



# Sharing information and integrating services: Collaborative Practice

## FACT SHEET



### Loddon's Commitment to Supporting Families

Our shared core competencies

**This competency refers to a commitment to the appropriate and open sharing of information and coordination of services to prevent harm and deliver optimum support. This competency means being able to build trusted relationships with other organisations, develop shared goals and consistent language, and share information appropriately in the best interests of children, young people and families.**

#### What does this competency mean?

- Adopting a default position to sharing and collaboration
- Learning from others and willingness to contribute to joint solutions
- Practicing teamwork and cooperation
- Developing networks across different work areas
- Awareness of information sharing policies.

#### What does the research say?

Research has shown that systemic failures often occur not because information was not known about clients, but because organisations and professionals are not sharing information or making efforts towards a coordinated response.<sup>1</sup>

Sometimes barriers to information sharing across health services relate to workers having legitimate concerns about privacy and obtaining consent from clients, as well as not being sure about what information can be shared, or how to do so.<sup>2</sup>

Nonetheless, the community health sector acknowledges that collaboration and information sharing can reduce duplication, increase efficiencies and maximise the impact of services.<sup>3</sup>

Integrated service delivery and collaborative

practice is multidimensional. This means that meaningful integration requires action on policy, governance, organisational and professional practice levels.<sup>4</sup> Along with individual knowledge, skills and inter-disciplinary literacy, there must be structures, processes and mechanisms in place to support interagency collaboration.

At an organisational level, important factors include strong leadership and structures that support communication and collaboration, a clear vision of what it is to work collaboratively and an investment in relationship-building.

Collaborative practice involves the ability to move beyond the constraints of one's own discipline to recognise shared goals and values, and contribute to interagency networks.<sup>5</sup> For collaboration to work effectively, staff need to be aware of their own strengths and weaknesses as well as those of others.<sup>6</sup> Collaboration is demonstrated when knowledge and practice is developed with others, feedback is exchanged and people are willing to work together in interdisciplinary teams.<sup>7</sup>

The Australian Research Alliance for Children and Youth state that good collaborators are able to mobilise and encourage others to solve problems together.<sup>8</sup> They are able to empower groups to operate effectively and are able to strategically

draw upon the skills of others. Additionally, they are able to take the time to listen to others and learn from their perspectives before trying to solve a problem. Identifying and managing conflict are also important when working collaboratively.

#### What are the implications for practice?

- Contribute to joint problem solving and work as part of a team to achieve shared goals
- Be able to listen and learn from other people's perspectives
- Contribute to the development of the knowledge and practice of others
- Willingness to share information in accordance with privacy legislation and relevant policies to achieve shared goals
- An understanding of relevant information sharing policies and privacy principles.

#### Other information and resources

[Collaborative competencies/capabilities](#)

Australian Research Alliance for Children and Youth

[What is collaboration and collaborative practice?](#)

Community Door (Queensland Government)

<sup>1</sup> Munro, E. 2005. 'Improving practice: Child protection as a systems problem', *Children & Youth Services Review*, 27, pp. 375-391.

<sup>2</sup> Sweet, L., Skinner, T., Battersby, M. and Delany, T. 2012. Information sharing for the management of chronic conditions in primary health care: How does it work and what. Flinders University, Adelaide.

<sup>3</sup> King, R. et al. 2016. 'Peer reviewed: A community health record: Improving health through multisector collaboration, information sharing, and technology', *Preventing chronic disease*, 13.

<sup>4</sup> Johnson, L., Yung Tam, B., Lamontagne, M. & Johnson, S. 2003. 'Stakeholders' views of factors that impact successful interagency collaboration', *Exceptional Children*, 69(2), pp. 195-209.

<sup>5</sup> Edwards, A. 2009. 'Relational agency in collaborations for the wellbeing of children and young people', *Journal of Children's Services*, 4(1), pp. 33-43.

<sup>6</sup> Marek, L., Brock, D. and Savla, J. 2015. 'Evaluating collaboration for effectiveness: Conceptualization and measurement', *American Journal of Evaluation*, 36(1), pp. 67-85.

<sup>7</sup> Barr, H. 1998. 'Competent to collaborate: Towards a competency-based model for interprofessional education', *Journal of Interprofessional Care*, 12(2), pp. 181-186.

<sup>8</sup> Australian Research Alliance for Children and Youth, 2013. '[Collaborative competencies/capabilities](#)' Fact Sheet 14.