

INTEGRATED PRACTICE – Better Practice Principles

HUMAN RIGHTS
FAIRNESS
JUSTICE

Eastern Community Legal Centre and Integrated Practice

ECLC is a multidisciplinary legal service that works to prevent problems, progress fair outcomes and support the wellbeing and resilience of communities and community members in Melbourne's East.

Integrated practice programs are a key component of legal service delivery at ECLC. Whilst a holistic service response has always underpinned ECLC programs, the development of specialised integrated practice programs – many in partnership with key stakeholders in Melbourne's East – has enhanced the team's ability to identify and respond to legal need.

ECLC acknowledges the dedication of its partners and stakeholders over many years – both through formal and informal partnerships – to building and developing strong integrated practice programs, in particular the commitment to collaborate and innovate when challenges arise.

ECLC believes that integrated practice can often be the best way to break down structural and systemic barriers to accessing legal information and advice. In this way, integrated practice can be critical to an effective early intervention or trauma-informed response, policy reform and systemic advocacy.

For more information on ECLC's integrated practice programs, please visit:

eclc.org.au



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- Centre for Innovative Justice (RMIT)
- Federation of Community Legal Centres
- Hume Riverina Community Legal Service
- Justice Connect
- knowmore Legal Service
- Springvale Monash Legal Service
- West Heidelberg Legal Service
- Women's Legal Service Victoria

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“Whilst acknowledging the parameters of working within a legal framework and the professional obligations of any other practitioners, a person-centred approach is responsive, adaptable and seeks to address structural barriers to accessing the service.”

Defining Integrated Practice in The Community Legal Sector

Integrated practice in a community legal setting involves community lawyers and other community service professionals working together to respond to the needs of community members.¹

The integration of practitioners' skills and expertise across disciplines enables a more holistic service response. This means individuals receive assistance not only with legal issues, but potentially with other social, emotional and financial issues which may be impacting on their life and potentially exacerbating or compounding their legal issues.

A more holistic legal service response through integrated practice can often:

- Be more tailored to the needs of the individual client;
- Be easier to access, especially for clients experiencing compounding barriers to accessing the service system; and
- Facilitate an early intervention response, as individuals are often more likely to seek help outside a traditional legal service delivery setting.

'Integration' can take different forms including:

- Co-location of a lawyer at another agency;
- Lawyer outreach embedded in a community service;
- Multidisciplinary teams (lawyers and community service professionals working closely to deliver services together) within a community legal service or other community organisation;
- Partnerships with health or community services;
- Health justice partnerships;² and
- Two or more organisations merging to offer services together on a permanent basis.

Within each type of integrated practice, there are many and varied models. The extent of integration in service delivery will also vary within each individual practice.

This is often because integrated practice models are built organically from within a service or services, to address a specific need or client group. The lack of a consistent or singular model reflects the inherently client-centred nature of integrated practice; the practice is built to suit the organisations' context and the needs of the client group at the heart of the program's operation. This influences decisions around program design and the specific model adopted.

Despite the divergence of integrated practice models, a shared set of principles guide their operation models and help to distinguish integrated practice from straightforward 'warm referral' or outreach models where a community legal centre offers appointments at a community service without any integration into the broader service offering. Such models are essential to community-centred service delivery but they may not fit within the more deeply integrated definition of 'integrated practice' as is contemplated here.

The following set of Better Practice Principles aim to provide broad guidance to new and established integrated practices. It is also designed to clarify what distinguishes 'integrated practice', so as to assist in the development of expertise and consistent expectations in the sector, and to support advocacy in this growing area of practice.

¹ Community service professionals is a term used to describe a range of professionals including: social workers, family violence advocates, financial counsellors.

² Health justice partnerships are collaborations to embed legal help in healthcare services and teams (healthjustice.org.au).

Better Practice Principles of Integrated Practice in The Community Legal Sector

PROGRAM PRINCIPLES

1.

Strong partnerships and relationships

A strong partnership or relationship is underpinned by:

- Commitment to a shared vision
- Trust
- Good communication
- A commitment to collaborate
- Mechanisms for conflict resolution

A strong commitment to an integrated practice program or partnership needs to occur across all levels of a team, from leadership to practitioners. This often begins before the commencement of a program, but must continue to be strengthened throughout by:

- Practitioners being well-supported by leadership, and supporting one another;
- Practitioners' strong understanding of each other's roles and willingness to learn from each other;
- Processes which facilitate integration through all levels of the program;
- Commitment to continually strengthening integrated practice for clients; and,
- Commitment to the shared vision, purpose and objectives of the program.

2.

Shared vision, purpose and objectives

The shared vision, purpose and objectives provide a strong foundation and framework for a partnership or multidisciplinary team. These guide decision-making about program design, the level of integration of the practitioners, program policies and procedures, and processes to address risks or conflicts arising from integrated practice. It is essential that the vision, purpose and objectives are articulated early, that they are clear and that the multidisciplinary team shares a deep commitment to these.

Wherever possible, articulation of the vision, purpose and objectives should be community-led and informed by people with lived knowledge and experience. This contributes to a program which is grounded in safety and accessibility, working to reduce the barriers and meet the needs of clients.



3.

Clear rationale for level of integration

In the planning stages of the integrated practice program, it is important to establish why practitioners will be integrated, the program processes that will support the integration, and how these aspects of program design are linked to the vision, purpose and objectives of the program.

Dissecting how integration will work in practice will not only enable risks and challenges to be identified and addressed early but it will also identify the opportunities for improved practice – this is essential for the health of the partnership or multidisciplinary team.

5.

Evidence informed practice and practice informed evidence

Establish processes in the program design which align with evidence-based best practice, but ensure there are processes in place to enable practice to inform evidence.

These include:

- Embedding monitoring and evaluation in program design;
- Incorporating client feedback or utilising principles of co-design where possible;
- Embedding reflective practice in program design;
- Encouraging a culture which values learning and adapting through challenges; and
- Incorporating needs analysis in the ongoing management of the program, in order to ensure the program is adaptive and responsive to needs in the community.

4.

Well-documented and regularly reviewed program policies and guidelines

Ensuring that program policies and guidelines are clearly documented helps to connect the work of the program to the vision, purpose and objectives of the program. This is not only vital for providing clarity to all practitioners in their daily work but also in embedding the practices and procedures of the program. It also ensures that the program can maintain its integrity and remain consistent despite different practitioner styles and practice. Regular review of this documentation ensures it remains relevant, accurate and informed by practice.



PRACTITIONER PRINCIPLES

6.

Understand and support professional obligations

Organisations must commit to supporting practitioners in meeting their professional obligations to ensure compliance with relevant:

- Ethical codes;
- Practice standards; and
- Where necessary, their industry membership requirements.

This is especially important when an organisation is employing a practitioner who may not usually form part of that organisation (for example, a community legal centre employing a financial counsellor, or a community health service partnering with a community legal centre).

Organisations should consider the need for intra-professional support, such as peer supervision and/or support from a supervisor from the same profession (within or external to the organisation), to avoid professional isolation.

Professional obligations of each practitioner must be supported within the integrated practice program through program design, so that they are understood and accommodated within the structure of the program at the outset.

This commitment at the organisational level must also extend to promoting a supportive culture in which professional obligations are well understood and actively supported by practitioners in the team.

7.

Clear role definition and team structure

It is important to remember that the duties of professionals could overlap, if those professionals were working independently. Therefore, in an integrated practice team, all roles must be clearly defined to support practitioners to work effectively together.

Clear role definition helps to:

- Provide clear expectations about what falls within each role;
- Decrease the risk of practitioners becoming overburdened;
- Minimise the risk of conflict due to misunderstandings about role responsibilities;
- Identify where roles might overlap; and
- Strengthen the ways in which practitioners can support each other when roles do overlap.

Clear role definition also involves establishing – from the outset – a team structure which incorporates a role dedicated to coordination or oversight of the program's operation, enabling practitioners to focus on direct client work.

Having a separate role focused on program coordination is critical in supporting practitioners to work through challenges arising within the integrated practice program and strengthens the program's capacity for a truly collaborative approach. For example, if professional obligations conflict, it can be very difficult for practitioners to resolve this conflict themselves. Each practitioner will have a valid perspective, and it may be difficult to find a compromise. Having a member of the multidisciplinary team in a supervisory/coordination role can help to bring practitioners together to facilitate robust, respectful and client-centred discussions. This approach is more likely to strengthen practitioner relationships and ultimately, the health of the partnership or multidisciplinary team.

8.

Practitioner skills specific to integrated practice

Integrated practice reaches its potential when practitioners possess a deep understanding of – and commitment to – the principles which underpin the integrated practice approach.

Therefore, practitioners in integrated practice programs must demonstrate:

- Flexibility;
- Adaptability;
- A commitment to spend time understanding other practitioners' roles and support other practitioners' professional obligations;
- A commitment to work collaboratively with other practitioners and partners;
- A commitment to place the client at the centre of the program – in decision-making, in collaborating with the team and in addressing conflict;
- An understanding of the risks and challenges associated with integrated practice, and a willingness to work with others to address challenges when they arise; and
- An understanding of how working together in integration enhances the quality of the response for the client.



9.

Inter-professional understanding and respect

Building upon clearly-defined roles and a strong understanding of professional obligations, the program must promote a culture in which practitioners build a deep appreciation and respect for the skills and role of other practitioners. This approach requires organisations to build a non-hierarchical culture between practitioners in the team in which each practitioner is valued equally for the skills and knowledge they bring, and each practitioner's skill set is seen as fundamental to delivering a complete client response.

This culture is supported through formal professional development and capacity-building opportunities, as well as through more informal shared learning, such as planning and debriefing around appointments or providing secondary consultations.

In addition, practitioners should be supported to participate in relevant inter-professional networks. These groups provide opportunities to enhance valuable knowledge beyond a practitioner's own experiences of integrated practice and provide additional support to practitioners through opportunities to problem-solve and share challenges in a supportive, interdisciplinary environment.

10.

Shared practice

In a truly collaborative work environment, practitioners are not competing for space; they are open to the challenges of working collaboratively and are open to learning and growing their practice through overcoming these challenges together. Practitioners develop greater inter-professional intuition, and engage in shared decision-making, thereby enhancing the response they can provide to the client together.

Practitioners must be supported to work collaboratively through organisational policies, program design, line supervision, clinical supervision and reflective practice opportunities (formal or informal). Through these structural and cultural supports:

- individual knowledge is enhanced;
- individual practice is enhanced through working in the integrated team; and
- the capacity to work collaboratively is constantly refined and improved.

CLIENT-FOCUSED PRINCIPLES

11.

Person-centred support, including flexible service delivery

A person-centred service is trauma-informed, holistic and offers an intersectional approach to service delivery. This means a service which offers safe pathways and safe responses for all communities and considers Aboriginality, gender, sex, sexual orientation, gender identity, ethnicity, colour, nationality, language, religion, ability, age, mental health, socioeconomic status, housing status and geographic location.

Integrated practice should offer a service that meets the client at their pace, champions the client's right to have choices on matters which impact their life and to identify what is important to them. Whilst acknowledging the parameters of working within a legal framework and the professional obligations of any other practitioners, a person-centred approach is responsive, adaptable and seeks to address structural barriers to accessing the service.

The interplay of different practitioners' skill sets may be an essential step in empowering the client to identify the range of legal and social factors which are impacting on their life, and to then engage with the legal system in order to address their legal issues.

While addressing legal issues will form a necessary part of the response of integrated practice programs in a legal setting, the client's needs can be addressed in a holistic way, rather than a narrow focus on purely legal outcomes. The holistic approach and interplay of professional skills also mean that the options presented to the client better respond to the client's overall needs than the options open to the client if the professionals were working independently.

Part of providing person-centred support is offering flexible service delivery. This means that the service needs to consider the best location/s or service delivery options which will best meet client needs. Being easily accessible – and being prepared to reassess what this means for clients – is critical to providing integrated practice programs which target those who need help the most.

12.

Cultural safety: culturally informed and community-led

“Aboriginal and Torres Strait Islander cultural safety is defined as an environment that is safe for Aboriginal people and Torres Strait Islanders, where there is no assault, challenge or denial of their identity and experience”.³

A culturally safe lens should be applied across all aspects of the integrated practice program, from the commencement of the program and as an ongoing commitment to an inclusive, safe and community-led service. This means that organisations must directly partner with, or develop relationships with, Aboriginal practitioners and/or Aboriginal Community Controlled Organisations who can inform decision-making across recruitment, program design, service delivery, professional development and evaluation.



³ Aboriginal and Torres Strait Islander Cultural Safety Framework, State of Victoria, Australia, Department of Health and Human Services, June 2019, page 7.

13.

Managing confidentiality

Integrated practice programs must be committed to the highest possible standards of confidentiality. When organisations are establishing integrated practice programs, it is important to consider all the ways in which client confidentiality might present challenges in the practical operation of the integrated practice program. Consider here each practitioner's different obligations around mandatory reporting, as well as the different information each practitioner might need to collect and how this might be shared (including any obligations around information sharing).

Organisations might need to consider ways in which client information can be shared through explicit client consent, but also to consider when information needs to be restricted to specific practitioners and the most effective ways to do this. Exploring these issues at the commencement of the program will enhance understanding of the obligations and concerns of different organisations and practitioners.

Practitioners must fully inform clients of the nature of the integrated practice program, who has access to their information, how this information will be used and the possible risks associated with integrated practice in this regard (but also, how these risks are mitigated in the program design).

14.

Ongoing identification, mitigation and management of risk

Programs must seek to anticipate risks where possible and address these quickly if they eventuate. A strong partnership or multidisciplinary team will have honest discussions about risks upfront, and a clear and robust escalation process that responds to all types of risk, including:

- risk to the client;
- client risk to others;
- risk to staff;
- risk to the organisation(s); and
- risk to the Legal Practice Framework or other professional codes.



15.

Continuity of care/continuity of service

Establishing trust with clients can take time - especially with clients experiencing intersecting barriers or challenges. Establishing trust, rapport and strong referral pathways across organisations and practitioners can also take time. Limited or short-term funding for integrated practice programs or partnerships can jeopardise client outcomes. When commencing an integrated practice program, plan for long-term engagement and consider the best ways of securing long-term funding or how to continue client care in the absence of funding.

In listing this element, it is fully acknowledged that long term funding is a continued challenge in the sector and is not always possible.



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ECLC acknowledges the Wurundjeri people of the Kulin Nation, the traditional custodians of the land across ECLC's region. We pay our deep respects to the Elders, both past and present.

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