Making Links Project

COLLABORATIVE PRACTICE REPORT:
Sharing the learnings

July 2019

This report was prepared by

Louise Richardson
Health Planning Consultant
Louise@louiserichardson.com.au
www.louiserichardson.com.au

for the Making Links Steering Committee

Executive summary

This report presents the process and outcomes of the Making Links Collaborative Practice Project, undertaken between 2015 and 2019. Making Links is a partnership of the Alcohol and Other Drugs (AOD), Mental Health and Homelessness sectors in Melbourne's North and West. Established in 2015, Making Links has worked to improve coordination between these service systems to enable more effective client responses.

This report details the work carried out by the Partnership, between 2015 – 2019, and has been compiled as part of our commitment to shared learning and reflective practice.

The Making Links Partnership undertook a one-day 'client audit' to identify the numbers of consumers requiring the support of each of the three participating Sectors. This was followed by a worker survey in 2015 to identify the extent of collaboration across the three Sectors and the challenges to cross sector work.

These activities provided information about the volume of shared clients[1], which quantified the need for effective collaboration in our service responses. Following this, a number of consultations were held with representatives from the three sectors to identify specific strategies for improved cross sector work.

Effective cross-sector collaboration is something that was repeatedly highlighted as something workers from all three sectors wanted guidance on, resources to support, and an authorising environment to enable.

The Making Links Collaborative Practice Guide ["The Guide"] was developed in response to this need. It was developed by drawing on existing good practice, and provides a shared framework for undertaking effective collaborative practice across service sectors. The Guide includes:

- A decision-making guide to work through with consumers – assisting the client to identify if cross-sector collaboration would be useful to them, and if so, what the parameters would be.
- A 'Collaborative Practice Working Guide' – helping inform the arrangements between providers and putting forward a list of possible solutions to the challenges which may arise.
- A template for recording collaborative practice activity across sectors.

This report includes background information and rationale for the project, efforts to address the need during the 5-year period and what has been learned in this process.

It is hoped this will serve as a useful foundation for future collaborative practice activity, based on real-world learnings and application.

[1] More information about the findings of these activities can be found on the North & West Homelessness Network website, under 'Phase one report' http://www.nwhn.net.au/Making-Links.aspx

Contents

Introduction

This report summarises the efforts to build a collaborative practice model by the Making Links Project team. Making Links is a collaboration between AOD, Mental Health and Homelessness sectors in Northern and Western Metropolitan Melbourne, which operated from 2015 -19. The project was undertaken in response to an expressed need put forward by representatives from the three sectors in order to better meet the needs of shared clients.

This report emanates from a commitment to continuous quality improvement and aims to contribute to a future evidence base for collaborative practice activity, based on real-world learnings.

The Making Links team expressed the importance of reflective practice, and has worked to ensure that what was learned from project activities is shared so the lessons can be built upon in the future. This is an expression of social responsibility, so that any future funding each of these three sectors receive for sector development and service planning is most efficiently and effectively allocated based on evidence of what works and what doesn't.

Resourcing and acknowledgements
Making Links gratefully acknowledges the input of Networkers and Planners across the sectors, primarily without any funding or dedicated resources from 2015-2018. In 2018, the Making Links project was awarded a small amount of money from the Department of Health and Human Services (DHHS) to run a cross-sector orientation session , update the 'Guide to Making Links' and to disseminate and solidify the learnings from the collaborative practice component of the project.

Background

In 2015 planners from the Alcohol and Other Drugs (AOD), Mental Health and Homelessness sectors in Northern and Western Metropolitan Melbourne came together to explore solutions to some of the common problems experienced by each of the three sectors. Sector challenges were explored individually, as well as investigating some of the barriers that workers experience when responding to shared clients across the three service streams.

Informed by in-depth consultation with workers, team leaders, managers, executives and planners a number of key work streams were born. One of which was a call for a collaborative practice model.

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.

Collaborative practice occurs 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.

Consultation

Efforts were made to ensure that a Making Links model for collaborative practice was developed in consultation with representatives from all levels of all three sectors, based on a distributed leadership model[2] for the highest degree of social impact.

Cross-sector consultation was built into the structure of the project, in:

- strategic planning with the Making Links Project team (planners and networkers from the three sectors),
- the governance arrangements through the establishment of a cross-sector steering committee,
- priority setting and testing for validity through three separate forums involving approximately 100 workers per session from across the three sectors.

Environment scan

An environmental scan was carried out by the cross Sector project Steering Committee to review other available collaborative practice approaches for their validity and transferability to this local, cross-sector context.

A key finding at this point of the project was that there were very few resources available to draw on when building collaborative practice approaches. Where services have implemented cross sector work, their approach, challenges, lessons and results have not been documented or widely shared. This report and the Making Links project have a strong ethos to counter that deficit in the community services sector in Victoria.

Making Links Collaborative Practice approach

Making Links developed a short Practice Guide to Collaborative Practice ["The Guide"], which places the client at the centre of collaborative case practice. The Guide includes a flow chart for establishing collaborative practice arrangements, a decision-making guide to aid in establishing a collaborative approach across sectors, and a template for recording collaborative practice activity across sectors. The Guide addresses a number of the challenges inherent in managing collaborative practice across busy sectors that are guided by different funding requirements.

[2] Distributed leadership models are those where leadership is shared and collective, instead of resting on an individual. This creates capacity for sustainable change. (Cherry, N. 2015. *Energising Leadership.* Melbourne, VIC: Oxford University Press).

Making Links Activity

The Making Links approach

Key components of the Making Links approach include:

- Emphasis on consultations underpinning and informing each stage of activity.
- An environmental scan to draw out existing knowledge and ensure efforts are underpinned by best available evidence
- Sector-specific 'drivers' (rationale and requirements) for the content of the tool and level of potential impact
- Distributed leadership and governance arrangements – project overseen by a cross-sector steering committee
- Model developed in collaboration
- Model piloted and tested for validity and viability
- All learnings written up to ensure key learnings are communicated and an ethos of shared learning is reinforced

Timeline

The table below shows the sequence of Making Links activity, outlining the year, specific activities, outcomes and process themes throughout the project.

Year	Activity *>> outcome*	Process themes
2015	Early 2015 - Networkers and Planners agreed to promote joined up planning approaches and cross-sector collaboration between AOD, Mental Health and Homelessness to better respond to the needs of clients in North and West Metropolitan Melbourne. *>> set planning priorities for strong cross sector collaboration*	Coordination
	October 2015 – Survey of workers across the 3 sectors *>> identified issues with cross sector work. Findings used to shape a work plan*	Consultation
	November 21 2015 – 'Client audit': one-day (point in time) data snapshot, with the aim of identifying the number and proportion of shared clients across AOD, mental health and homelessness services On the designated day, all workers across these sectors in Northern & Western Melbourne collected a set of data on every client they were assisting. *>> highlighted the volume of shared clients between sectors, shared issues between clients.*	Data collection and analysis
	December 2015 – half-day forum held to explore opportunities for improved service coordination within and between the three sectors. 100 representatives from across the 3 sectors met to	Consultation

	generate ideas, develop strategies and set priorities. ***>> highlighted specific practice and system improvements that could be made to improve cross-sector collaborative responses to client needs.***	
2016	Cross sector Orientation Kit developed and released – including a shared services directory, with 'tips and tricks' for working together and responding to shared client needs. ***>> addressed <u>other</u> sector-derived needs so that the collaborative practice model could be focussed and specific.*** Frequent Service User model developed – through a series of three 'think tanks' involving executives and team leaders from the three sectors, drawing on other successful models (MACNI, Journey to Social Inclusion, Street to Home, Partners in Recovery, etc). ***>> addressed <u>other</u> sector-derived needs so that the collaborative practice model could be focussed and specific.*** Initial steps to brainstorm a cross-sector collaborative practice approach, which authorises teams to work with a shared collaborative approach to assisting clients ***>> direction for the collaborative practice model***	Information sharing Consultation Stakeholder engagement
2017	Other approaches towards cross-sector collaborative were drawn upon, including Partners in Recovery and the Forensic Collaborative Framework between ACSO/COATS, AOD and Corrections ***>> helping to focus our efforts using approaches that have been effective in similar settings*** Initial steps were taken to create a formalised framework for cross-sector collaborative practice.	Environmental scan Resource development
2018	Collaborative Practice Guide developed: it included guides toward collaborative problem solving, forms seeking client consent, as well as guidance for collaborative decision making and working together ***>> first draft resource developed*** September 2018 - document tested as part of a cross-sector forum seeking initial feedback and received a positive response. ***>> further edits and information sourced.*** Testing further rolled out using a distributed leadership model: sites were selected for trial including AOD Care and Recovery Coordinators in the South West Catchment, Mental Health support coordinators (for mental health and NDIS), Homelessness services in the West, and Ozanam Community Centre and Recovery coordinators.	Resource drafted Consultation Pilot/testing

	>> distributed leadership model for cross-sector testing in different settings Participants in the trial were asked to provide feedback through a survey monkey template. ***>> Qualitative responses from which to finalise the tool to ensure it as useful as possible for the three sectors in helping their service to clients.***	Consultation & feedback
2019	Collaborative Practice Focus Group – a cross-sector review of learnings Representatives from across the three sectors came together on 4 June 2019 to review the Collaborative Practice Guide and the resulting pilot process and to distil key learnings to inform this report. ***>> Collaborative Practice Report: Share the learnings***	Consultation & feedback

The Making Links Collaborative Practice Guide that resulted from this process is included as an appendix to this document.

The Collaborative Practice Guide was intended to draw on existing good practice in order to develop a shared framework for undertaking collaborative practice. The resource includes a decision-making guide to work through with consumers, designed to help identify whether cross sector collaboration would be useful for them and, if it is, what the parameters would be. The Guide also includes a Collaborative Practice Working Guide, to inform the arrangements between providers and a list of possible solutions to challenges in collaborative practice.

Findings

What did we learn?

Improved capacity for collaborative practice across sectors

Our process affirms that the quality of collaboration between sectors has improved in the last 3 years, and particularly in the last 12 months, as a result of actions undertaken by the sector personnel working independently, as well as guidance and policy changes by the Department of Health and Human Services (DHHS), and the 'bedding down' of prior changes within each sector. Many individual programs already apply strong collaborative approaches similar to those outlined within the Collaborative Practice guide, examples include Partners in Recovery, H3 Alliance, and the AOD sector's Care and Recovery Coordination services.

Collaborative practice requires a supportive authorising environment

The pilot for the Guide was rolled out in selected services or discrete regions., Significant structural barriers to collaboration remained in the absence of a broader authorising environment. The pilot demonstrated that, despite the goodwill of the agencies involved in the pilot, structural change is challenging and requires a more systemic commitment to a cross-sector approach, high level authorisation (ie from DHHS) and appropriate resourcing to support it. Nevertheless, the Guide was seen to be useful in many ways and provide some pragmatic resources to support collaborative practice, especially for new staff or services that don't otherwise have collaboration as a core principle.

What works well in this approach?

Clarity around information sharing

When Making Links began, practitioners reported difficulty in sharing information across sectors and services not having the capacity to work together collaboratively with shared clients. New information sharing guidelines within each sector (as a result of the Royal Commission into Family Violence) has helped to clarify the parameters for information sharing. Consumers have affirmed that they generally prefer that services share their information, rather than the need to repeat their stories and experiences with each sector. One of the key findings from the Making Links consultation process was that workers were generally more hesitant to share client information than consumers were. Ultimately with client permission, and/or if it is in the best interests of the client; information is able to be shared. The Making Links Collaborative Practice guide has helped to clarify approaches to this.

A key point of contact / coordinator role

As the guide suggests, collaboration is most effective when there is one key worker 'holding' the client. This worker should be multiskilled and have the capacity and confidence to lead. The worker in this role should be someone who the client 'prefers', has an excellent relationship with the client and has earned their trust. They act as the key point of contact and coordinate the collaboration between

sectors. Ideally this would be a funded role with additional funding allocated to the worker that the consumer has the strongest relationship with.

Cross-sector networking
A key finding from the Making Links process is that the sectors benefit from opportunities to come together, to enable workers to get to know each other, and build relationships. As a function of the Making Links Cross-sector Orientation sessions, sectors were brought together repeatedly, with workers from various levels, to receive an up-to-date overview of changes within and between sectors, and to facilitate understanding and trust within the workforce.

> *"the best collaboration happens when workers have relationships with each other"* – a Making Links steering committee representative.

Clear roles help to avoid duplication
Consultation confirmed that the clarity of roles as delineated within the Collaborative Practice Guide was beneficial in guiding workers to be clear on responsibilities and to avoid unnecessary duplication in case management processes. Consultation affirmed that it is in the best interests of workers and the consumer to work collaboratively across systems, to manage the workload and best achieve client goals.

What could be improved?

Workforce development and capacity building
The Making Links process and our resulting consultation indicated that there is an ongoing desire within all sectors for training that focusses on helping workers to navigate the system and respond to clients with complex needs. Services are reported to limit the responses they offer clients because workers do not have the skills/confidence to manage the range of issues their clients are facing and do not receive sufficient funding to provide the intensity of response that is often required.

Consultation suggested that some of the difficulty in rolling out genuine collaborative practice models is the risk aversion that exists within services and staff. Participants felt that risk aversion is an education issue, and that where gaps are filled in with worker knowledge, the fear disappears and challenges are able to be addressed more pragmatically.

Future collaborative practice approaches should incorporate:

- More information relevant to client management:
    - Working with client help seeking behaviours – how to build on and capitalise on where the client is at, at a given time.
    - Managing challenging behaviours (in the client and between workers)

- A review and celebration of goals – achievement points at different stages of the case plan.
- Incorporating more consumer feedback for effective collaboration. Genuine co-design with consumers and peer support workers requires significantly more time input but would be more effective in establishing sustainable change.
- In an ideal world, the consumer would be resourced to drive these meetings and would take the coordinator role themselves.

Summary

This report provides an overview of the process and findings from the Making Links project.

Through a combination of research, multi-stage consultation and other sector development activities, the Making Links Collaborative Practice project has documented its findings into this report, outlining what was learned, what worked well, and what could be improved with future efforts.

Our consultation suggested that the system's capacity to support cross sector working has improved over the last three years. The project found that some services across the AOD, Mental Health and Homelessness sectors in Melbourne's North and West have seen improvements in the system's ability to support collaborative practice in context, and already have activities and processes in place to support effective collaboration. Others affirmed that the Guide provides useful tools and approaches, and is particularly useful for new staff.

Our findings suggested that this guide was effective at supporting cross-sector collaborative activity by providing clarity around information sharing, guidelines to help shape a key-contact/coordinator role that is important in getting this style of work off the group, and some useful resources and prompts for collaboration, accountability, client involvement and consent processes. We also found that the Making Links activities more broadly were valued, particularly for the networking and connection opportunities between workers in the three sectors.

Fully effective cross-sector collaboration is a structural challenge. Collaborative Practice is needed to appropriately address the needs of complex clients who have contact at multiple points of the service system, but it's not possible to implement collaboration in isolated pockets; rather a supportive authorising environment is required.

Future efforts to implement collaborative practice should include increased consumer involvement in the resource development, and learnings should continue to be written up and shared in a systematic way.