

# collaboration, not the emperors new clothes..

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The calls for organisations to work together are becoming louder as the volume and complexity of issues creates elaborate pathways between services, agencies and consumers. This is as evident in the disability sector as it is in many others. The current CHW Stepping Stones project that combines expertise in health, education and disability services to deliver and evaluate a parent focused programme has shown how shared knowledge benefits all involved. Often the difficulties of moving from talking about joined up work to developing a process to make this happen can be hampered by misleading terminology. It may be that what is needed is cooperation, coordination rather than collaboration.

The word collaboration is often used as the gold standard for interagency work but sometimes it is the wrong label, serving to disguise what is actually happening. Like the Emperor's New Clothes, pseudo collaborations can create the impression something is there when it is not. This can be very damaging to relationships, resulting in frustration and the perception that a project has failed when in fact it may actually be operating in another guise. This has particular relevance for those working with intellectual disability with mental health problems because of the complexity of the clinical challenges that can present. There is agreement that these require input from a range of sectors: mental health services, health, disability, education, families and non-government agencies need to work together as no single perspective is able to see the whole picture. In the chapter on The Community clinician and interagency collaboration in Mental Health of Children and Adolescents with Intellectual and Developmental Disabilities – A Framework

for Professional Practice the authors note that "it is often assumed that the term collaboration is understood and that clinicians are familiar with what constitutes collaborative practice – believing that they function is a collaborative framework when this is not necessarily the case."

Collaboration can be described as a process of individuals and groups working together for mutual benefit, with an emphasis on building bridges between people and agencies to bring together the needed clinical skills and resources for the benefit of the patient or client. (Darlington et al, 2005; Howarth & Morrison, 2007; Padgett et al 2004; Sloper 2004).

The 'silo' effect evident in most organisational systems can be huge barrier to joined-up work both within organisations and the external agencies and service providers they interact with. Attempts to negotiate beyond this structural malaise can be very testing. Being clear from the start about the type of relationship needed to create change can be valuable for all involved.

There are various types of joined working models that sit along a continuum that covers coordination, cooperation, consultation and partnerships. Thinking an organisation is doing one of these when in fact it is doing something else can lead to confusion and a loss of focus. It is important at the initiation of a project to be clear which of these models will be used with agreement on descriptive language to avoid misunderstanding as the project evolves. Collaboration, coordination, cooperation, partnerships and consultation are equal valid ways of working across boundaries but how they operate within different structures is principally defined by the power dynamic. It is the organisational willingness to concede power that defines both the process and outcomes.

Consultation at its best provides a path for meaningful dialogue. Recognising it is the organisation that initiates consultation that has the power to accept or reject the responses, to be genuine the process must be built on acknowledging the nature of the exchange and how what is learned can be applied to practice. Often consultation is maligned as a shallow ritual of engagement with no real desire to actually listen. Asking organisations and consumers for their thoughts if done well can promote change and lead to the development of other stages along the continuum but should not be confused with them.

Coordination can be defined as a negotiated willingness for organisations to work together around particular functions. For example it may be agreement on coordinated case management or referral. This requires a degree of shared decision making but does not usually require organisation to relinquish their power. It may not be operating in the same way as collaboration but it can be very effective in improving outcomes for consumers.

Cooperation works at a higher structural level where organisations have formal arrangements to connect aspects of their differing roles around shared activities rather than contesting ownership. This requires a degree of diluting power to allow all parties to work together. A classic example of this is when organisations apply criteria to service provision that clash with those of other organisations that can lead to consumers falling through the service gaps. Organisations that rely on specific diagnosis for admission to service may find themselves at odds with potential service allies that operate using another set of admission criteria, leaving the consumer stuck in the service gap. Adopting a cooperative model can mean better outcomes for those using the services and more effective use of resources but to be effective organisations need to concede some of their power and share resources. This ideal can be confounded by competitive funding models that can inhibit cooperation.

Collaboration in its truest form requires organisations to trade away their power in exchange for the potential of working together. When a relationship is actually functioning collaboratively the rewards for all participating organisations and those receiving their services can be huge but getting there is not easy.



To be effective it must operate at all levels, from senior management to case workers and administrative staff. It requires considerable work to set up and a long term commitment to maintain. Because of the time frames involved the process can falter when its champions leave an organisation or restructuring throws a spanner in the works.

Within collaboration there are subsets of function that like the frame of a house provide a foundation for engagement. Advisory committees may support organisation or programmes with advice and technical assistance. Affiliation connects organisations with similar interest and alliances are the alignment of shared interests. A coalition is usually a specific issue focused arrangement. Co-sponsoring describes organisation sharing participation in a programme or service but this may not be as equals. Networks provide support and a medium for the exchange of ideas.

The term partnership is frequently used to describe all the variations above because it requires an exchange of ideas and functions in order to make any of them work. This dilutes the special meaning of partnership and its value to organisations. Partnerships function best when the partners agree to harness their institutional power together towards a common aim, recognising the need to overcome their diverse strengths and weaknesses if they are to succeed. In an environment where contestable funding pitches service against each other, partnerships can allow organisations to build alliances that benefit the communities they service. Unlike collaboration, partnerships allow organisations to find ways to work together that is not bound to function but to a shared philosophy.

All these models operate across a continuum have an equal value with some being a better fit to the situation than others. The

first step in considering which approach is appropriate is to look at what is needed by both the families and organisations. There may be conflicting pressures, very different focuses and abilities to respond to the presenting issues. Time and resources may be limited.

High level collaboration may not be essential or needed to facilitate a team approach to a particular group of cases and it may prove more resource effective to arrange a coordinated response that can react to the particular presenting issues. Alternatively, a cooperative arrangement could result in a more established way of working around systems. The long-term bigger picture issues may need the power of real collaborative effort to create change.



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