



The Difference is Research

**“The driving force here is that it’s better for our clients”**  
A framework for co-production.

# Introduction

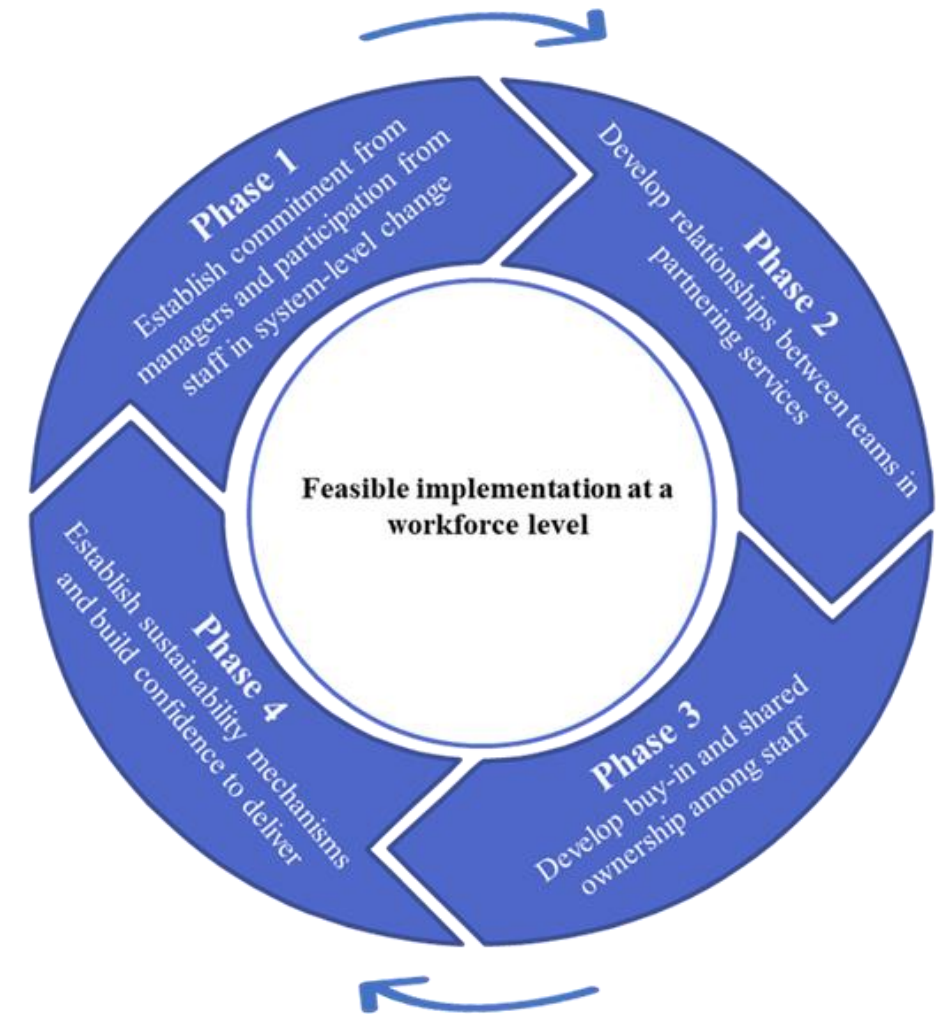
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- Integrated care 
- Routine practice 

# Methods

## Participatory Action Research (PAR)

- 44 clinicians, 8 external researchers, 91 residents
- Observational, qualitative and quantitative
- Meetings, focus groups, surveys



# Findings/results

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## A model and a framework:

1. Best-evidence practice (Sackett et.al., 1996).
  - Best available evidence + views of service providers and consumers
2. Standardised but flexible (Shakeshaft/ Munro/ Knight., 2017-18)
  - Core components (CCs) based on research evidence.
  - Flexible activities to operationalise the CCs that can be chosen and devised by staff.

# Findings/results

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## Feasible and acceptable:

- Between MH and AOD staff, the process increased:
  - contact (MH by 29%; AOD by 42%) and
  - collaboration (MH by 18%, AOD by 28%).
- The process was rated:
  - highly acceptable to staff (95%  $\geq$  3/4) and
  - highly satisfactory to clients (90%  $\geq$  3/4).

# Implications and next steps

- Historical and systemic differences can be traversed
- A framework for adaptation

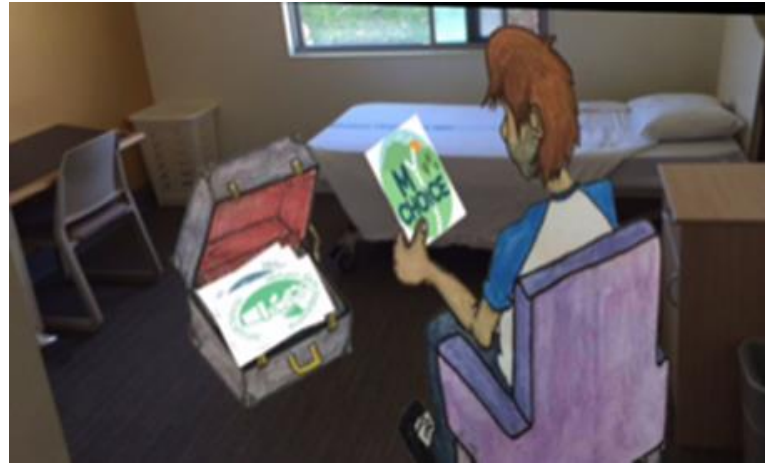




# Thank you

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- Thank you to the staff and residents of the North Coast Mental Health Rehabilitation Unit and the Coffs Harbour Drug and Alcohol Service for sharing their time and insights so generously.



*Artwork by Dan Van Der Donk – Clinician.*