

COMMON PRACTICES IN COLLABORATIVE RISK-DRIVEN INTERVENTION

Preliminary Findings from a Forthcoming Report on Filter Four Activities of the Hub Model

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BACKGROUND

Since its inception in 2011, the Saskatchewan Hub model of community mobilization has been replicated in numerous communities across the province and beyond. The original model, first implemented in Prince Albert, shaped much of the discipline around Hub discussions in Saskatchewan. A Hub discussion includes risk identification and limited information sharing across multiple human service sectors. It is guided by a *four filter* process that protects the privacy of Hub subjects and streamlines the actual discussion process¹.

At the fourth filter, where the appropriate agencies meet separate from the larger Hub table, plans are made to mobilize services around the needs of individuals and/or families in situations of acutely-elevated risk. Although there is a growing understanding of the actual discussion process leading up to filter four, there has been little information gathered to date, on the intervention that occurs once Hub discussants approach a Hub subject.

Research underway at the Centre for Forensic Behavioural Science and Justice Studies has examined a large body of literature on collaborative intervention, and in particular, the common practices used across North America. More locally however, information is being gathered on the actual risk-driven interventions of Hub discussants in Saskatchewan. At this stage in the project, interview data from Hubs serving a large (Saskatoon), medium-sized (Prince Albert) and small (Nipawin) Saskatchewan community helps provide a preliminary understanding of the common practices in the risk-driven collaborative intervention which occurs at filter four of the Hub discussion.

The purpose of this document is to share some of the general themes emerging in the research on collaborative risk-driven intervention. These early findings are presented in three main sections: *planning*, *execution* and *assessment*. Additional information is provided on *challenges*, *key ingredients*, and opportunities to *build capacity* for effective intervention.

METHODOLOGY

To explore common practices in risk-driven collaborative intervention, group and individual interviews were conducted with 50 different Hub discussants in Saskatoon, Prince Albert and Nipawin during September and October of 2014. The interviews were guided with open-ended questions that solicited information on intervention planning, execution, and the barriers and challenges to each. Respondents were also asked to identify what they felt were key ingredients to a successful intervention. Interview data were coded and organized into respective sections. Thematic analysis was used to produce some preliminary findings of the data gathered to date.

¹ For description of four filter process, see p.45 of *Preliminary Impact Assessment* at www.usask.ca/cfbsjs.



Collaborative Interventions: Common Practices by Stage and Component

STAGE	COMPONENTS	COMMON PRACTICES
Intervention Planning	Assemble the Team	<ul style="list-style-type: none"> - agencies relevant to risk factors or those with existing rapport with client - team members must be familiar with one another - 3 to 5 team members
	Share Information	<ul style="list-style-type: none"> - team members conduct system checks - share additional information to plan intervention
	Determine the Approach	<ul style="list-style-type: none"> - determine whether calling first or showing up is optimal; be mindful of client and Hub team safety. - intervention usually led by 'lead agency' - be organized but flexible in seeking solutions
	Prepare for Intervention	<ul style="list-style-type: none"> - be aware of services and supports in community - have a plan in place; don't wing it - have an exit strategy in place
	Choose Time/Location	<ul style="list-style-type: none"> - based on availability of Hub team and client - some Hub members block off time for intervention
Intervention Execution	Collaboration	<ul style="list-style-type: none"> - the team needs strong cohesion - members must know what the role and strengths of other team members are - the team must be united in their support
	Communicate with the Client	<ul style="list-style-type: none"> - initial contact with client is critical, inform client that Hub partners offer, not mandate, services - introduce everyone in the team - listen to the client, show respect - show empathy and compassion - communication must be client-centred
	Identify Concerns	<ul style="list-style-type: none"> - be clear in the risk factors Hub is aware of - illustrate the linkages between risk and harm - give clients a chance to explain their situation - show the impact of their risks to others
	Offer Services and Supports	<ul style="list-style-type: none"> - summarize identified client needs and provide options - involve the client in building solutions - thoroughly explain relevant services and supports, including how to access these resources
	Safety Planning & Motivational Interviewing	<ul style="list-style-type: none"> - the intervention itself can provide sufficient support with proper safety planning and motivational interviewing - work with clients to develop a safety plan for when risks become elevated - support clients in developing readiness for services
	End the Intervention	<ul style="list-style-type: none"> - end intervention with clarity regarding a decision from the client - offer contact and additional support information - review plans made with client



Intervention Assessment	Post-Intervention Consultation	<ul style="list-style-type: none"> - discuss with team members how intervention went - determine strengths and weaknesses of each individual intervention - take note of lessons learned for future interventions
	Verify Connection/Engagement	<ul style="list-style-type: none"> - information from client and/or service agencies can verify connection and/or engagement
	Report Back to Hub	<ul style="list-style-type: none"> - provide a general summary of the intervention - report back successes and challenges - provide client's perception of intervention - outline lessons learned

Challenges, Key Ingredients and Opportunities to Build Capacity in Collaborative Interventions

TOPIC	VARIANT	COMMON THEMES
Challenges	Client-based Challenges	<ul style="list-style-type: none"> - uncooperative clients
	Hub-based Challenges	<ul style="list-style-type: none"> - unfamiliarity among team members with one another and their services - lack of motivation to be part of Hub team - not effectively communicating what the Hub is to a client
	Agency-based Challenges	<ul style="list-style-type: none"> - when agencies do not give staff enough time to participate in Hub discussions and interventions - when Hub-generated options are not conducive to the mandates of member agencies
	System-based Challenges	<ul style="list-style-type: none"> - systemic issues in the human service system - human services required substantial human effort
Key Ingredients	The Right Perspective	<ul style="list-style-type: none"> - team needs to be ready for anything - everyone on team needs to want to help client - personal commitment to collaboration
	Treatment of Clients	<ul style="list-style-type: none"> - show client respect - show client that you are listening
	Qualities	<ul style="list-style-type: none"> - patience - cohesion among team members - significant field experience - strong trust and communication among team
	Technique	<ul style="list-style-type: none"> - do not rush - do not take notes - be patient and supportive
Opportunities for Capacity Building	Hub-Based Capacity Building	<ul style="list-style-type: none"> - mentoring and information sharing among Hubs - training opportunities - identification of agencies and the services they provide
	Agency-Based Capacity Building	<ul style="list-style-type: none"> - provide staff with more time to participate in collaborative intervention - Hub/COR reps need to spend time describing the model and process to their own agencies.

