

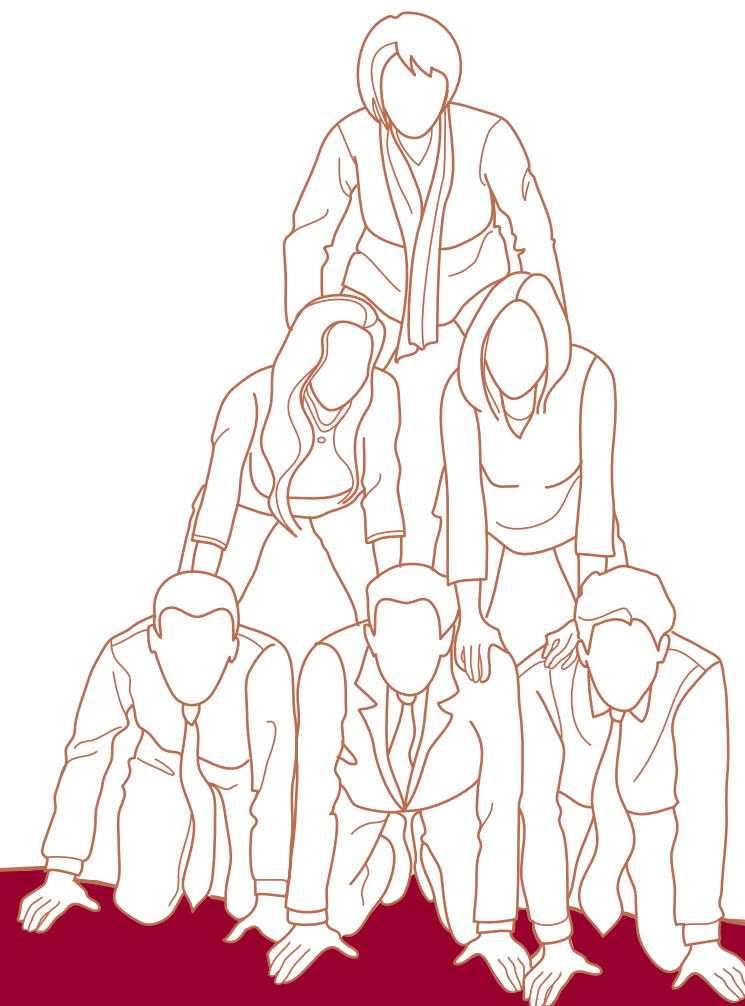
# Advancing Collaboration Practice

Case study:

Tresillian–Kathleen York House Partnership



Australian Research Alliance  
for Children & Youth



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## The Australian Research Alliance for Children and Youth (ARACY)

ARACY is a national non-profit organisation working to create better futures for all Australia's children and young people.

Despite Australia being a wealthy, developed country, many aspects of the health and wellbeing of our young people have been declining. ARACY was formed to reverse these trends, by preventing and addressing the major problems affecting our children and young people.

ARACY tackles these complex issues through building collaborations with researchers, policy makers and practitioners from a broad range of disciplines. We share knowledge and foster evidence-based solutions.

### Advancing Collaboration Practice

The Advancing Collaboration Practice program has been established to support ARACY's work building cross-sector collaborations capable of implementing action that addresses the complex problems impacting the wellbeing of children and young people in Australia. The program builds stakeholder capabilities to establish and manage long-term joint working relationships and collaborative efforts.

**For more information please contact ARACY on 08 9476 7800**

## Tresillian and Kathleen York House

**Tresillian** is a three-tiered early parenting service for families with children aged up to five years across NSW. **Kathleen York House** is a long term abstinence-based alcohol and other drugs (AOD) residential rehabilitation service for women and their children.

Two years ago the two organisations had little in common, except a shared belief that all children deserve a healthy and safe start in life. An approach from Kathleen York House to Tresillian led to recognition of the value of working collaboratively, sharing expertise and resources, to develop capacity in both organisations to work with families with complex problems.

This case study describes the development of a collaboration between Tresillian and Kathleen York House to deliver parent education and support to mothers in drug and alcohol rehabilitation, and how the organisations addressed some of the challenges and issues that are common in collaborations.

This case study was prepared by Anne-Lyse De Guio, Director of Education and Research, and Julie Maddox, Clinical Nurse Consultant, Child & Family Health, Tresillian Family Care Centres, in consultation with Amanda Davies, Chief Executive, Kathleen York House. It primarily presents the Tresillian experience.

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# 1 Introduction

**Tresillian** is a three-tiered early parenting service for families with children aged up to five years across New South Wales. It includes residential, day stay, outreach, telephone and online support services. Tresillian has an extensive history of providing education for parents, health professionals (postgraduate education and continuing professional development) and community workers involved in the care of parents of young children. Tresillian's Education and Research Unit is responsible for non clinical activities and community development.

**Kathleen York House (KYH)** provides long term abstinence-based alcohol and other drugs residential rehabilitation program for seven women and their children. It also provides a long term aftercare program (nine beds located in the community) where counselling, group work and case management are provided. The program is offered to women, pregnant women and women with children up to the age of 12 who:

- are homeless
- have engaged in prenatal harm
- are at risk of losing their child

- have been drug and/or alcohol dependent for more than 5 years
- have had numerous treatment episodes
- are involved with criminal justice, and
- have compromised physical and mental health.

KYH is staffed by a clinical psychologist and drug and alcohol workers.

In 2008 Tresillian and KYH established a collaboration to deliver parent education and support to women undergoing drug and alcohol treatment. In the past 12 months three Tresillian nurses have been involved in providing the parenting intervention. All mothers involved in the KYH program, with children under the age of five, participate in the Tresillian program as part of their rehabilitation.

**In a climate where resources are limited and expectations for service delivery have increased, working collaboratively has enabled Tresillian and KYH to deliver a new program and to build capacity of the organisations and individuals involved.**

By sharing expertise and resources, this collaboration has enabled individual staff to develop knowledge and skills in working with families with complex problems, which they can translate to their usual work activities.

## 2 Identifying common needs and combining agendas

Collaborations typically develop when people and organisations recognise similarities in service delivery or common goals and/or are encouraged by incentives such as grants or improved efficiencies.

Tresillian and KYH seemingly had little in common except for the belief that all children deserve a healthy and safe start in life. However, both organisations believed that early interventions, based on evidence that combined drug and alcohol and parenting expertise, could only enhance the crucial child–parent relationship and result in optimal health and wellbeing outcomes for the family. Tresillian’s 2005–2010 strategic plan identifies vulnerable families, including families with drug and alcohol misuse, as an important target population in recognition of the demonstrated benefits of intervening early with parents with complex needs. This strategic objective correlated with KYH’s target client base and objectives.

In 2008, KYH approached Tresillian’s Education and Research Unit seeking support after recognising a service gap in the parenting component of their program. Initially KYH asked Tresillian to provide parentcraft education for KYH clients. Tresillian staff recommended that a more individualised, comprehensive, evidence-based program would be more effective and sustainable.

Tresillian had recently introduced the NCAST Parent Child Interaction Assessments (PCI) from the University of Washington, USA. NCAST PCI assessment training is highly

specific and needs to be used regularly to maintain competence, hence it was undertaken by a limited number of senior nurses and educators. This approach from KYH provided an opportunity to pilot the NCAST PCI with the view of integrating it into Tresillian's core services. This project enabled Tresillian staff to develop and maintain their skills with parents who would benefit from the assessment.

KYH staff had great skills and knowledge in the field of drugs and alcohol misuse management, counselling and mental health. Tresillian offered a comprehensive parenting support program that enhances parenting skills and the parent–child interactive relationship using the NCAST PCI as a framework.

**We developed a program that would meet objectives of both organisations as well as build capacity by enabling us to share knowledge, expertise and resources.**

We agreed that to ensure sustainability of the program the main goal would be to enhance KYH staff skills in supporting the parent–infant relationship and teaching basic parenting skills.

### 3 Building a collaboration: the challenges

There are many challenges in developing an effective collaboration. The following outlines our experience in developing the Tresillian/KYH collaboration and the primary challenges we had to address.

#### Resources

For Tresillian and KYH the most obvious challenge was the lack of resources, not only to meet the cost of the intervention but also the cost of developing the necessary communication tools, resource material for staff and parents and to ensure the provision of regular clinical supervision.

**One of the advantages of collaboration is sharing or pooling limited resources to maximise their effectiveness.**

We were able to meet the cost of this project by reallocating existing resources and harnessing our staff's altruism and commitment to skills development. Tresillian staff who chose to join the project were willing to add this commitment to their existing workload. Their need to gain practice with NCAST PCI was a key motivator. There were also altruistic gains for staff in supporting families that rarely access mainstream child and family health services, and professional development opportunities working with families with drug and alcohol issues.

This active partnership was made possible by strong management support and encouragement.

## Reconciling different approaches

The lack of commonalities between the organisations' two service models posed a potential obstacle to our collaboration.

Tresillian works from a strength-based model of care based on a partnership framework. Parents are acknowledged as having parenting expertise and they are encouraged to take the lead. KYH's families need to follow strict routines dictated by the rehabilitation program and are under the scrutiny of child protection services.

Child and family health nurses constitute the bulk of Tresillian's workforce and use a family-centred approach. KYH staff are mainly drug and alcohol workers with a focus on the individual. This occasionally meant that specific words or language used could be interpreted as having a different meaning depending on the intervention orientation of the staff.

**We recognised the potential for confusion or even conflict because of our different approaches so we addressed the language and working issues from the project start.**

We encouraged constant communication between staff involved in the project (see below), and built awareness that there would be differences in understanding and approaches. Through the collaboration we have developed ways of addressing those differences in an understanding and depersonalised manner, encouraging staff to always seek clarification where there is confusion, and convening monthly meetings at which issues can be openly discussed and resolved.

## Effective and efficient communication

Tresillian's offices and Kathleen York House are separated by significant geographical distance, limiting the ability of staff to have timely communication with each other to avoid potential conflicts.

Recognising this difficulty at the start, both organisations committed to a process of ongoing communication via phone and email, and a monthly face-to-face meeting of all staff involved in the project to share and address issues. At the beginning, some staff were reluctant to attend the monthly meeting (which typically lasts about three hours), but as the project has progressed they have become increasingly committed to attending, recognising the value of this opportunity to their work, the project and their clients.

## Defining boundaries

**In establishing a collaboration we learned that it is essential to recognise and define the working parameters of each organisation and agree the 'boundaries' of the project.**

For example, Tresillian and KYH clearly identified and agreed that the mothers and children involved in this program are entirely in the care of KYH. Tresillian nurses do not become involved with issues other than parenting unless explicitly requested to do so for a specific purpose. It was essential to define professional boundaries and respect the leadership

role of the host to reduce the risk of conflict. We also had to learn, as our collaboration developed, to recognise and respect each organisation's needs and working conditions 'outside' the collaborative project. Each organisation and individual staff have other goals and obligations beyond those of the collaboration.

One of the key elements of our intervention is capacity building. This means when Tresillian staff are delivering the intervention the mother's case manager is expected to be present, understand the intervention and be able to help the mother to implement the care plan until the next intervention session. But KYH staff have a heavy workload and multiple responsibilities; attending each session, reinforcing the agreed care plan and supporting the elements of learning about parenting place a sometimes unrealistic burden on the staff.

This issue was highlighted at the first meeting between KYH and Tresillian. Management conducted a review with staff to determine what was causing the problem and to understand the need for consistency and repetition in parenting issues, the structure of drug rehabilitation programs and the heavy workload of KYH staff. All members of the project team have made concerted efforts to address the needs and challenges of staff through external meetings between managers from both organisations and through the monthly team meetings. The respect, understanding and trust built between the partners through this open and consistent process has allowed us to develop mechanisms and compromises to address the issue.

## Focusing on the goal

Our main goal, of building KYH staff's capacity, was sometimes forgotten at the coalface of program delivery. In the early stages of the program Tresillian nurses focused on working with mothers on the multiple parenting issues identified, but occasionally neglected to explain the rationale for the agreed care plan and involve the KYH staff. This type of problem is common in collaborations. In this case, with resources already stretched to a maximum, each professional group may have felt it was easier to revert to their usual practice, or just assumed that the other group already shared the same parenting or drug and alcohol knowledge.

Staff need to constantly share information and their professional knowledge to ensure optimal results should the program cease.

**We found constant reinforcement of the project's objectives and the principles of collaboration reminded individual staff members to always work in partnership.**

## 4 Collaboration in practice: issues and learnings

We have faced many unexpected issues during the founding of the Tresillian–KYH collaboration. Here we share some of the lessons learned.

### Dealing with differences and conflict

Addressing conflict is key to successful collaborative action.

**Building a safe, no-blame environment and commitment to addressing concerns as soon as they arise is pivotal when working in collaboration.**

From the start of our collaboration Tresillian and KYH agreed to an approach and processes to effectively identify and resolve issues and conflict. This approach involves monthly meetings inclusive of both teams, and constant communication and consistency between the two management teams. It also built a culture that acknowledges and refers problems to the entire collaborative team, regardless of where the problems occur.

Consistency is a key element in the care of families with complex needs. Early in the development of the program scheduled sessions were often missed and/or not well planned. This had a negative impact on KYH families and staff, as their daily routine follows a tight schedule. It was very important not to personalise the errors or try to attribute blame.

Instead robust communication processes were put in place to understand the implications of errors and misunderstandings and prevent further instances.

The legislative duties of NSW nurses as mandatory reporters had the remote but serious potential to disservice the partnership. In recognition of this we discussed and developed mutual ideology in terms of working with high-risk women and their children and acknowledged the primary role of KYH staff as case workers. We developed a process whereby managers from both organisations would be available to discuss and manage conflicts related to child protection and reporting obligations when they arose.

## Work practices

A collaboration can be undone by apparently simple operational issues or common work practices of one of the partners if there is not clarity and consistency about how staff should manage various issues.

Managing client records (what to record and how to record) was identified as an issue in the early stages of our program. It was essential to ensure that Tresillian staff understood the sensitive nature of record keeping with this program's population group, for example, the potential legal interpretation of certain words used in a case note about a mother. An adequate, safe record keeping process was developed using the NCAST framework to target specific parenting interventions and to provide KYH staff with an appropriate overview of the session.

Initially concerns about client confidentiality also impacted on the type of intervention we delivered through this collaboration. For example, the 'Seeing is Believing' program from the University of Minnesota is regularly used by Tresillian staff to provide early intervention for

families. The program uses videoing of parent and child interactions to increase a mother's awareness by showing her how an infant may be experiencing a specific situation. KYH staff were concerned about the risk of inappropriate use and out of context interpretation of the recorded material by regulatory authorities. After building trust and respect, within 12 months this aspect of the program was introduced. Tapes are destroyed at the end of the session.

## Communication

Effective communication is critical to all collaborative practice, particularly where the parties are geographically disparate and there are significant differences in organisational culture and approach.

A commitment to monthly meetings of all staff involved, including managers from both organisations, is a crucial component of this collaboration. At each meeting we cover case review, clinical issues, conflict resolution, review notes and forms and planning. It also is an opportunistic social gathering where all staff develop their working and personal relationships.

## Building trust

**Our partnership, like most collaborative relationships, is based on trust. To maintain that trust, we are committed to ongoing dialogue, and potential misunderstandings or unclear messages are addressed as a matter of urgency.**

This can be difficult since the two organisations are not collocated and the availability of staff is limited, but our commitment to ongoing and formal communication (above) has proved to be effective.

## Knowledge exchange

Our collaboration is based on a capacity building model, hence knowledge exchange is pivotal.

Knowledge sharing has been achieved primarily through the development of educational material about the various parenting problems encountered. KYH staff educate Tresillian staff about the complexity of substance misuse and its impact on parents and children during debriefing and supervision sessions.

The expertise of drug and alcohol workers is also shared through the postgraduate Child and Family Health nursing students placement that developed from this program. Still at an embryonic stage, this initiative is totally dependent on the goodwill of KYH allowing a very limited number of nursing students to appreciate a rich and unique experience. This placement program requires a special commitment from KYH as its impact cannot at this stage be fully appreciated.

## 5 The value of collaboration

Both Tresillian and KYH have recognised the additional value the collaboration has produced for our organisations, staff and clients. We believe this program, which could not have evolved without us working together, has directly benefited KYH clients. This collaboration has enabled us to comprehensively address the needs of a high-risk population group.

For Tresillian, the collaboration brought a reality check about the complexity of the multiple needs of KYH families. Tresillian clinicians had limited knowledge and understanding of the needs of mothers with long-term drug and alcohol problems in a rehabilitation service. We now understand their ongoing struggle with the social and emotional impact of the combination of factors such as homelessness, social isolation, poverty, compounded trauma, separation from older children and mental illness—to name a few. These factors all impact on the ability to parent, both physically and emotionally.

**Both organisations value the synergy produced by pooling drug and alcohol and parenting knowledge and expertise, resulting in a new and unique pool of knowledge.**

Tresillian staff have gained knowledge and skill in working with parents who misuse substances and a commitment to the importance of interprofessional collaboration. An indication of the success of our collaborative approach is that over the past 12 months Tresillian staff developed a feeling of belonging within the team rather than being just visitors, and the KYH team feel they are working more productively with the clients in relation to their parenting issues.

This collaboration has not only built capacity within the participating organisations; we have helped build knowledge, understanding and evidence that will assist others working with parents who misuse substances.

**Establishing the program with existing resources in Tresillian and KYH has enabled opportunities to build additional value into the program to the benefit of the collaborating partners and the nursing profession.**

Trusting that the program was likely to continue with or without immediate funding, Tresillian was able to engage the support of Professor Catherine Fowler, the Tresillian Chair of Child and Family Health at University of Technology, Sydney. Her role has been essential in nurturing enthusiasm for our new learning and developing the postgraduate Child and Family Health nursing students placement program.

Child and family health nurses who entered the program work from a specific model of care and within a code of practice relevant to their profession. Expertise and knowledge required to function effectively when caring for the high-risk group of mothers at KYH, in an estranged community setting, required capability to cope with a new environment and confidence in dealing with complex challenges. The unique setting fostered by the program—which demands genuine engagement of staff and families, the encouragement of reflective practice and the managerial support to try “new things” within safe parameters—has produced new knowledge and understanding for both our organisations and our team.

Working effectively with parents who misuse substances, while ensuring the safety and wellbeing of young children, needs to be based on evidence that until now has been sadly lacking. Both KYH and Tresillian recognised the importance of thorough evaluation and complementary research to help build a much-needed body of evidence. Our collaboration has the capacity to deliver that knowledge.