Theme 9: Developing cross-sectoral collaborations

Building collaborative partnerships between ATOD services and services offering support to people experiencing gambling harms, can be important in a) strengthening the knowledge and confidence of workers to recognise and respond to co-occurring harms; b) aiding referral; c) reducing the risk of disengagement by providing seamless continuity of care; and d) developing holistic, person-centred approaches that are responsive to the needs of service users who are experiencing co-occurring harms.

STRENGTHENING KNOWLEDGE AND CONFIDENCE

Identification of co-occurring gambling and substance use harms at services in the ACT generally happens on an ad-hoc basis and is largely dependent on the confidence, knowledge and experience of individual workers.[1] Key to increasing the capacity of workers is the embedding of cross-sectoral collaborations that enable and encourage knowledge sharing around gambling and substance use.

'Building networks and working collaboratively makes a lot of sense and can deliver many things that are not possible by working alone. But they don't always happen organically or by magic. Most are hard to create and even harder to sustain. They are also not business as usual and require new ways of thinking, behaving, managing, leading and evaluating.'[2]

EXISTING MECHANISMS FOR CROSS SECTORAL COLLABORATIONS FOR KNOWLEDGE SHARING IN THE ACT

In-service programs

An example of an in-service program is peer workers from the ACT Gambling Support Service (AGSS) visiting ATOD services to provide education to both service users and health professionals.

Allied sector training

An example of allied sector training is ATODA's Alcohol, Tobacco and Other Drug Information and Harm Reduction Training.

Communities of practice

An example of a community of practice is the Gambling Harm Prevention Community of Practice.

9

AIDING REFERRAL

Referring a service user to a clinician who is better placed to respond to a particular co-occurring harm is an ethical practice that ensures appropriate treatment needs are met. A finding of the first stage of the project was that referral pathways in the ACT are under-developed. These pathways can be further developed through intersectoral collaboration and the implementation of more formalised processes.

REDUCING THE RISK OF DISENGAGEMENT

Although entering a program may have come at considerable personal and / or financial cost and a service user may be genuinely committed to treatment, the risk of disengagement remains high. Disengagement can occur at any point in the treatment process, however, there are some pivotal moments where the risk of disengagement increases. One of these is when the service user moves between services. For this reason, integrated or parallel treatment of co-occurring harms is preferred over sequential treatment. Efforts to reduce the risk of disengagement include building cross-sectoral collaborations to ensure that service users remain 'in sight' and do not fall between the cracks and aligning processes so that the experience of moving between services (whether that occurs once or multiple times through the treatment process) is seamless.

DEVELOPING HOLISTIC, PERSON-CENTRED APPROACHES

Service users place high value on cross-sectoral cooperation, particularly in terms of case management and coordinated care. Where services work more collaboratively, service users report that their needs are better met.[3]

Wrap-around care *means that services are brought to the client through co-location of services, facilitated referral pathways or some other system.*

Facilitated referral *means that a service user does not have to individually negotiate all the different services that they require. Negotiation about service provision happens behind the scenes and is led by the service provider.*

No wrong door *is the idea that a client can gain access into the entire human services system regardless of the service type at which they first present.*

Self-directed care *is the idea that clients have a right to decide on the number and timing of needs to be addressed and the services that are to be involved in their care.*

Figure 9.1 Key benefits of developing cross-sectoral collaboration

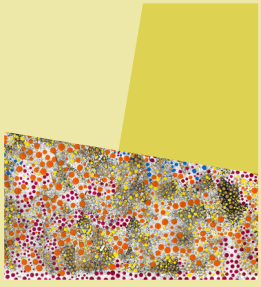
Better treatment outcomes have been associated with coordinated care approaches, where such approaches are inclusive of frequent in-person contact, close interaction between primary care providers and case managers, and where services are culturally aware and responsive.[4]

Collaboration can take a number of different forms and, ideally, should be established at multiple levels and encompass both formal and informal partnerships between services and between individual workers.

A common example of a formal partnership is a Memorandum of Understanding. Informal partnerships can be fostered through a number of mechanisms including communities of practice and other inter-sectoral forums and shared training and professional development opportunities.

BARRIERS TO COLLABORATION

Even where there is recognition of the need for collaboration to support service users experiencing co-occurring gambling and substance use harms, the practical implementation of this may be hampered by structural barriers, service silos, incompatible clinical practices, restrictive contractual arrangements, competition for funding and resources, and hard-to-navigate processes.



Knowledge point: Where there is greater collaboration between services, a service user will experience better treatment outcomes.

Practice point: Collaboration should be established at multiple levels and encompass both formal and informal partnerships between services and between individual workers.