



Sharing information and integrating services: **Collaborative Practice**

A BRIEF OVERVIEW



Loddon's Commitment to Supporting Families

Our shared core competencies

Definitions

Governments across the developed world including in Canada, the United States and Scandinavia, are implementing more integrated models of service delivery for early learning and family services.

The term 'integration' can encompass a range of different meanings, including inter-agency collaboration, co-location of services and the bringing together of early childhood education and care. Collaboration applies not only to teams, but across divisions of organisations, between different organisation types and across sectors.¹

The World Health Organisation defines collaborative practice as occurring *when multiple health workers from different backgrounds work together with patients, families, carers and communities to deliver the highest quality care.*²

It is important to note that collaboration is not an outcome in and of itself. It is a process and *a way of thinking, behaving and working.*³

The importance of collaborative practice is becoming increasingly evident. Research has shown that systemic failures are often occurring not because information was not known about clients, but because organisations and professionals are not sharing information or making efforts towards a coordinated response.⁴

Two key pieces of legislation direct the sharing of information about vulnerable children in Victoria. They are the *Child Wellbeing and Safety Act 2005* (CWS Act) and the *Children Youth and Families Act 2005* (CYF Act). The CWS Act provides an overarching legislative framework designed to encourage and support a shared commitment towards children in Victoria. The CYF Act provides guidance on additional considerations in promoting positive outcomes for vulnerable children. It helps guide the actions of family services, child protection and placement services.

Achieving competence in information sharing and collaborative practice

Integrated service delivery and collaborative practice is multidimensional. This means that meaningful integration requires action on policy, governance, organisational and practice levels.

Along with individual knowledge, skills and inter-disciplinary literacy, there need to be structures, processes and mechanisms in place to support interagency collaboration. Johnson et al. underscore the following organisational factors as being critical for successful inter-agency collaboration:

- Commitment
- Communication
- Strong leadership from key decision-makers
- Understanding the culture of collaborating agencies
- Engaging in planning
- Providing adequate resources for collaboration.⁵

Training at a leadership level is recommended in the literature, particularly in relation to managing and coordinating collaboration and service integration. Moore stresses the need for "effective and specialist leadership and management training" for leaders of integrated services.⁶

Joint training has also been shown to enable collaborative practice. Yates et al. have undertaken a study that highlights the power of bringing practitioners together, and working towards a common goal. They show that through collaborative practice, stakeholders gain greater awareness of the work of other agencies and can improve their ability to contribute to cross-agency discussions and solutions.⁷

¹ Barr, H. 1998, 'Competent to collaborate: Towards a competency-based model for interprofessional education', *Journal of Interprofessional Care*, 12(2), pp. 181-186.

² World Health Organization, 2010, Framework for action on interprofessional education and collaborative practice, p. 7.

³ Keast R., (n.d.) *A Guide to Collaborative Practice: Informing Performance Assessment & Enhancement*, Queensland Family and Children's Commission.

⁴ Munro, E. 2005, 'Improving practice: Child protection as a systems problem', *Children & Youth Services Review*, 27, pp. 375-391.

⁵ 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.

⁶ Moore, T. 2008, *Evaluation of Victorian children's centres: Literature review*, Melbourne: Centre for Community Child Health.

⁷ Yates, K., Erofeeff, M. & Gray, R. 2015, 'Professional accounts of effective interagency collaboration in child and family services', *Communities Children and Families Australia*, 9(1), pp. 35-48.



Sharing information and integrating services: Collaborative Practice A BRIEF OVERVIEW

Challenges

There is a risk-averse culture when it comes to information sharing within the child and family welfare system. This is particularly evident within the Department of Health and Human Services and Child Protection. To combat confusion and a reluctance to share information, the thresholds for information sharing need to be clearly defined and communicated. As requirements are made clearer, individuals and organisations will be able to determine when they can share information. For example, the *Family Violence Protection Amendment (Information Sharing) Bill 2017* seeks to establish an information sharing scheme “to enable specified entities to share family violence information in a timely and effective manner such that it prevents or reduces family violence”.

Other barriers to effective collaborative practice include the additional time and cost required, communication breakdown and a lack of trust.⁸ Having clear and transparent processes and communication can assist in overcoming some of these challenges. Co-location is also an effective strategy to enhance information sharing and understanding between staff, and provides an avenue for ongoing communication.

It is important that collaborative practice does not require staff to become ‘hybrid professionals’ who must relinquish their discipline-specific expertise. Rather, 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.⁹

⁸ Atkinson, M., Doherty, P. and Kinder, K. 2005, ‘Multi-agency working: Models, challenges and key factors for success,’ *Journal of Early Childhood Research*, 3(70), pp. 7-17.

⁹ 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.