designing and implementing research and evaluation studies if they were working from an enhanced professional competency framework.[79] Law is decades behind other disciplines in understanding empirical research strategies and until recently there were few incentives to catch up. Law has much to learn from healthcare about how to study effectiveness and impact. Collaborating with HJPs to evaluate and research these initiatives will help LSP increase their skills, including in evaluative thinking.[80] A shift to PCJ requires a culture shift in the kind of research that should be valued. As a cautionary note—unless there is a cultural and competency shift, research and evaluation expectations for HJPs may provide a disincentive for embracing this service innovation.

2.4. Research, data and evidence gaps

As is traditional in systematic, scoping and literature reviews, and research studies more generally, there were many recommendations for how to improve the quality of research studies and how to further and better investigate a particular HJP phenomenon. Space does not permit a full exploration of these improvements.[81] Many recommendations made by earlier reviews have been remedied in later studies, including providing details of how partnerships are structured and how they operate, information that had been missing from some of the earlier studies. Better documentation will increase our understanding of factors that lead to success: this is essential for efficient implementation.

Reviews also recommended conducting more studies, and ensuring empirical studies become more rigorous by using validated research instruments.[82] Of note, several reviews recommended prospective longitudinal studies to ascertain continued impact. There were conflicting recommendations about whether RCT studies would add value. NCMLP's most recent literature review recommended gaps be filled by developing "shared metrics and rigorous evaluation frameworks"; expanding "longitudinal and population-level research"; promoting sustainability by identifying and sharing "scalable financing and staffing models"; promoting integrative practice by strengthening "cross-sector training and workforce development"; and documenting "policy-level achievements" and creating "advocacy tools."[83]

Given the striking diversity of ways in which HJPs are implemented, a consensus could help ensure consistency in documentation and evaluation of these initiatives. This will make it easier to understand what works, how it works, why it works, for whom it works, and at what cost. As an example, Leering's study recommended using program logic models to outline an initiative's theory of change: this is the better practice for designing evaluations with model updated for each phase of partnership development.[84] This approach aligns with the OECD's delivery and design criteria for PCJ.[85]

Establishing better evidence of cost-effectiveness of HJPs and social ROI could be beneficial. Granger et al.'s rapid review explored economic returns resulting from HJPs and recommended developing an interdisciplinary research agenda between health economics and HJPs to address the research gap.[86]

We need to understand better under what conditions HJPs are most effective for creating change. For justice sector actors, HJPs are a strategy used to narrow justice gaps, support early intervention and prevention, diversify professional competencies, engage in cross-disciplinary problem-solving, and undertake systemic advocacy on

problematic structural issues and injustice with HCP. It will be interesting to monitor the impact of this enhanced requirement for evaluation. Will it eventually mean that other types of access-to-justice interventions will be closely monitored for evidence of effectiveness? Will it ever be possible to compare the effectiveness of one type of innovation to another?

Funding for evaluation and research in the justice sector is scarce, unlike the health sector. To the extent that it is a goal (part of the program logic) that an HJP initiative will contribute to growing the evidence base, it is important to partner with HCP who have better access to research funds. Publishing the results of studies is essential: academic articles have provided an important catalyst for raising awareness, creating and mobilizing interprofessional knowledge to better help people, fostering innovation, and building interest in the health justice movement across countries.

2.5. Questions of interest to explore

In all four countries, acquiring and sustaining funding for HJPs has been a challenge. Each country has a distinctive history of how they have funded these partnerships, a recounting of which is beyond the scope of this paper.[87] Very little funding has been dedicated to developing and maintaining these initiatives on a permanent basis (many of which were started as pilot projects). Furthermore, in Canada it has become apparent that HJPs are most often successfully scaled up on a service infrastructure of pre-existing non-profit community-based legal services for people living on a low income that are largely government funded.[88] In provinces where that infrastructure does not exist, HJPs are more nascent, and sometimes non-existent. How will these factors impact the feasibility of scaling up the HJP approach?

Do we need more consistent or theory-driven approaches to research and evaluation? Is applying the social-ecological framework to better design, evaluate, understand and map the impact of HJPs useful?[89] Do theories of implementation science, a field largely developed by the healthcare disciplines, offer anything to understanding what works?[90] What are the relative merits of realist evaluations compared to other research strategies? Can healthcare's Quintuple Aim framework[91] provide a better basis for evaluating HJPs, understanding their beneficial impact and how they align with PCJ principles?

Given that developing HJPs is largely a practitioner-led movement, how can HCP and LSP use action research as a methodology to support service innovation in ways that are more accessible and sustainable within existing resources?[92] How could this help expand this health justice approach to grassroots healthcare workers, and in other countries? Given the relatively early stage of HJPs as an access-to-justice intervention in some countries, how can developmental evaluation help advance them? Embedded research evaluations have much to offer for developing partnerships.[93]

To learn more about how to enable PCJ, HJPs may be a useful model. To support a cultural shift in legal service delivery, what can we learn from engaging in HJPs to become more people centered? Can this interdisciplinary work produce more evidence of the harmful impacts of unmet legal needs and law (or lack of law) on people's health and wellbeing? Can these partnerships improve people's belief in the efficacy and trustworthiness of the justice system? Can they increase legal empowerment? Would it be useful to measure the social capital created by interdisciplinary problem solving, improved legal literacy, and interprofessional collaboration? Given the transformative changes that have resulted from HCP's emphasis on health equity and understanding the impact of the SDoH, would it be helpful for the justice sector to better understand the impact of *social determinants of justice?*[94]

2.6. Developments to monitor

Although an evidence base has been established in the UK for the beneficial impacts of HJPs, the UK's Ministry of Justice recently supported new research to ascertain whether integrating advice in a healthcare setting helps resolve legal problems earlier and improves individuals' socio-economic and health outcomes.[95] The study also explores what models and types of advice are most effective and the challenges of delivering these services in healthcare settings. Up to 11 HJPs are participating in the study led by IFF Research and York Health Economics Consortium.[96] Informed by a comprehensive program logic model and sophisticated theory of change, they developed an evaluation framework with three types of evaluation: impact, process, and economic. They are expected to report their results soon.

Health Justice Australia has undertaken new research on the factors that support effective implementation. They have hypothesized 12 foundational and functional attributes of successful HJPs based on their prior research and the new *Evidence in Partnership Project* study, a collaboration with 11 HJPs.[97]

HJP champions expressed their interest in convening an international consortium or community of practice to advance the model, as well as coordinate approaches to evaluation and research.[98] This initiative will begin in 2026 and will create new knowledge for implementation, initially involving Australia, Canada, US, and UK.[99]

Developments to watch include new areas for MLP work as advanced at the 2023 US symposium *Medical-Legal Partnerships: Equity, Evaluation, and Evolution* including centering racial justice issues and structural health inequities, assisting those impacted by the 'family regulation system,' providing civil and criminal law help in an addictive medicine setting, and directly engaging impacted and marginalized communities.[100] Efforts to expand this approach into the problems of people who are justice-involved show potential with Vanjani et al. discussing a physician-public defender collaboration.[101] In April 2024, the US Department of Justice announced that they were sponsoring a MLP project in Texas to reduce the barriers incarcerated people face to re-entry and to reduce recidivism.[102]

It would be profitable to monitor developments in aligned research fields beyond this paper's scope including Public Health Intervention Research, Public Health Law Research, inclusion health research, interprofessional collaboration, legal epidemiology, new research approaches for measuring the effectiveness of health equity interventions,[103] and new insights from intersectionality and vulnerability theory applied to HJPs.[104]

Conclusion and Recommendations

A growing body of evidence attests to the multi-faceted impact of these partnerships, and how HJP models continue to evolve to respond to new challenges. These partnerships help alleviate the adverse impact of unresolved legal issues affecting people's health and wellbeing, costs that have been documented by legal needs studies. Their work is increasingly seen as critical for creating access to justice opportunities for those who do not commonly "come to law" with their problems. Intervening early and in a timely way to prevent interconnected and festering legal problems is part of the appeal of HJPs. With a focus on wellbeing, people are put at the center of service design, planning, and accountability.[105] The health justice approach also offers hope to the LSP and HCP trying to help with complex, interrelated issues that cannot be resolved by one discipline alone. They are being recognized for how they increase service provider capability, job satisfaction and reduce stress.[106] These factors offer hope for their sustainability and expansion.

Sandefur et al. identified three essential components that will help shift the justice sector to a PCJ perspective: HJPs provide research and data relevant to all three.[107] First, they create cross-disciplinary knowledge to inspire a change in approach. Second, how they offer help demonstrates how PCJ matters by documenting the links between poverty, unmet justiciable needs, and access to justice.[108] Third, the practitioner knowledge produced, along with research and evaluation studies, help us understand what interdisciplinary solutions are effective, how to sustain and scale them, and what people-centeredness looks like in practice.

As a model for supporting PCJ, HJPs have much to offer. They align with three PCJ pillars and contribute to a fourth. They do this by modeling how to: (1) design and deliver people-centered services; (2) empower people on receiving and providing services, including HCP; and (3) ensuring planning, monitoring, and accountability. Not only do they provide holistic legal services and joined-up care for individuals and the promise of systemic advocacy in concert with healthcare providers, but their collaborative work also builds knowledge for how to deliver holistic and responsive legal services effectively. Also, the nature of the legal work and the intersecting *legal health* challenges that people living on a low-income face provide data, including lived experience, that can be analyzed to understand the impact of law and dispute resolution structures on the physical, emotional and mental health of marginalized populations. They create new professional knowledge about how to improve health outcomes, sustain good *legal health*, and better document the collateral and intersecting consequences of health inequities and impact of a lack of access to justice on health and wellbeing. Embedded in the model is the capacity to collect and analyze data on recurring issues which is a significant benefit for undertaking advocacy on systemic injustice. Their multi-disciplinarity models how whole-of-society and whole-of-government approaches contribute to an enabling governance and infrastructure—a fourth PCJ pillar—promoting a people-centered justice ecosystem.

HJPs also provide an opportunity for LSP to benefit from HCP professionals' more robust evidence-based understanding, for example, of how issues like child adversity (often related to issues of injustice, poverty, and violence not

adequately dealt with by the justice system) impact health, creating longer-term health impacts and social disadvantage. The synergies between the knowledge bases of the professions may help raise awareness of the interconnectedness of issues faced by marginalized communities, the cumulative impact of their intersecting problems, and the urgency of early intervention. This new knowledge can improve the capacity of legal professionals to better serve their clients, and the cause of justice.

The imperative, as set out by health justice champions: "The unfolding crises of pandemics and climate disasters expose the inequities that divide and harm our societies. There is an urgent need for training the next generation of health justice leaders to pursue and implement transformative system changes."[109] HJPs can be a seeding and breeding ground for unique interdisciplinary approaches that—if well planned, executed and understood—could help narrow the tragic gap caused by unequal access to justice, health inequities, and a model for PCJ.

A cautionary note: learning from the experience of the medical profession and efforts to catalyze people-centered healthcare over the last three decades, we can predict that moving towards a system of PCJ will similarly require changes in how legal professionals are educated. *Workforce preparedness* presents its own set of unique challenges, as legal professionals will now be expected to play new roles for which they have not been adequately prepared. Existing professional competency frameworks need significant enhancement. How we educate legal professionals must become better aligned with these more sophisticated requirements. Healthcare professions are decades ahead in developing robust evidence-based competency frameworks to advance their goals of health equity, evidence-informed practices, and socially accountability.[110] Evidence-based practice is a foundational pillar of PCJ. Focusing efforts on evaluating access to justice innovations like HJPs allowing LSP to work with HCP with a different and more robust set of professional competencies will help support a cultural shift in law. But progress towards PCJ will be impeded if the law school curriculum and regulators' licensing and continuing professional development requirements are not aligned with the anticipated roles and responsibilities within a re-envisioned justice system that puts people at the center. Visionary leadership is required: the profession must be prepared to enable and support change. This includes nurturing an access to justice consciousness[111] and mindset so legal professionals are motivated to act, and respect and value the findings of socio-legal, empirical, and evaluative research.

And yet another cautionary note: Made vulnerable and marginalized communities are disadvantaged in ways that contribute to a trajectory of health decline and perennial and pernicious stress. HJP interventions for individuals cannot hope to alleviate the overwhelming burden of disadvantage. Requiring high proof of concept for HJPs need to be realistic about what can be accomplished by LSP in light of embedded, intentional and unintentional structural disadvantages; societal unwillingness to take responsibility for attitudes and systems that are oppressive; social exclusion; income assistance programs that are characterized by "denial by design"; labor rights that are not easily enforceable, gender-based violence that is reaching epidemic status in some communities, and an increasing lack of respect for human rights.

Cross-disciplinary work is not without its tensions: there is a significant divergence of approaches and a complexity born of different disciplinary capacities and ways of understanding. The disciplinary divide and cultural differences are real, but these partnerships show that they are both surmountable, and in fact, transformative for the partners involved. LSP and HCP who work together to improve the legal, financial, and physical, emotional, and psychological health of the people they serve bring renewed energy to their professional practices. As a model for PCJ, they provide rich opportunities to create transformative change for individuals and vulnerable communities, as well as the potential to reduce healthcare and other societal costs.

Summarizing recommendations to advance HJPs and PCJs

It will be helpful to:

1. create a new discourse for capturing the nuances of HJP work and promoting it.[112] This includes creating a taxonomy of terms and operationalizing them.
2. develop a consensus on appropriate evaluation and research methodologies and find adequate resources to do evaluations properly.
3. build the capacity and commitment of the justice sector actors to conduct evaluation and engage in empirical research.
4. support an international community of practice to help advance the HJP approach and build evaluation and research capacity.
5. explore the questions of interest identified in this White Paper.[113]
6. advance A-MLPs as part of the health justice approach recognizing their transformative impact on emerging LSP and HCP and for seeding the ground for PCJ.
7. enhance legal professional competency frameworks by including expanded research capacity, including action research; capacity for evaluative thinking; and interprofessional collaboration.[114]
8. consider what else law can learn from health to advance PCJ. This could include further theoretical and empirical work to include law as a SDoH, and to develop an analysis of the social determinants of justice.
9. recognize that the HJP approach is aligned with and offers promise for all LSP collaborations with trusted intermediaries and frontline community justice helpers/workers by advancing as priorities early intervention and prevention of HHLN, collaborative approaches and multi-disciplinary problem solving, legal empowerment, and systemic advocacy on issues of structural and other injustices.

* * *

Michele Leering (PhD, CM) is a Visiting Scholar at Queen's University Faculty of Law in Canada. As the former Executive Director of the Community Advocacy & Legal Centre, she practiced as a community lawyer and over three decades led numerous participatory action research projects to tackle issues of local poverty, homelessness, unmet civil legal needs, and rural and remote access to justice. Her work focused on transforming legal services to be more holistic and evidence-based, addressing the multifaceted and intersecting needs of clients and marginalized communities. Michele promotes a diversity of legal service delivery approaches, including early intervention and prevention, proactive and systemic advocacy, and robust community legal education initiatives. Her research contributes to building a people-centered justice ecosystem that values legal literacy, capability, and empowerment; and the contributions of trusted intermediaries, paralegals, and community justice workers. Her recent research includes health justice partnerships, imperatives for legal education reform (reflective practice as meta-competency), and designing more robust professional competency frameworks. She has collaborated with organizations like Namati and the Open Society Foundations to advance community-based legal clinics as a vibrant model for enhancing access to justice and legal empowerment globally.

---

[1] Michele M. Leering, *Measuring what matters: Exploring evaluation frameworks for justice and health partnerships - Background and Discussion Paper* (2024), https://communitylegalcentre.ca/tcodownloads/Measuring-what-matters-background-paper-2024.

[2] Org. for Econ. Coop. & Dev. ("OECD"), *OECD Framework and Good Practice Principles for People-Centred Justice* 11 (2021), https://www.oecd-ilibrary.org/sites/cdc3bde7-en/index.html?itemId=/content/publication/cdc3bde7-en. For a useful introduction to people-centered justice and how the concept evolved, *see* Adrian Di Giovanni & Maaike De Langen, *People-Centered Justice in International Assistance: Rule-of-Law Path Dependencies or New Paths to Justice for All?* 39 Canadian J. L. & Soc'y (Special Issue 3) 383 (2024).

[3] Hazel Genn, *When Law is Good for Your Health: Mitigating the Social Determinants of Health through Access to Justice,* 72 Current Legal Probs. 159 (2019), https://doi.org/10.1093/clp/cuz003.

[4] Robin L. Nobleman, *Addressing Access to Justice as a Social Determinant of Health,* 21 Health L. J. 49 (2014), https://www.thefreelibrary.com/Addressing+access+to+justice+as+a+social+determinant+of+health. -a0382949948.

[5] *See also* Sara Gilboe & Liz Curran, *The Role of Justice in Addressing the Social Determinants of Health*, 55 Int'l J. Soc. Determinants Health & Health Servs. 249 (2025), https://doi.org/10.1177/27551938251321973 (discussing the role of justice in addressing the SDoH explicitly connecting HJP work with the pillars of people-centered justice).

[6] Genn, *supra* n. 3, at 178-179; Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity*,17 Yale J. Health Pol'y, L., & Ethics 343 (2017), http://hdl.handle.net/20.500.13051/5947.

[7] Genn, *supra* n. 3.

[8] OECD, *supra* n. 2; OECD, Equal Access to Justice for Inclusive Growth: Putting people at the Centre (2019), https://www.oecd-ilibrary.org/sites/597f5b7f-en/index.html?itemId=/content/publication/597f5b7f-en&_csp_=67307576eea7cf85ba9867047256bcbf&itemIGO=oecd&itemContentType=book.

[9] Pascoe Pleasence, Christine Coumarelos, Suzie Forell, & Hugh M. McDonald, Re-shaping legal assistance services: Building on the evidence base: a Discussion Paper iii (2014), https://lawfoundation.net.au/wp-content/uploads/2023/11/25PJR_Reshaping-legal-assistance-services.-building-on-the-evidence-base.-a-discussion-paper_2014.pdf (identifying four thematic directions: "**targeted** to those most in need, **joined-up** with other services (non-legal and legal) likely to be needed, **timely** to minimize the impact of problems and maximize utility of the services, and **appropriate** to the needs and capabilities of users").
[10] Karen Cohl, Julie Lassonde, Julie Mathews, Carol Lee Smith & George Thomson, Trusted Help: The Role of Community Workers as Trusted Intermediaries Who Help People with Legal Problems 4 (2018), https://lawfoundation.on.ca/download/part-1-trusted-help-the-role-of-community-workers-as-trusted-intermediaries-who-help-people-with-legal-problems-2018/. "Trusted intermediaries" is used as an all-encompassing term to capture front-line workers, often members of helping professions, as well as others (voluntary or inadvertent intermediaries like friends, relatives, faith leaders, food banks, cultural organizations, hair stylists, etc.) who can help connect people to the justice help they need, including lay and professional advocates. *Id*. Julie Mathews and David Wiseman have also explored this phenomenon by identifying three types of "community justice help" which include HJPs. Julie Mathews & David Wiseman, Shifting the paradigm: Exploring opportunities for community justice help (2021), https://www.justice.gc.ca/eng/rp-pr/jr/ecjh-eamjc/docs/Shifting_Paradigm_Report_EN.pdf. Lisa Moore also categorizes HJPs within the realm of multi-disciplinary approaches to access to justice. Lisa Moore, Crossing boundaries: Exploring multi-disciplinary models for legal problem resolution (2023), https://cfcj-fcjc.org/wp-content/uploads/Crossing-Boundaries-Exploring-Multi-Disciplinary-Models-for-Legal-Problem-Resolution-by-Lisa-Moore.pdf.
[11] Elizabeth Tobin-Tyler, Tessa Boyd-Caine, Hazel Genn & Nola M. Ries, *Health Justice Partnerships: An International Comparison of Approaches to Employing Law to Promote Prevention and Equity*, 51 J. L., Med., & Ethics 332, 333, 334-340 (2023), https://doi.org/10.1017/jme.2023.84 (providing an excellent high-level summary of HJP developments in Australia, US and UK).
[12] Joel Teitelbaum & Ellen Lawton, *The Roots and Branches of the Medical-Legal Partnership Approach to Health: From Collegiality to Civil Rights to Health Equity*, 17 Yale J. Health Pol'y L. & Ethics 343, 354-359 (2017).
[13] National Center for Medical-Legal Partnership, https://medical-legalpartnership.org/partnerships/ (last visited Feb. 20, 2026).
[14] Healton et al. described A-MLPs as educating and training "aspiring lawyers, doctors, nurses, social workers, case managers, and other health professionals to identify and understand people's health-harming legal needs, to collaborate with professionals in various disciplines to address these needs, and to use their collective expertise to transform the systems that prevent people from achieving optimal health and well-being" (2021, p. 1880). Girard et al. defined A-MLPs as including one university-based partner. Vicki W. Girard, Yael Z. Cannon, Deborah F. Perry & Eileen S. Moore, *Leveraging Academic-Medical Legal Partnerships*, 51 J. L., Med. & Ethics 798, 799 (2023).
[15] Girard et al., *id*. at 800.
[16] Edward B. Healton, William M. Treanor, John J. DeGioia & Vicki W. Girard, *Training future health justice leaders: A role for medical-legal partnerships*, 384 New England J. Med. 1879, 1879 (2021), https://doi.org/10.1056/NEJMp2100530.
[17] Sarah Beardon & Hazel Genn, The Health Justice Landscape in England and Wales: Social welfare Services in Health Settings (2018), https://www.ucl.ac.uk/laws/sites/laws/files/lef030_mapping_report_web.pdf.
[18] Health Justice Australia, *Health justice landscape November 2022 snapshot* (Nov. 2022), https://healthjustice.org.au/app/uploads/downloads/November-2022-Health-justice-landscape-report.pdf; Health Justice Australia, *Health justice landscape: December 2024 snapshot* (April 3, 2025), https://healthjustice.org.au/resource/snapshot/health-justice-landscape-december-2024-snapshot/.
[19] Leering, *supra* n. 1.
[20] Liz Curran, *Lawyer secondary consultations: Improving access to justice and human rights: Reaching clients otherwise excluded through professional support in a multi-disciplinary practice*, 8 J. Soc. Inclusion 46, 48 (2017), https://pdfs.semanticscholar.org/5f3a/9c4e38334f121de180c4678bfa367d088e9b.pdf.
[21] Excerpted from Leering, *supra* n. 1, at 29.
[22] Suzie Forell & Tessa Boyd-Caine, *Services models on health justice landscape: A closer look at partnership* (2018), https://healthjustice.org.au/resource/report/service-models-on-the-health-justice-landscape/. In a more recent article, Health Justice Australia ("HJA") identified three categories of partnerships along a spectrum: referral and outreach initiatives, partnered and embedded collaborations, and integrated care as one co-located organization. Dorothy Drabarek, Suzie Forell, Lottie Turner, Kimia Randall, Michelle Cunich & Lisa Ward, *The attributes of Health Justice Partnership: A conceptual framework* (2025), https://healthjustice.org.au/app/uploads/downloads/Attributes-of-HJP-Framework-The-Evidence-in-Partnership-project.pdf.
[23] Beardon & Genn, *supra* n. 17. It should be noted that justice help is often provided by trained advisors, for example, working as volunteers for Citizens' Advice Bureaus who are not lawyers, but rather a species of community justice help.
[24] Suzie Forell and Abigail Gray (2009) described systematic reviews as a "methodology for selecting and synthesising the results of relevant research and evaluation studies in order to provide practitioners with practical information that is based on the best available research on a specific question." Suzie Forell & Abigail Gray, Outreach legal services to people with complex needs: what works? 2 (2009), https://lawfoundation.net.au/wp-content/uploads/2023/11/24JI_Outreach-legal-services-to-people-with-complex-needs.-what-works.-Justice-issues-paper-12_2009.pdf. In the health and biomedical sector, systematic reviews are highly regarded and well-established methods of summarizing the findings of quality research studies, although less well known in law and underutilized as a research strategy to ascertain what is known about an intervention, or the effectiveness of any activity in the justice sector.
[25] Sarah Beardon, Charlotte Woodhead, Silvie Cooper, Elizabeth Ingram, Hazel Genn & Rosalind Raine, *International evidence on the impact of health-justice partnerships: A systematic scoping review*, 42 Pub. Health Revs. 1, 2-3 (2021), https://doi.org/10.3389/phrs.2021.1603976. (eighty-seven studies included were primary research studies, and 69 were published in peer-reviewed journals. Each study's robustness was evaluated using a customized quality assessment tool.)
[26] *Id*. at 4.
[27] *Id*. at 7 (internal citations omitted).
[28] Danny Jomaa, Chalani Ranasinghe, Nicole Raymer, Michele Leering & Imaan Bayoumi, *The impact of medical legal partnerships: A scoping review*, 3 U. Toronto J. Pub. Health 1 (2023), https://doi.org/10.33137/utjph.v3i2.38094.
[29] *Id*. at 5-6. Nine studies reported outcomes related to health/healthcare use including bettering children's health. One showed improved diabetes management and three found reduced levels of lead in the blood following multi-disciplinary, complex interventions. In another, asthma became better controlled following a legal intervention related to substandard housing. Three studies found positive impacts on mental health, and a fourth recorded mental illness symptoms reduced and sustained at 3 and 12 months.
[30] *Id*. Justice, social and economic outcomes included improving patient income and healthcare access, as well as impressive cost-benefit ratios and ROI for US hospitals (that are not publicly funded in the same ways as in Canada, Australia, and the UK).
[31] *Id*. at 6. Health-justice integration captured how well healthcare and legal professionals collaborated to improve services. This included establishing formal partnerships, offering cross-disciplinary and often reciprocal learning and training opportunities to increase professional competence, improving legal literacy, and implementing screening tools.
[32] Omar Martinez, Jeffrey Boles, Miguel Muñoz-Laboy, Ethan Levine, Chukwuemeka Ayamele, Rebecca Eisenberg, Justin Manusov & Jeffrey Draine, *Bridging Health Disparity Gaps through the Use of Medical-Legal Partnerships in Patient Care: A Systemic Review*, 45 J. L., Med. & Ethics 260 (2017), https://doi.org/10.1177/1073110517720654.
[33] Avery League, Katharine M. Donato, Nima Sheth, Elizabeth Selden, Sheetal Patel, Laurie Ball Cooper & Emily Mendenhall, *A Systematic Review of Medical-Legal Partnerships Serving Immigrant Communities in the United States*, 23 J. Immigrant & Minority Health 163, (2020), https://doi.org/10.1007/s10903-020-01088-1.
[34] *Id*. at 172.
[35] Rucha Alur, Erin Hall, MJ Smith, Tanya Zakrison, Carly Loughran, Franklin Cosey-Gay & Elinore J. Kaufman, *What medical-legal partnerships can do for trauma patients and trauma care*, 96 J. Trauma & Acute Care Surgery 340 (2023), https://doi.org/10.1097/ta.0000000000004167. Although there was limited evidence, they theorized that MLPs would be effective interventions based on the evidence for positive impacts for targeted interventions with other patient populations. *Id*. at 344-345.
[36] Allison B. Dowling, Caitlin Schille Jensen, Abigail Sweeny, C. Scott Dorris, Deborah F. Perry, *Legal needs and health outcomes for people with cancer in medical-legal partnership programs: A systematic review*, 34 J. Health Care for the Poor and Underserved 1105 (2023), https://scholarship.law.georgetown.edu/hja_scholarship/1/.
[37] Anna Shchetinina, Natsuka Hayashida, Bruce Ramphal, Rachel Mark, Anne Fladger & Natalie Slopen (2025). *Medical-legal partnerships and child health and family wellbeing: A scoping review*, 156 Pediatrics 1, 3-9 (2025), https://doi.org/10.1542/peds.2024-069940.
[38] Jean Adams, Martin White, Suzanne Moffatt, Denise Howel & Joan Mackintosh, *A systematic review of the health, social and financial impacts of welfare rights advice delivered in healthcare settings*, 6 BMC Pub. Health 1, 4 (2006), https://doi.org/10.1186/1471-2458-6-81.
[39] *Id*. at 6.
[40] "Although there was little evidence of measurable health or social benefit using quantitative methods and validated research instruments, this was 'primarily due to lack of good quality evidence, rather than an absence of effect.'" Leering, *supra* n. 1 (quoting Adams et al., *id*. at 1).

[41] Peter Allmark, Susan Baxter, Elizabeth Goyder, Louise Guillaume & Gerard Crofton-Martin, *Assessing the health benefits of advice services: Using research evidence and logic model methods to explore complex pathways*, 21 HEALTH & SOC. CARE IN THE COMMUNITY 59 (2012), https://doi.org/10.1111/j.1365-2524.2012.01087.x.
[42] *Id*. at 63.
[43] *Id*.
[44] *Id*. Studies from the wider literature were used to link better housing with mental health improvements and physical health gains, suggesting that long-term health and well-being benefits could be plausibly attributed to the advice intervention. *Id*. They cautioned on using RCTs for complex interventions, preferring research design based on logic models. *Id*. at 64.
[45] Sian Reece, Trevor A. Sheldon, Josie Dickerson & Kate E. Pickett, *A review of the effectiveness and experiences of welfare advice services co-located in health settings: A critical narrative systematic review*, 296 SOC. SCI. & MED. 1 (2022), https://doi.org/10.1016/j.socscimed.2022.114746.
[46] *Id*. at 14.
[47] *Id*. at 13.
[48] Beeson et al. conducted the first review from 1992–2011 and identified three emerging themes: *financial impacts*, *impacts on patient health and well-being*, and *impacts on knowledge and training of health providers*. Tisha Beeson, Brittany Dawn McCallister & Marsha Regenstein, *Making the case for medical-legal partnerships: A review of the Evidence* (2013), https://medical-legalpartnership.org/wp-content/uploads/2014/03/Medical-Legal-Partnership-Literature-Review-February-2013.pdf.
[49] Murphy updated the literature review noting a growing body of evidence related to five types of outcomes, subsequently confirmed by Gallo's review of articles from 2020–2024. Caitlin Murphy, *Literature review: Making the case for medical-legal partnerships, 2013-2020* (2020), https://medical-legalpartnership.org/download/literature-review-2013-2020/; Michael Gallo *Making the case for medical-legal partnerships: An updated review of the evidence, 2020–2024* (2025), https://medical-legalpartnership.org/mlp-resources/making-the-case-for-medical-legal-partnerships-an-updated-review-of-the-evidence-2020-2024/.
[50] Gallo, *id*.
[51] These included fewer emergency department visits; reduced asthma exacerbation; improved children's access to care and holistic wellbeing fewer days of poor health, stress and worry; improved housing/utility stability and securing, retaining, and recovery of financial benefits; more successful navigation by families of complex service systems; greater capacity of clinicians to address the SDoH; reducing clinician stress; providers' improvement in advocacy knowledge, skills, and professional identity; and improved family-provider relationships. *Id*. at 3-6.
[52] Daniel Y. Johnson, S. Asay, Grace Keegan, Lisa Wu, Maeson Zietowski, Tanya L. Zakrison, Nathan Muntz, Rhea Pillia & Elizabeth L. Tung, *US medical-legal partnerships to address health-harming legal needs: Closing the health injustice gap*, 39 J. GEN. INTERN. MED. 1204 (2024), https://doi.org/10.1007/s11606-023-08546-0 (based on narrative review of US peer-reviewed literature from 2007–2022).
[53] Winston Liaw, Thomas F. Northrup, Angela L. Stotts, Christine Bakos-Block, Robert Suchting, Alvin Chen, Abigail Hernandez, Lisandra Finzetto, Charles Green & Thomas Murphy, *Medical-legal partnership effects on mental health, health care use, and quality of life in primary care: A randomized clinical trial*, 36 J. AM. BOARD FAM. MED. 414, 419-422 (2023), https://doi.org/10.3122/jabfm.2022.220349R1.
[54] *Id*. at 419-421.
[55] *Id*. at 419-422.
[56] Natasha Arora, Sarah Terry, Holly R. Stevens, Vanessa W. Davis, Gerson Sorto, Bethany Hamilton, Marisa Conner, Alejandra Cabrera, Shane R. Mueller, Maria Casoni, Hiba Elkhatib, Ellen Lawton & Elizabeth Tobin-Tyler, *Health, housing, and justice: Two-year implementation evaluation of a health systems' multi-state medical-legal partnership to address housing instability*, 60 HEALTH SERVS. RESEARCH (Supplement.3) 1, 9 (2025).
[57] Kristian Welch, Benjamin Robinson, Michaela Lieberman Martin, Amy Salerno, & Drew Harris, *Teaching the social determinants of health through medical legal partnerships: A systematic review*, 21 BMC MED. EDUC. 302 (2021), https://doi.org/10.1186/s12909-021-02729-1.
[58] A recent U.S. paper explored how important A-MLPs are for developing *structural competency*. Sarah Davis, *Teaching structural competency in law school: Interdisciplinary inspiration from medical legal partnerships and health-related disciplines to meet ABA Standard 303(c)*, 52 J. L., MED., & ETHICS 251 (2024), https://doi.org/10.1017/jme.2024.87.
[59] Susan McLaren, Lisa R. Bliss, Christina Scott, Pam Kraidler & Robert Pettignano, *Applying a social ecological model to medical legal partnerships practice and research*, 51 J. L., MED. & ETHICS 817, 820 (2023). It is also a framework the World Health Organization (WHO) has used to design health interventions. *Id*. at 819.
[60] For example, Scott & Forell conducted a qualitative exploratory case study of an Australian HJP that has been running for 28 years that including examining the factors leading to its sustainability and contributing to positive outcomes. Sue Scott & Suzie Forell, *Sustaining health justice partnerships: Learning from the experience of the Integrative Services for Survivors Advocacy partnership* (2024), https://healthjustice.org.au/app/uploads/2024/03/ISSA-Report-v4-accessible.pdf.
[61] Americans Tobin-Tyler et al. and Canadians Shoucri & Stone created textbooks to support HJP development. Elizabeth Tobin-Tyler et al. eds., POVERTY, HEALTH AND LAW: READINGS AND CASES FOR MEDICAL-LEGAL PARTNERSHIP (2011); Rami Shoucri & Jennifer Stone eds., HEALTH-HARMING LEGAL NEEDS: A GUIDE FOR CANADIAN PRIMARY HEALTH CARE CLINICIANS (2025).
[62] NCMLP, https://medical-legalpartnership.org/resources/; HJA, https://healthjustice.org.au/resources/; UCL, https://www.ucl.ac.uk/health-of-public/research/ucl-health-public-communities/health-equity-community/health-justice-partnerships (last visited Feb. 20, 2026).
[63] SARAH BEARDON, HEALTH JUSTICE PARTNERSHIP: A GUIDE TO SUPPORT THE IMPLEMENTATION OF HEALTH JUSTICE PARTNERSHIPS (2024), https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/hjp_implementation_guide_v.2.pdf; Sarah Beardon, Implementation of health-justice partnerships: Integrating welfare rights advice services with patient care (2022) (Doctoral thesis, University College London), https://discovery.ucl.ac.uk/id/eprint/10152199/ ; SARAH BEARDON, HEALTH JUSTICE PARTNERSHIPS IN ENGLAND: A STUDY OF IMPLEMENTATION SUCCESS (2022), https://www.ucl.ac.uk/health-of-public/sites/health_of_public/files/ucl_research_hjps_in_england_report_recommendations.pdf. Necessary steps include assessing needs and gaps, laying adequate foundations for the partnership, agreeing how to work together, adapting the service over time, planning the service activities, working collaboratively, finding sufficient funding to develop and sustain the HJP, and developing evaluation strategies.
[64] Lisa Kessler, Yael Cannon, Nicole Tuchinda, Ana Caskin, Christina Balz Ndjatou, Vicki W. Girard & Deborah F. Perry, *Co-creating a legal check-up in a school-based health center serving low-income adolescents,* 15 PROGRESS IN COMMUNITY HEALTH PARTNERSHIPS: RESEARCH, EDUCATION, AND ACTION 203 (2021), https://doi.org/10.1353/cpr.2021.0022
[65] Omar Martinez, Miguel Muñoz-Laboy & Robin Davison, *Medical-legal partnerships: An integrated approach to advance health equity and improve health outcomes for people living with HIV*, 4 FRONTIERS IN REPRODUCTIVE HEALTH 1 (2022), https://doi.org/10.3389/frph.2022.871101.
[66] Erin C. Hall, J. J. Current, Jack A. Sava & Jennifer E. Rosen, *The case for integrating medical-legal partnerships into trauma care*, 274 J. SURGICAL RSCH. 153 (2022), https://doi.org/10.1016/j.jss.2021.12.043.
[67] Loral Patchen, Roxana Richardson, Asli McCullers & Vicki Girard, *Integrating lawyers into perinatal care teams to address unmet, health-harming legal needs*, 142 OBSTETRICS & GYNECOLOGY 1310 (2023).
[68] Jean S. Edward, Kimberly D. Northrip, Andrew Welker & Julia F. Costich, *Medical-legal partnerships facilitate patient-provider cost of care conversations: A multisite qualitative study in the U.S.*, 31 CLINICAL NURSING RSCH. 1500 (2022), https://doi.org/10.1177/10547738221120339.
[69] *See also* Kristi E. Gamarel, Wesley M. Correll-King, Laura Jadwin-Cakmak, Julisa Abad, Jay Kaplan, Belinda Needham & Arjee J. Restar, *Intersectional structural oppression as a fundamental cause: Reflections on implementing a medical-legal* partnership, 44 HEALTH PSYCH. 285 (2025), https://doi/10.1037/hea0001421 (exploring how a MLP can assist with transgender issues); Heather Ngai, David Wang, Tim P. Moran, Steve Gottlieb, Candice Priest, Randi N. Smith, Dennis Hsieh, Margaret Samuels-Kalow & Amy Zeigen, *Prevalence of health-harming legal needs of patients seeking care in the emergency department,* 6 JACEP OPEN 2025 1 (2025) (MLP used to serve patients in emergency departments); Samantha Morton, Andrew Maude, Theresa Brabson, Hervette Nkwihoreze, Robin Davison, Migel Munoz-Laboy & Omar Martinez, *Health-harming legal needs identified by people with HIV: Data from a medical-legal partnership study to improve HIV care continuum outcomes*, 5 J. L., MED., & PUB. HEALTH 626 (2025), https://doi.org/10.52609/jmlph.v5i2.159 (MLP used to ascertain what unmet legal needs should be priorities for targeted interventions and comprehensive care for people with HIV/AIDS).
[70]Nishwa Shah, Kim Radford, Steve Durant, Rami Shoucri, Jennifer Stone, Navindra Persaud & Andrew D. Pinto, *Advocating for policy change: Examples emerging from a medical-legal partnership in primary care*, 35 J. HEALTH CARE FOR THE POOR AND UNDERSERVED 8 (2024).
[71] *See* Suzie Forell & Marie Nagy, *Health justice partnerships as a response to domestic and family violence* (May 27, 2021), https://healthjustice.org.au/resource/insights-paper/health-justice-partnership-as-a-response-to-domestic-and-family-violence/.
[72] Sarah Loveday, Suzie Forell, Rebecca Bosward, Lingling Chen, Leanne N. Constable, Wilhelmina Ebbett, Ashraful Kabir, Hueiming Liu, Alexandra Preddy, Natalie White & Harriet Hiscock, *Health Justice Partnership: An opportunity to respond to childhood adversity*, 25 INT'L J. INTEGRATED CARE 1 (2025), https://doi.org/10.5334/ijic.8917.
[73] Suzie Forell & Sarah O'Connor, *Legal needs arising in mental health settings and staff capability and support to respond*, 19 INT'L J. INTEGRATED CARE 1 (2024), https://doi.org/10.5334/ijic.7693.

[74] Stefanie Plage, Rebecca E. Olson, Nathalia Costa, Karime Mescouto, Sameera Suleman, Asma Zulfiqar, Jenny Setchell & Rita Prasad-ildes, *Justice in health? Studying the role of legal support in a culturally responsive mental health service in Australia*, 35 QUALITATIVE HEALTH RESEARCH 418, 426-428 (2025).
[75] Elizabeth Curran, *Strength and uniqueness: The ripple effect of the BBM Health Justice Partnership sharing of knowledge and increasing empowerment: Report to Aboriginal Community of Albury Wodonga* (July 6, 2024), https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4887353. Themes emerging from the evaluation including increasing trust, evidence of effectiveness in reaching the desired populations, providing cultural safety and trauma-informed practice, being responsive to the SDoH, undertaking work on systemic reform, and transformation in service delivery. *Id.* at 64.
[76] FIRST STEP LEGAL, EVALUATING THE OUTCOMES OF FIRST STEP LEGAL'S HEALTH JUSTICE PARTNERSHIPS (2024), https://assets.nationbuilder.com/firststep/pages/1238/attachments/original/1736138760/FSL_Evaluation_Report_DEC_2024.pdf?1736138760.
[77] *Id.* at 42.
[78] NSF CONSULTING, FIVE YEARS OF IMPACT: EVALUATION OF THE HEALTH JUSTICE PARTNERSHIP BETWEEN KINGSFORD LEGAL CENTRE, PRINCE OF WALES HOSPITAL AND THE EASTERN SUBURBS OF MENTAL HEALTH SERVICES (September 2024), https://www.unsw.edu.au/content/dam/pdfs/law/klc/research-reports/5%20Years%20of%20Impact-%20Eval%20of%20HJP%20between%20KLC%2c%20POWH%20and%20ESMHS%20(1).pdf.
[79] For example, in the relatively new field of legal epidemiology one of the first tasks was to delineate a competency model to guide those who are undertaking this work. *See* U.S. Centers for Disease Control & Prevention Public Health Law, *Legal Epidemiology Competency model Version 1.0*, https://www.cdc.gov/phlp/php/publications/legal-epidemiology-competency-model-version-1-0.html (May 15, 2024). Creating professional competency frameworks shows the heavy influence of healthcare: healthcare-related disciplines develop robust professional competency frameworks to which each discipline's professional teaching and learning, and regulatory regimes are attuned.
[80] Jane Buckley, Thomas Archibald, Monica Hargraves & William M. Trochim, *Defining and teaching evaluative thinking: Insights from research on critical thinking*, AM. J. EVALUATION 1 (2015).
[81] *See* Leering, *supra* n. 1 at 64-67 (reviewing recommendations arising from the scoping and systematic reviews).
[82] Note, however, that both Adams et al. (*supra* n. 38) and Allmark et al. (*supra* n. 41) cautioned that validated research instruments may not be sufficiently sensitive to detect changes or measure the important outcomes
[83] Gallo, *supra* n. 49 at 6.
[84] Leering, *supra* n. 1.
[85] *See* OECD, *supra* n. 2 at 190. As a cautionary note, program logic models that are too narrowly crafted are problematic, as these often fail to capture the emerging value-added aspects of these partnerships, or changing expectations as partnerships mature. Capturing value-added benefits that were not anticipated at the outset is important. These could include decisions to diversify the initial menu of legal services to ensure more responsive legal help, leveraging in new resources, creating new professional learning materials or establishing a community of practice, sharing knowledge to support the creation of other HJPs, or engaging in systemic work.
[86] Rachel Granger, Hazel Genn and Rhiannon Tudor Edwards, *Health economics of health justice partnerships: A rapid review of the economic returns to society of promoting access to legal advice*, FRONT. PUB. HEALTH, 8 (2022).
[87] Tobin-Tyler et al., *supra* n. 11, canvass some of the financing arrangements, acknowledging that most LSP are publicly funded.
[88] Pro bono initiatives in some provinces are supporting the health justice approach but are limited in their capacity to scale up. *See* discussion of other Canadian developments in Leering, *supra* n. 1 at 26-32.
[89] McLaren et al., *supra* n. 59.
[90] Beardon, *supra* n. 58.
[91] Dipti Itchaporia, *The evolution of the quintuple aim: Health equity, health outcomes, and the* economy, 78 J.A.C.C. 2262, 2262 (2021), https://doi.org/10.1016/j.jacc.2021.10.018 (the Quintuple Aim framework considers improved patient experience, better outcomes, lower costs, clinician wellbeing, and contributions to health equity).
[92] Michele M. Leering, *Enhancing the legal profession's capacity for innovation: The promise of reflective practice and action research for increasing access to justice*, 34 WINDSOR Y.B. ACCESS TO JUST. 189, 194 (2017). Casey et al. have developed a checklist for ensuring action research quality criteria (QuARC) to ensure these studies are rigorously designed, studies are reported in sufficient detail, the methodological rigour can be evaluated, and a report's comprehensiveness can be assessed. Mary Casey, David Coghlan, Aine Carroll & Diarmuid Stokes, D, *Towards a checklist for improving action research quality in healthcare contexts*, 26 SYSTEMIC PRAC. & ACTION RSCH. 923, 930 (2023).
[93] Liz Curran & Sue James, *Integrated legal practice: Going to where people are who need our help – legal empowerment and multidisciplinary evaluation* (June 16, 2023), https://irep.ntu.ac.uk/id/eprint/53770/. Leering recommended a range of evaluation approaches and research methodologies and factors to consider. *See* Leering, *supra* n. 1 at 43-75. Choices should be guided by context, resources, and the HJP's theory of change. Evaluation findings will help guide efforts not just on how to improve the services to individuals, but to understanding how interprofessional partnerships work best.
[94] There are two ways in which this work has been started. *See*, *e.g.*, Ruth McAusland & Eileen Baldry, *Who does Australia lock up? The social determinants of justice*, 12 INT'L J. FOR CRIME, JUST. & SOC. DEMOCRACY 37 (2023), https://doi.org/10.5204/ijcjsd.2504; *see also* Government of Canada, Social Determinants of Justice (June 27, 2024), https://www.justice.gc.ca/eng/cj-jp/cbjs-scjn/transformative-transformateur/p8.html.
[95] UK MINISTRY OF JUSTICE, IFF RESEARCH AND YORK HEALTH ECONOMICS CONSORTIUM, EVALUATION OF INTEGRATED ADVICE HUBS IN PRIMARY HEALTHCARE SETTINGS: FEASIBILITY STUDY (2023), https://assets.publishing.service.gov.uk/media/64899277103ca6000c039e77/evaluation-of-integrated-advice-hubs-in-primary-healthcare-settings-feasibility-study.pdf.
[96] *Id.* at 47.
[97] Drabarek, *supra* n. 22.
[98] Tobin-Tyler et al., *supra* n. 11.
[99] NCMLP has recently offered to provide administrative support to host these gatherings.
[100] *See* 51(4) J. L. MED. & ETHICS (special issue featuring 19 articles from the symposium).
[101] Rahul Vanjani, Sarah Martino, Sheridan F. Reiger, James Lawless, Chelsea Kelly, Vincent J. Mariano & M. Catherine Trimbur (2020). *Physician-public defender collaboration – A new medical-legal partnership*, 383 NEW ENGLAND J. MED. 2083 (2020), https://www.nejm.org/doi/full/10.1056/NEJMms2002585.
[102] This is the original press release, with the initiative likely now defunded: *Justice Department Announces Medical Legal Partnership Project for Incarcerated Individuals*, https://www.justice.gov/archives/opa/pr/justice-department-announces-medical-legal-partnership-project-incarcerated-individuals (April 19, 2024).
[103] *See* discussion and references in Leering, *supra* n. 1, at 10-12.
[104] Jess Mant, Naomi Creutzfeldt & Sonila M. Tomini *Health justice interventions in England and Australia: An intersectional approach to legal capability and health literacy,* 47 J. SOC. WELFARE & FAM. L. 236 (2025), https://doi.org/10.1080/09649069.2025.2530885.
[105] Suzie Forell, *Working together for client wellbeing: An outcome of health justice partnership* (Aug. 2021), https://healthjustice.org.au/app/uploads/downloads/Health-Justice-Australia-Working-together-for-client-wellbeing.pdf.
[106] FIRST STEP LEGAL, *supra* n. 76.
[107] Rebecca L. Sandefur & Matthew Burnett, *All together now: Building a shared access to research framework for theoretical and empirical insight and actionable intelligence*, 13 ONATI SOCIO-LEGAL SERIES 1330 (2023), https://doi.org/10.35295/OSLS.IISL/0000-0000-0000-1357.
[108] *See also* LYNNE HAULTAIN & ZHIGANG WEI, ARE LEGAL PROBLEMS BAD FOR YOUR HEALTH? ARE HEALTH ISSUES BAD FOR YOUR LAW? (2025), https://www.victorialawfoundation.org.au/research-publications/legal-problems-and-health-issues (adding to the growing evidence on the impact on health on unmet legal needs).
[109] Tobin-Tyler et al., *supra* n. 11, at 340.
[110] An excellent example is the CanMEDs meta-competency framework that outlines roles and responsibilities as medical expert, scholar, collaborator, leader, communicator, professional and health advocate. Royal College of Physicians and Surgeons of Canada, *The CanMEDS Framework*, https://www.royalcollege.ca/en/standards-and-accreditation/canmeds.html (last visited Feb. 20, 2026). It commits physicians to taking action on health equity and advocacy on the SDoH. Its creation was influenced by a WHO White Paper in the 1970s. This White Paper became part of a world-wide movement to reform medical education: it advocated for the profession to be *socially accountable*. Notably in 2010, WHO endorsed preparing physicians for patient-centered and interprofessional practice. Canadian medical schools and stakeholders across the medical education spectrum now ensure that appropriate competencies are cultivated to support all seven roles, including health advocate. Social accountability is defined as "The obligation to direct their education, research, and service activities towards addressing the priority health of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, healthcare organization, health professionals, and the public. . ." *See* Angela Towle & William Godolphin, *A meeting of experts: the emerging roles of non-professionals in the education of health professionals,* 16(5) TEACHING IN

HIGHER EDUC. 495 (2011), https://doi.org/10.1080/13562517.2011.570442. *See generally* Leering, *supra* n. 1, at 81-84.

[111] An access to justice consciousness is a neologism Leering coined to capture a formative, evolving, and normative expectation about the legal profession's responsibility to ensure equal access to justice with a heightened awareness of justice gaps and the impact of a lack of access to justice. Leering, *supra* n. 1 at 193-194.

[112] Examples of terms include health justice approach, health-harming legal needs, early intervention and prevention, triage, legal health, secondary consultations, curbside consults (US term for secondary consultations), multidisciplinary problem solving, systemic advocacy, people-centered, trusted intermediaries, and justice ecosystem. Establishing common discourse is an enabler of change. RONALD HEIFETZ, ALEXANDER GRASHOW & MARTY LINSKY, THE PRACTICE OF ADAPTIVE LEADERSHIP: TOOLS AND TACTICS FOR CHANGING YOUR ORGANIZATION AND THE WORLD (2009).

[113] *Infra* at sec. 2.5.

[114] Joan M. Blakey, Alana J. Gunn & Kelli E. Canada. *Supporting the end of prostitution permanently (SEPP) prostitution court: Examining inter-professional collaboration within alternative criminal justice settings*. 35 J. INTERPROFESSIONAL CARE 266, 267 (2021) (describing Bronstein's model of an interprofessional collaborative framework).