



## Making Links Collaborative Practice Guide:

for the AOD, Mental Health and Homelessness Sectors in Melbourne's North & West

### Introduction

This document has been designed to support collaboration between workers in the AOD, mental health and homelessness sectors in Melbourne's north and west.

Although individual workers do currently assist shared clients through collaboration, our sectors have not yet established an agreed approach to collaborative practice. This *Making Links Collaborative Practice Guide* is intended to fill this gap; drawing on existing good practice to provide a consistent framework for collaboration.

This approach was trialled across the three sectors from 1 November 2017 to 28 February 2018. The trial has been evaluated by the Making Links Steering Group. For more information, see:

<http://nwhn.net.au/Making-Links.aspx>

### Definition of collaborative practice

**Collaborative practice** happens when multiple practitioners from different professional backgrounds work together with patients/clients, families, carers and communities to deliver the highest quality of care. Elements of effective collaborative practice include respect, trust, shared decision-making and partnerships.<sup>i</sup>

**Collaborative practice** is when a team of people work in partnership with one another towards shared goals. When a team collaborates, the strengths of all members of the team are respected and utilised<sup>ii</sup>.

### Why engage in collaborative practice?

Studies suggest that interdisciplinary, collaborative models of support may improve quality of care for clients. These models of support increase the quality of care for individuals with complex needs, not only by addressing communication challenges, but also by making assistance more comprehensive and feasible for these clients to access<sup>iii</sup>.

Collaborative practice improves the transparency of care/support for clients and can increase the capacity of service providers to assist them to reach their care/support goals.

Other benefits include<sup>iv</sup>:

- reduced anxiety for workers
- increased quality of case monitoring and relapse support
- ensuring agency demands on a family/individual are not competing or overwhelming
- consistency of message from all involved
- better decision making
- improved ability to provide needed and timely resources
- more effective use of limited resources
- development of new policy and practice
- reduction in duplication of service.

## **Principles of good practice in collaboration<sup>v</sup>**

Principles of good practice in collaboration include:

- Clients understand and have chosen a collaborative approach to addressing some or all of their goals.
- Clients receive coordinated services across service systems, where this is identified as useful in their support/care plans, and clients are in control of which services are involved.
- Services have sufficient understanding of each other's focus and capacity to assist them to plan together with the client
- Information is shared between services, only with the permission of the client.
- The client is present in case conferences, co case management meetings, collaborative practice discussions wherever possible and leads the identification of topics for shared discussion.

## How to develop a collaborative approach

This flow chart summarises the collaborative approach outlined in pages 4-6.

Talk with the client about the benefits of a collaborative approach to assist in addressing some or all of their support goals.



Work through the *Collaborative Practice Decision Guide* with the client.

- Identify relevant services supporting the client.
- Seek client consent to discussions with the collaborative services and identify any services and/or issues that the client does not want information transferred to/about.
- Identify the care/support goals that the client would like to be addressed through a collaborative approach.



Confirm that the client is prepared to participate in a collaborative practice approach. Ask them to sign the *Collaborative Practice Decision Guide* and provide them with a copy if they would like it. This document remains a record of your conversation with the client and is not shared with other services.



Identify practitioners in the relevant services and make contact.  
Refer to any inter agency protocols that exist between the partner services.



Make contact with the other practitioners to negotiate what form the collaboration will take (i.e case conferences, secondary consult, telephone updates).  
If services involved have capacity for case conferences, identify which agency will take the lead in collaborative support of the client.



Meet or hold discussions with the client and collaborative partners. Use your *Decision Guide* to inform discussion.

Complete the *Collaborative Practice Working Guide* after cross sector discussions.  
Provide a copy to the client.

# Collaborative Practice Approach

## 1. Involving and asking the client

The client is at the centre of the collaborative team and should be involved, where possible, at every opportunity in collaborative planning process. It is important that clients control which services are involved in a collaborative approach and what is discussed between services. Ideally clients will be involved in all co case management meetings.

Establishing with the clients whether they are prepared to participate in a collaborative practice approach to address some or all of their support/care goals is the first step.

Work through the *Collaborative Practice Decision Guide* with your client to help them decide whether or not they are prepared to participate in a collaborative approach to addressing their goals. Your client can identify which other services are assisting them, whether there are any services that they do not wish to involve in a collaborative approach and whether there is any information that they would not like to be shared through a collaborative approach. The client must give informed consent to the sharing of any information about them or their child/ren. When it is not possible to gain consent in writing (if, for instance, the contact is by telephone) the worker should make a note in the case file recording the details outlined in the consent form<sup>1</sup>.

List the services involved and any exemptions to information sharing in the *Collaborative Practice Decision Guide*. You and your client can identify whether discussion of all their goals with other agencies will be useful or whether there are specific goals that will be addressed through collaboration.

Once the client is comfortable with the information in the *Collaborative Practice Decision Guide* they can sign it. Retain this document for your records to inform any case conferences, and offer the client a copy. **This document is not shared with other services participating in the collaboration.**

## 2. Approaches to collaborative practice

When a number of agencies are involved in supporting a client, it can be most effective and transparent for service providers to meet together with the client, in order to coordinate responses, avoid duplication and ensure that all components of the client's care/support plan are being addressed. Ideally collaborative practice will occur with all parties present in case conference/co-case management meetings with the client (see point 3 below).

Services will not always have capacity for case conferencing so may work collaboratively through phone calls or skype calls, with the client present.

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### <sup>1</sup> Exceptions to Consent

There are exceptions when it is not possible or appropriate to obtain consent from a client before involving another agency. For example, if a child is being abused, in family violence situations, if the client is at risk of self-harm or harming another person, or if the client is not fully conscious. In situations like these the service has a duty of care to involve another agency, with or without the client's permission. Clients should already be aware of these situations, through initial discussions with each support provider.

Services may also offer each other secondary consultation, in order to provide each other with additional specialised information to assist in support of the client.

The attached ***Collaborative Practice Working Guide*** may assist agencies that are collaborating to develop shared goals and allocate responsibilities for actions amongst providers.

### 3. Case conferencing

A case conference is a meeting of service providers and the client to coordinate their care/support provision. A case conference can be useful for:

- Information gathering to assist assessment and planning
- Interagency planning and coordination, review and monitoring of the care/support plan

The client must have agreed to share their information with other services before a case conference can be arranged.

Clients may choose to involve family, carers or friends in a case conference.

If an interpreter is required, you will need to coordinate meeting telephone and face to face meeting times with them as well as with the other collaborative partners.

You can use the information collected through the **Collaborative Practice Decision Guide** to inform the issues referred to case conference<sup>2</sup>.

Prior to establishing a case conferencing arrangement:

- Ensure that the client is clear about the nature and purpose of the case conferencing.
- Identify one practitioner as the coordinator for the case conference. This person will convene case conferences meetings and may chair them (see guide below).
- Nominate one practitioner to record notes at the meeting to be circulated to all participants. This person can complete the ***Collaborative Practice Working Guide*** on behalf of the group.

During the case conference:

- Take time to understand each other's roles, responsibilities, focus, skills.
- Identify goals to be addressed through collaboration.
- Identify actions to achieve these goals and nominate who is responsible for each action (including the client's responsibilities).
- Document agreements in the ***Collaborative Practice Working Guide***.
- Identify a date for the next meeting/discussion/follow up.
- Review the collaborative approach with the client and other participants.

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<sup>2</sup> NB This form should remain confidential as it represents a discussion between you and your client, but the content can inform the collaboration.

### **The case conference coordinator**

One service provider should be selected to be the case conference coordinator<sup>3</sup>. This will usually be the service that has the most contact with the provider or the person who the client nominates as their preferred coordinator. As part of their coordination responsibilities this service provider will take on responsibility for organising case conference meetings/discussions and will chair the meetings.

#### ***The role of the coordinator***

- Confirm that all participating services are prepared to participate in a collaborative approach and have sought the client's consent.
- Convene a case conference meeting/discussion.
- Chair the meeting.
- Ask for someone to take notes of the meeting and to complete the ***Collaborative Practice Working Guide***.
- If necessary, assist the client to put forward their views.
- Assist all present to identify shared goals in supporting the client.
- Assist all present to identify actions and timelines that will support these goals. Identify who is responsible for undertaking each action.
- Arrange a further meeting or discussion if required.
- Ensure that the completed ***Collaborative Practice Working Guide*** is circulated to all participants and that the client has a copy, if they would like it.
- Ensure that a follow up date is set to report back on actions and review the shared care/support plan.

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<sup>3</sup> This role could also be rotated.

## Problem solving in collaborative practice

### Managing differences in opinion in collaborative practice

The client should always have the final call in a difference of opinion.

If the difference of opinion still cannot be resolved, refer the issue to management within the participating agencies to address through inter agency dispute resolution processes.

### Situations in which the client is not involved in collaborative practice

There may be situations in which a client's care/support workers feel the need to discuss support of the client in their absence. For instance, a client's substance use may have increased leading to an increase in complex behavior and it may be helpful for practitioners to develop a common approach to supporting the client in this situation.

In this situation the care/support workers should identify with the client that the worker has identified that having a conversation with the other practitioner would assist them to better support the client.

### Challenges to collaborative practice

Challenges	Suggested response
Lack of knowledge and appreciation of the roles of other service providers	Take time in the first contact to discuss the respect roles, responsibilities, focus of each participating agency.
Withdrawing support once another service is involved	Hopefully the discussions above will help clarify how much capacity each service has to be involved in assisting the client and in what areas.
Lack of a clearly stated, shared purpose for collaboration	Use goals noted in the <i>Decision Guide</i> to inform discussion with collaborative partners about the key purpose of the collaboration.
Lack of training/confidence in collaboration	Identify any lack of confidence with collaborative partners – they can assist you. Identify the need for training with senior staff in your agency.
Large caseloads	Collaborative practice can help to save time by avoiding duplication of effort.
Lack of support from team leader/manager	Identify that this approach to collaboration has been signed off by the Making Links Partnership.
Lack of appropriate mechanism for timely exchange of information	Use your first contact with collaborative partner/s to identify how you will share information.
Difference in levels of authority, power, expertise amongst practitioners	Ensure that all participants have a chance to express themselves. Review the effectiveness of the collaborative approach.
Lack of commitment from a practitioner	When identifying who will take responsibility for actions arising from a collaborative discussion/case conference, identify whether there are any barriers to participation. Follow up on actions allocated to ensure that all steps are being taken to support the client in achieving their goals.
Different goals amongst practitioners	As practitioners in this partnership each come from different service systems, they will have different knowledge, information and priorities.

	<p>Take time in collaborative discussions to explore this.</p> <p>Use the time to explore with the client what their goals and priorities are. These will become the shared goals of the collaborative team.</p>
Changes of staff impacting continuity	Document collaborative discussions using the <b><i>Collaborative Practice Working Guide</i></b> , to assist in handovers better staff.
Competition –believing you have a better understanding of the client than other workers involved	<p>Each worker will have a different relationship with the client. Each of these relationships will form part of a whole response.</p> <p>All parties will assist the client to participate in the collaboration, which will assist all participants to develop a fuller understanding of the client’s situation.</p>
Gender, race, class or other prejudices	Use collaborative practice discussions to challenge prejudices and as an opportunity to provide information about culturally appropriate practice/resources.
Persistence of a defensive attitude	Praise the client/other provider for continuing to engage and explore the cause of the defensiveness with them.
Lack of trust in the collaborative process	Explore whether there are particular concerns about the collaborative process. Review the process at key points.
Reluctance to accept suggestions from other practitioners	Ideally the client will be identifying goals to be addressed and will be choosing what suggestions are acted on. Practitioners can remind each other of the client’s preferred actions.
Poor client attendance/engagement	Continue to have conversations with the client about the benefits of collaboration and the importance of them driving their own support/care plan. Continue to report back on collaborative discussions and provide copies of the <b><i>Collaborative Practice Working Guide</i></b> .

<sup>i</sup> Framework for Action on Interprofessional Education and Collaborative Practice, World Health Organisation.2010.

<sup>ii</sup> Early Childhood Intervention Australia (NSW Chapter) Inc. funded by Ageing, Disability and Home Care in the Department of Family and Community Services, New South Wales, Australia (ADHC), *NSW Transition to School Resource*, 2017

<sup>iii</sup> Ross, LE; et al. Barriers and facilitators to primary care for people with mental health and/or substance use issues: a qualitative study. [BMC Fam Pract](#). 2015; 16: 135.

<sup>iv</sup> NSW Government Human Services Community Services, *Interagency Collaboration: Making It work, Lessons from Literature*, March 2010

<sup>v</sup> This document has been developed based largely on the Case Management Resource Kit for SAAP Services. Commonwealth Department of Family and Community Services. (1997)



## Collaborative Practice Decision Guide

*This tool is designed to help the client decide if they want to participate in a collaborative approach to working through their support needs.*

### List of involved services

1. Name of service: \_\_\_\_\_

I give consent for you to talk to them: Please tick  Contact: \_\_\_\_\_

Anything I do not wish for you to discuss with them: \_\_\_\_\_

\_\_\_\_\_

2. Name of service: \_\_\_\_\_

I give consent for you to talk to them: Please tick \_\_\_\_\_ Contact: \_\_\_\_\_

Anything I do not wish for you to discuss with them: \_\_\_\_\_

\_\_\_\_\_

3. Name of service: \_\_\_\_\_

I give consent for you to talk to them: Please tick \_\_\_\_\_ Contact: \_\_\_\_\_

Anything I do not wish for you to discuss with them: \_\_\_\_\_

\_\_\_\_\_

4. Name of service: \_\_\_\_\_

I give consent for you to talk to them: Please tick \_\_\_\_\_ Contact: \_\_\_\_\_

Anything I do not wish for you to discuss with them: \_\_\_\_\_

\_\_\_\_\_

5. Name of service: \_\_\_\_\_

I give consent for you to talk to them: Please tick \_\_\_\_\_ Contact: \_\_\_\_\_

Anything I do not wish for you to discuss with them: \_\_\_\_\_

\_\_\_\_\_

### Care support goals to be addressed through collaborative practice:

Goal 1: \_\_\_\_\_

\_\_\_\_\_

Goal 2: \_\_\_\_\_

\_\_\_\_\_

Goal 3: \_\_\_\_\_

\_\_\_\_\_

DECISION: Does the client wish to continue? Yes  No

## Collaborative Practice Working Guide

### Client

Name \_\_\_\_\_  
Contact \_\_\_\_\_

#### Lead service / lead worker details

Service name: \_\_\_\_\_  
Role of service: \_\_\_\_\_  
Contact person: \_\_\_\_\_ Contact number/s: \_\_\_\_\_

#### Other services involved

Service 1. \_\_\_\_\_  
Role of service: \_\_\_\_\_  
Contact person \_\_\_\_\_ Contact number/s: \_\_\_\_\_

Service 2. \_\_\_\_\_  
Role of service: \_\_\_\_\_  
Contact person \_\_\_\_\_ Contact number/s: \_\_\_\_\_

Service 3. \_\_\_\_\_  
Role of service: \_\_\_\_\_  
Contact person \_\_\_\_\_ Contact number/s: \_\_\_\_\_

Service 4. \_\_\_\_\_  
Role of service: \_\_\_\_\_  
Contact person \_\_\_\_\_ Contact number/s: \_\_\_\_\_

#### Shared goals

**Agreements & timelines**

Who is doing what by when.....

Goals	Responsibilities	Timeline

Date form filled out:

Form review date:

Next meeting details: DATE

Phone | Face-to-face | Other

*Please circle one*

Worker signatures:

\_\_\_\_\_ PRINT NAME:

\_\_\_\_\_ PRINT NAME:

\_\_\_\_\_ PRINT NAME:

\_\_\_\_\_ PRINT NAME:

\_\_\_\_\_ PRINT NAME:

Client signature \_\_\_\_\_

(or carer/guardian if client is under 18)

PRINT NAME: