NEMHSCA

NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

COLLABORATION FORUM

20 MAY2026

Acknowledgment of Country

WE ACKNOWLEDGE THE WURUNDJERI WOI WURRUNG PEOPLE OF THE KULIN NATION AS THE TRADITIONAL OWNERS OF THE LAND ON WHICH WE MEET TODAY AND PAY OUR RESPECT TO THE ELDERS PAST, PRESENT AND EMERGING.

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

Recognition of Lived Experience

WE RECOGNISE AND VALUE THE KNOWLEDGE AND WISDOM OF PEOPLE WITH LIVED EXPERIENCE, THEIR SUPPORTERS AND THE PRACTITIONERS WHO WORK WITH THEM. WE CELEBRATE THEIR STRENGTHS AND ACKNOWLEDGE THE IMPORTANT CONTRIBUTION THAT THEY MAKE TO THE DEVELOPMENT AND DELIVERY OF HEALTH AND COMMUNITY SERVICES.

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

Welcome and overview

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

Overview of the day

Time	Agenda item
9:00 – 9:30	Registrations
9.30 – 9.45	Welcome
9:45 – 10:45	Collaborative Practice Snapshots
9.45 – 10.00	Presentation 1: Practice Without Walls: Building AOD Capability
10.00 – 10.15	Presentation 2: Strengthening Overdose Response: Uniting Vic. Tas & Northern Health
10.15 – 10.30	Presentation 3: Consumers Can Ask: Co-Designed Resource
10.30 – 10.45	Presentation 4: Continuing Care Service: Austin Health
10:45 – 11.05	Morning tea break
11.05– 11.40	Consumer Journey Case Discussion: Collaboration in Practice
11:40 – 12.20	Effective Partnerships Workshop
12.20 – 12.30	Close
12.30 – 1.30	Service Showcase, Networking & Lunch

2

Collaborative Practice Snapshots

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

mental health & wellbeing local

Free support in your community

Practice Without Walls: How we built AOD confidence across a Mental Health and Wellbeing Local

The Mental Health and Wellbeing Local in Whittlesea

Corinn Strating (Uniting Vic Tas AOD Services), Alana Istanto (Neami National), Sara Voegtline (Victorian Alcohol and Drug Association)

VICTORIA State Government | Department of Health

neami national

Uniting

Drummond Street Services

Acknowledgement of Country

We would like to acknowledge that we are meeting on the traditional lands of the Wurundjeri Woi Wurrung people of the Kulin nation, and we pay our respects to Elders past, present and emerging.

We recognise that sovereignty was never ceded and are committed to a positive future for the Aboriginal and Torres Strait Islander community.

Our Integrated Practice Journey

Partnership

Integration & power-sharing from service initiation

Structure

Restructured for role & systems clarity

AOD Roles

Embedded AOD practitioners in every team

Specialist Role

Dedicated oversight of integrated practice

Staff Feedback

Regular confidence & feedback surveys

Development

AOD Brief Intervention training for all staff

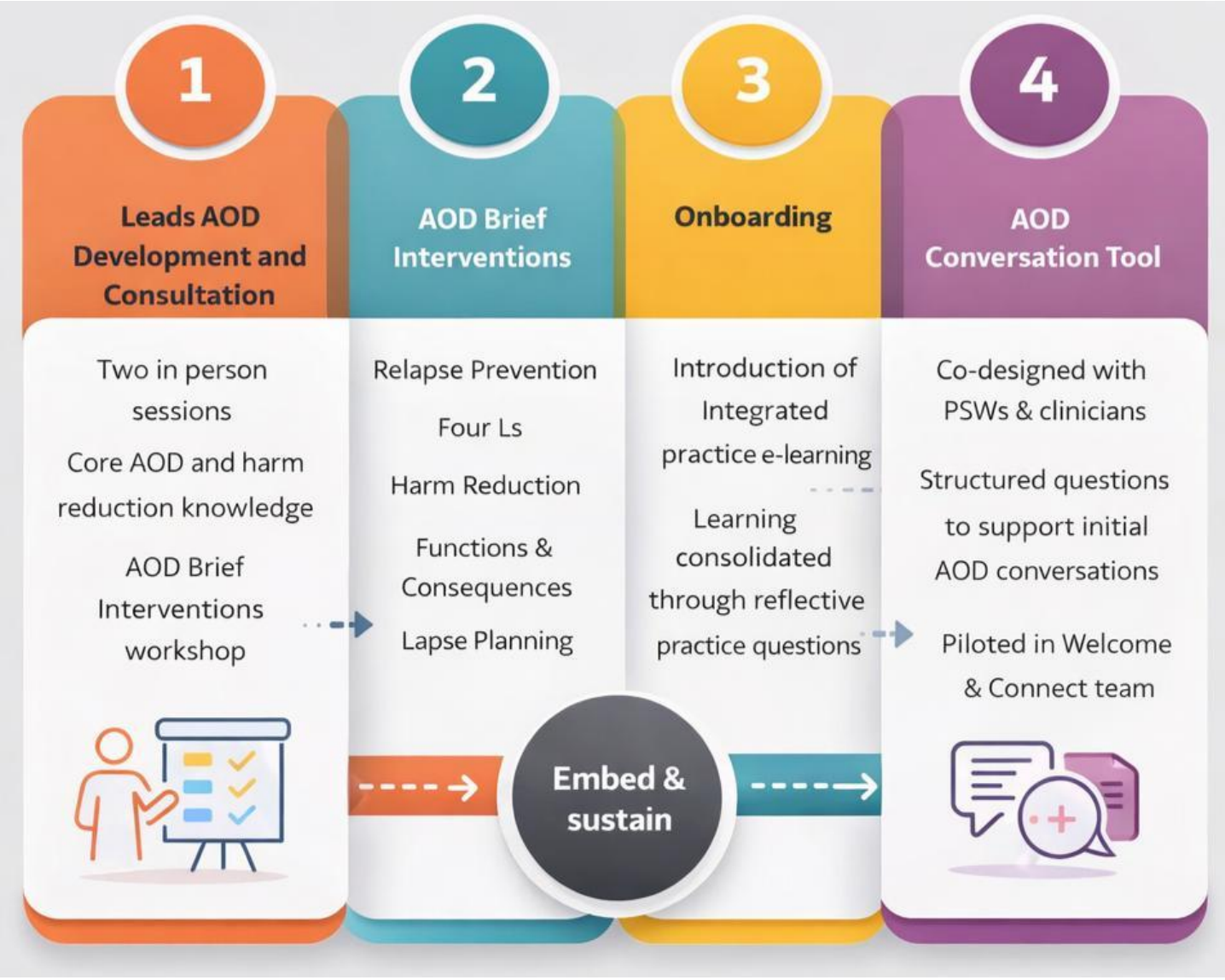
Onboarding

Reviewed & optimised onboarding process

AOD Conversations

Co-designed conversation tool for AOD exploration

It’s in the detail….



What worked? Our success factors.

Relationship Building

Brief Interventions Work

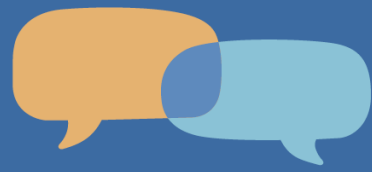
Integrated Practice at All Levels

Where are we now?

What staff have to say:

‘As for the AOD PDs, the continued attendance says a lot, I think, and it has opened up more open discussion internally, with more of a shared view to work with the guest’s goals, whether that be pharmacotherapy, harm reduction, abstinence, etc. I have also noticed that intakes and allocations include far more detail around AOD use and their goals than before.’

Thank you so much for having us



Any Questions?

Northern Health

Northern Health

Strengthening Overdose Response

Cross-service training initiative building overdose response capability and informing system change.

Uniting

APT
Addiction Psychiatry & Toxicology

Northern Health

Northern Health acknowledges the rich Aboriginal heritage of this country and acknowledges the Traditional Custodians of the lands on which our health services are built, the Wurundjeri Willum Clan and Taungurung People.

We acknowledge the waterways, the land, the sky and all who inhabit this place we call – Country.

We pay respect and acknowledge their ancestors and Elders, past, present and future, we recognise those who continue to protect and promote Aboriginal and Torres Strait Islander cultures.

Northern Health

Northern Health

Map of Northern Health Services

Hospital

MH Services

Northern Health

Our values are integral to the culture of care, team work and collaboration at Northern Health.

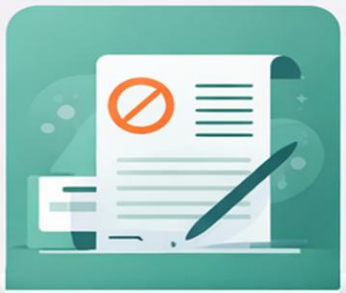
0.1
The Problem / Gap

Northern Health

The Problem / Gap

Limited confidence among mental health staff in responding to overdoses

Inconsistent knowledge of harm reduction and naloxone administration



Policy restrictions limiting timely overdose response

Increasing need for AOD capability in mental health settings

Safe.
Kind.
Together.

Northern Health

Training Partnership - Harm Reduction and Complex Care Team - Uniting Vic.Tas & Northern Addiction Psychiatry and Toxicology Service (APT)

- Time period : July 2024- November 2024
- Co-facilitated training delivery
- Delivered onsite – Community Clinics , IPUS , CCUs, PARCs
- Focus on overdose prevention and harm reduction
- Practical, hands-on naloxone administration demos
- Interactive

Northern Health

Strong Engagement

Interactive, practical training model highly effective

Partnership approach strengthened knowledge sharing

Training aligned closely with real clinical scenarios

Northern Health

- Policy limitations on naloxone administration
- Variation in baseline knowledge across staff
- Competing priorities within mental health settings
- Balancing AOD content within a mental health context
- Confidence translating learning into practice
- Need for sustainable training models

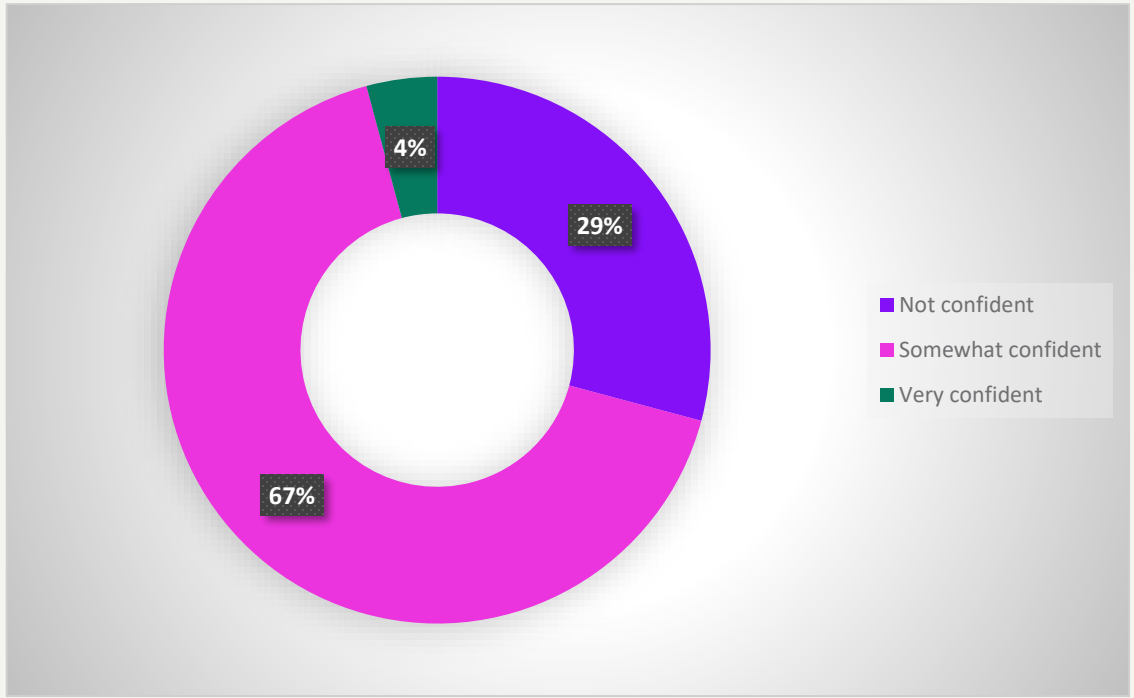

MENTAL HEALTH WORKFORCE
MEDICAL
NURSING
OCCUPATIONAL THERAPY
PSYCHOLOGY
SOCIAL WORK
DIETETICS
STUDENT TRAINEES
LIVED EXPERIENCE WORKFORCE

=

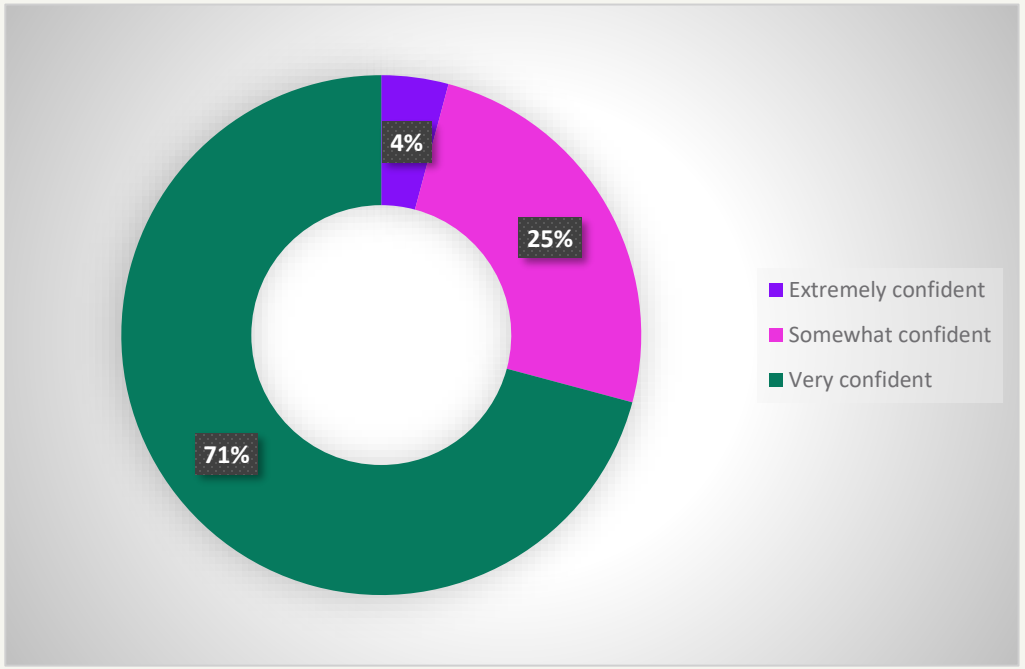
169

Northern Health

Pre-Training Knowledge and Confidence

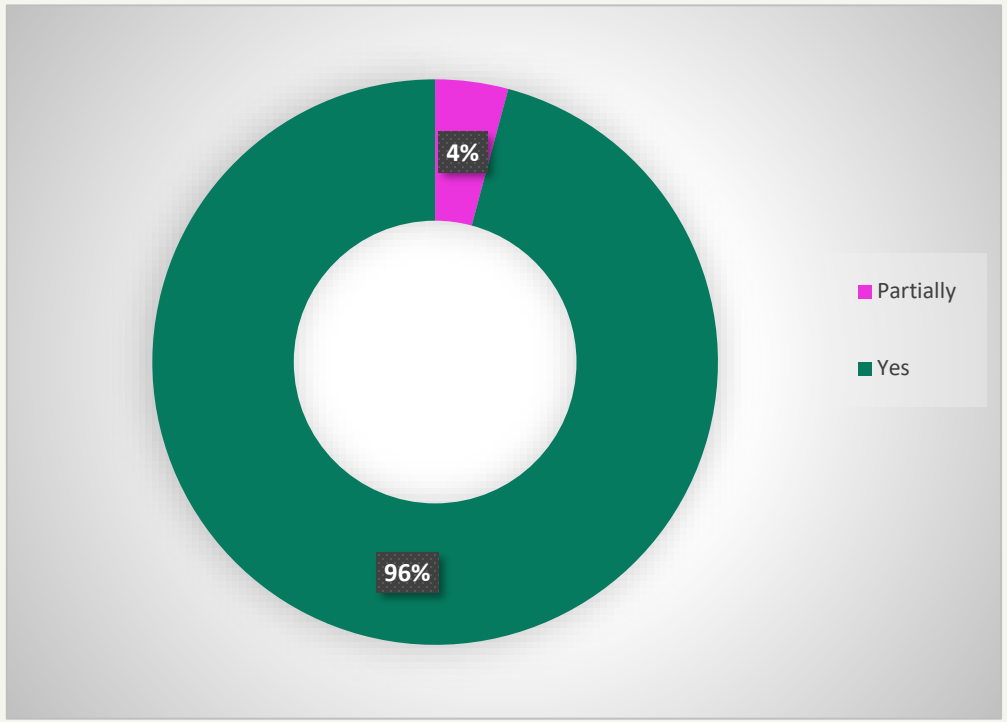


Post –Training Knowledge and Confidence

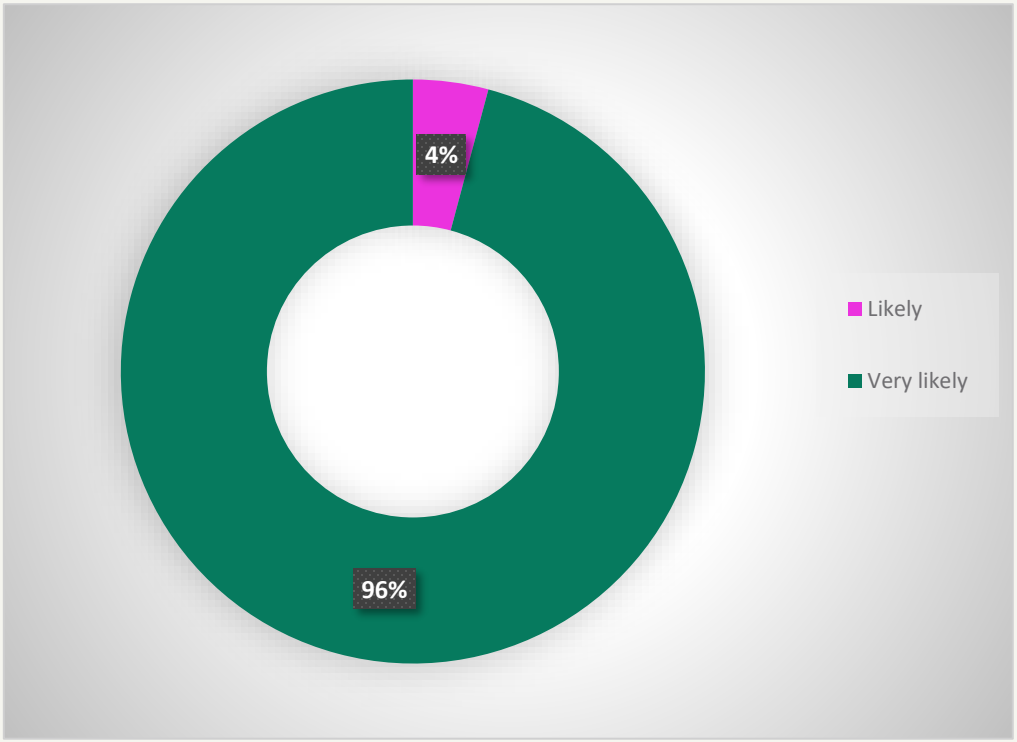


Northern Health

Participant Expectations – Training Outcome



Likelihood of Attending Future Training



Northern Health

OTHER FEEDBACK

"Allied health should be able to administer naloxone. Policy needs review to reduce potential barriers to timely care in the event of overdose".

"I strongly disagree with the Northern's policy that only nurses and Drs can administer Naloxone in a community clinic setting - any staff member at the clinic should be able to do this - the priority is to save the consumer's life".

"Excellent session by Uniting. Policy needs to change so allied health can administer"

"Excellent session! "

"Fantastic information, particularly the knowledge from Uniting. What a great resource. Thank you".

Northern Health

OTHER FEEDBACK

“Found the training very useful and relevant to current practice”!

“Super helpful training”

“More would be amazing”

Northern Health

- Improved preparedness to respond to overdose situations
- Naloxone e-learning module commissioned on NH Learning Management System
- Naloxone availability in all community and residential sites- emergency management box
- Scope of practice change – allowing mental health allied health and enrolled nurses to administer IN Naloxone to consumers in Opioid emergencies – using consumer's on supply
- Strengthened partnership and formalised collaboration through an MOU between Northern Health and Uniting
- Advocacy with Victoria's Chief Addiction Medicine Advisor – resulting in publishing of a guideline "Naloxone administration by workers responding to opioid overdose in Health and Community Services "

Naloxone administration by workers responding to opioid overdose in Health and Community Services

OFFICIAL

Introduction

Naloxone is a medicine that quickly reverses the effects of opioids during an overdose. It has been utilised globally for many years as a critical intervention in opioid overdose response. In recent years, naloxone has become available as a single-dose nasal spray.

Safety

Naloxone is safe and effective for reversing opioid overdose in people of all ages, including infants and older adults. Naloxone has no effect if no opioids are present; it is non-addictive and non-intoxicating. There are no known serious allergic reactions. The main side effect can be temporary withdrawal symptoms in opioid-dependent individuals.

Community supply

The Department of Health (the department) provides naloxone to the community through approved providers participating in Victoria's Take-Home Naloxone Program. Naloxone is available free of charge at participating community pharmacies, selected needle and syringe programs, the Victorian Pill Testing Service, and the Medically Supervised Injecting Centre.

When naloxone is supplied through the program, factsheets on its administration are provided to support safe and effective use. The department also funds training for individuals and organisations on how to administer naloxone. Anyone can administer naloxone by following the instructions on the packaging[1].

The department recognises that both workers and employers seek confidence in administering naloxone as part of a first aid response to opioid overdose. To support this, the Australian and New Zealand Committee on Resuscitation (ANZCOR) has updated *Guideline 9.5.2 – First Aid Management of Suspected Opioid Overdose* to include the use of intranasal naloxone (Nyxoid®) as a recommended intervention. From July 2025, all first aid courses in Australia and New Zealand will include instruction on the administration of intranasal naloxone.

[1] The Commonwealth Government's Take Home Naloxone Program website, *How to administer naloxone*, offers guidance by directing users to the instructions included with each naloxone product (https://www.health.gov.au/our-work/take-home-naloxone-program/how-to-administer-naloxone).

VICTORIA State Government | Department of Health

OFFICIAL

When to administer naloxone

> The Department of Health recommends that in all circumstances in the instance of a suspected opioid overdose, the best and safest approach is to administer naloxone and to call 000. The Therapeutic Goods Administration (TGA) confirms that intra-nasal naloxone can be administered by any person with minimal training.
>
> **Dr Paul MacCartney – Chief Addiction Medicine Advisor**

Naloxone is an easy-to-use medication that can reverse opioid overdose – it is safe to use even when it is uncertain whether someone has taken opioids.

Signs of an opioid overdose may include slow or shallow breathing and reduced consciousness, meaning the person is difficult to wake or rouse. In some cases, the person may also have very small (pinpoint) pupils.

More information about opioid overdose response can be found on Better Health Channel (https://www.betterhealth.vic.gov.au/health/servicesandsupport/overdose-what-to-do-in-an-emergency).

Administration in Health and Community Services

In relation to the administration of naloxone by workers within health and community services, the Drugs, Poisons and Controlled Substances Act 1981 and associated regulations do not prevent or restrict, a non-clinical worker from administering naloxone to a person experiencing an opioid overdose.

There are no requirements under the Drug, Poisons and Controlled Substances Regulations 2017 for clinical workers, such as registered nurses, registered midwives or registered pharmacists, to receive an administration order from a prescriber before administering a Schedule 3 medicine.

When administering naloxone to treat an opioid overdose, a registered health practitioner is considered to meet the requirements of the Drugs, Poisons and Controlled Substances Regulations 2017. This includes having the person under their care and having taken all reasonable steps to ensure a therapeutic need exists, as demonstrated by the following:

- The practitioner is administering the medicine directly to the individual, which places the person under their care at the time of administration; and
- The medicine is being administered for the treatment of opioid overdose, which confirms that the practitioner has taken reasonable steps to establish a therapeutic need

As such, organisations are encouraged to develop policies in line with the statement above, ensuring that clinical and non-clinical staff in health and community services have access to naloxone and are trained appropriately in the identification of opioid overdose and the administration of naloxone in the instance of suspected opioid overdose.

Protections for workers

Like any other first aid response, it is highly unlikely that someone would sue another person for administering naloxone to reverse opioid overdose.

If a lawsuit did occur, section 31B of the Wrongs Act 1958 ('the Good Samaritan protection') would likely provide civil liability protection to the person if they administered the naloxone in good faith and without the expectation of money or financial reward.

OFFICIAL

https://www.health.vic.gov.au/aod-treatment-services/victorias-take-home-naloxone-program

Northern Health

1. Partner early and leverage complementary expertise

Cross Sector Collaboration strengthens training quality, credibility, and real-world relevance

2. Prioritise hands-on, practical training approaches

Skills-based learning (e.g. naloxone administration) is far more effective than theory alone in building confidence and readiness

3.Align policy with practice to enable impact

Training is most effective when organisational policies support staff to apply skills in real-time situations

Northern Health

4.Embed training across diverse service settings

Delivering training in community, inpatient, and residential settings ensures consistency in practice and broad workforce impact

5. Create space for multidisciplinary engagement

Inclusive participation across clinical and lived-experience roles enhances shared understanding and team-based response

6. Plan for sustainability from the outset

Ongoing refresher sessions and integration into routine training are critical

to maintaining capability over time

APT
Addiction Psychiatry
& Toxicology

www.nh.org.au

ST VINCENT'S HOSPITAL MELBOURNE

Nexus Integrated Care

Consumers Can Ask

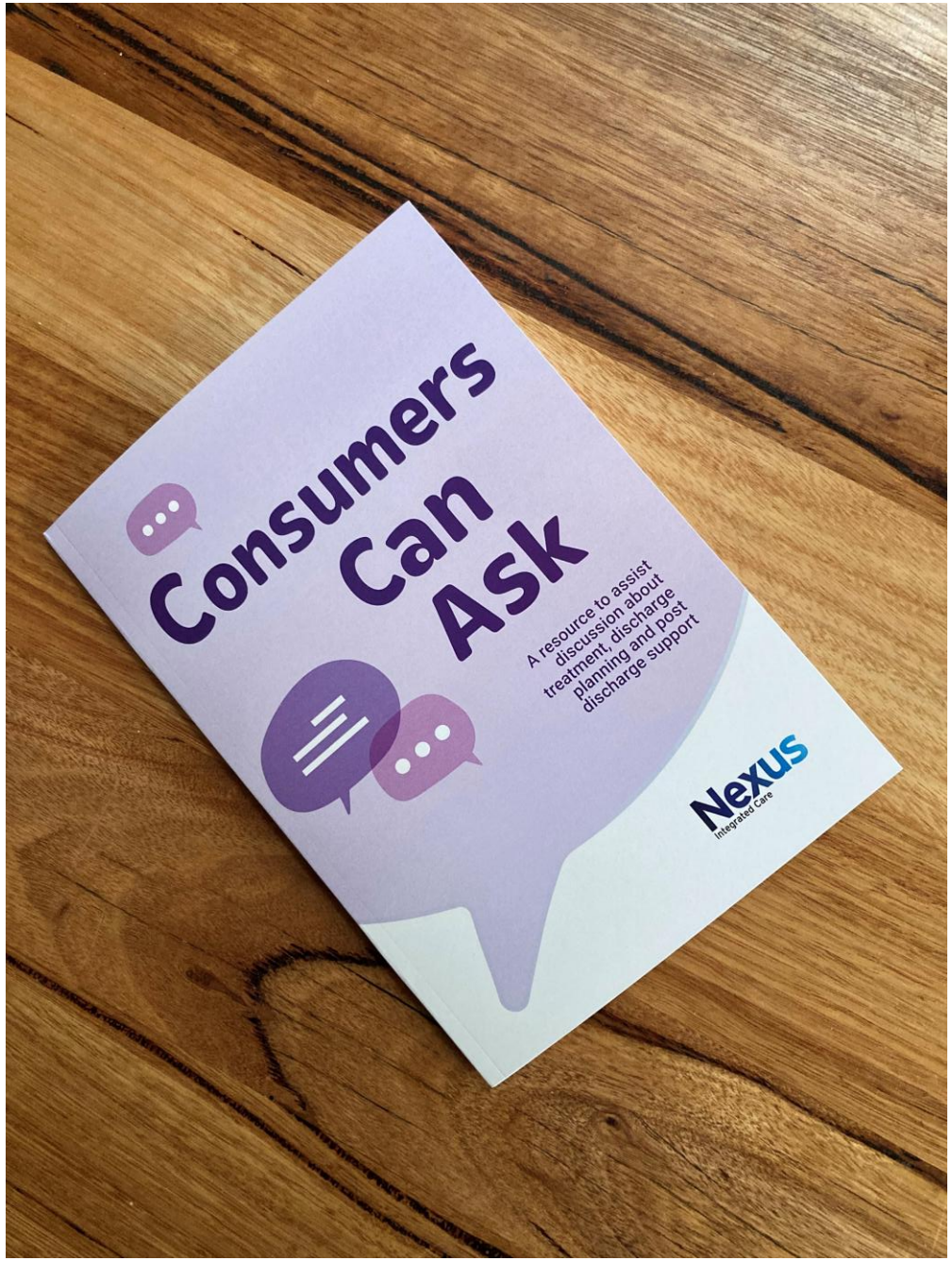
"A practical response to the Royal Commission and Mental Health Act 2022"

Dr Kevan Myers

Nexus Integrated Care

Download ConCA

Better and fairer care. Always.


Consumers Can Ask
A resource to assist discussion about treatment, discharge planning and post discharge support
Nexus
Integrated Care

Acknowledgement of Country

- Nexus acknowledges the traditional owners of the land, the Wurundjeri people of the Kulin Nations, on whose unceded lands our work in the community takes place. We respectfully acknowledge their Ancestors and Elders past, present and emerging. They hold the memoires and traditions, culture and hopes of Aboriginal Australia.

Lived and Living Experience Acknowledgement

- We recognise and value the knowledge and wisdom of staff and other people with lived and living experience, their supporters and the practitioners who work with them. We celebrate their strengths and acknowledge the important contribution that they make to the development and delivery of health and community services.

Thank you

- We thank St Vincent's Health Equity Program Research Fund

- We would like to thank all the people who work with us and who contributed to the updating of the ConCA resource

- Members of working party: Emer Diviney, Lisa Idris, Melissa Petrakis, Lachlan Preece, Josh Mammolito, Chelsea Taylor, Sharon Williams, Beth King, Simon Kroes and Kevan Myers

- Lived and Living Experience Workforce Network at St Vincent's, focus group participants, Self Help Addiction Resource Centre, Victorian Mental Illness Awareness Council and Monash University Social Work

Consumers Can Ask (ConCA)

A practical resource to bring policy alive

- Updating of a resource that consumers can use to advocate for themselves
- To assist discussion about treatment, discharge planning and post discharge support
- The ConCA can also be used by staff to understand what information consumers want, to help consumers prepare for appointments and to assist with referrals etc
- Companion resource of Carers Can Ask (CCA)

Purpose and History of ConCA

- Resource purpose – Self advocacy tool, supports communication and decision making, initiated by Simon Kroes of Nexus, first created in 2016 with LLEW and consumer input including SHARC

- Back then in 2016 it received no additional funding and was the product of the good will of staff and consumers working together.

- Reason for update: Change in MH ACT, Royal Commission (growth of LLEW and need for consumer input into services)

Introduction - Consumers Can Ask

- Consumers Can Ask (ConCA) is collaborative engagement tool for consumers and clinicians to **assist communication** about treatment and care for people with mental health and alcohol and/or drug issues.

- It is a **brief and practical** information resource consumers can use when speaking with services, clinicians. It can assist consumers to advocate for themselves.

Collaborative elements of ConCA Update

- Set up working party - with majority with LLEW including representatives of peak bodies (VMIAC and SHARC), Director of Lived Experience Workforce and Strategy at St Vincent's Melbourne
- St Vincent's Lived and Living Experience Workforce Cross Sectoral Collaborative Network (LLEWCSCN) (includes multiple agencies)
- Monash Uni researcher with lived experience. Lit review article submitted for publication
- Graphic design done by LLEW
- LLEW funded to attend TheMHS conference

Update process

- Lived experience workforce and Nexus reviewed of previous resource. Updated service basic information, Mental Health and Wellbeing Act etc
- Engaged SHARC and VMIAC on working party
- SHARC and VMIAC recruited 10 LLEW for 2 focus groups
- Updated draft resource sent for feedback to the Lived and Living Experience Cross Sectoral Collaborative Network (LLEWCSN) (includes multiple agencies)
- Feedback from these processes incorporated in the ConCA
- Process took about 9 months

Feedback – Our Actions

- Clarity and Plain Language - Rewrote questions and definitions to be more accessible
- Layout and Visual Aids – Discussed with graphic designers and produced a summary version
- Structure by Stages – Re-organised into sections that follow the consumer's recovery journey

Feedback – Our Actions

- Self-Advocacy and Rights - Included legal services and links
- Trauma-Informed Language - Rephrased to focus on safety, empowerment, and choice
- Inclusion and Lived Experience - Updated wording, added definition

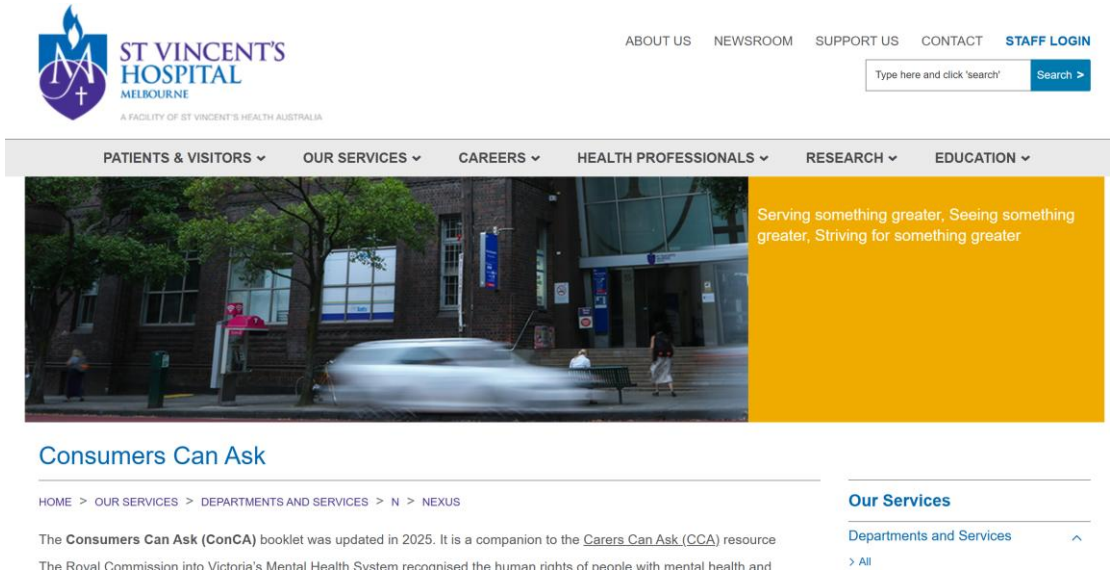
Feedback – Our Actions

- Aftercare and Recovery Support - Added questions and services for life after treatment
- Youth-Specific Resources - Added resources such as Orygen, Beyond Blue, Headspace
- These changes were reported back to the focus group who endorsed the changes

Consumer Can Ask Launch event St Vincent's October 2025

ConCA Resource

- Consumers Can Ask - St Vincent's Hospital Melbourne



ConCA Workflow

1. Go to the suite of ConCA resources: https://www.svhm.org.au/our-services/departments-and-services/n/nexus/consumers-can-ask

2. Print out and provide a copy of the ConCA or a link to the webpage to consumer/service user or, if they have a smart phone, direct them to this QR code which will take them to the website:

Record what you did in the relevant section of your case notes.

Activities thus far…

- Distributed across Victoria and Australia.
- Available globally
- Presented at TheMHS international service conference 2025
- ConCA can and has been localised to other areas.
- The brief ConCA checklist questions are currently being translated into Mandarin, Vietnamese and Greek.
- Two research papers have been submitted for publication.
- ConCa will be presented at the Singapore International Practice Research Conference in July 2026.

Distribution

Since the October 2025 launch services across Victoria and South Australia have requested or began using the resource.

Rural and Remote Mental Health Service, Barossa Hills Fleurieu, Local Health Network part of South Australian Health

Goulburn Valley Health Services

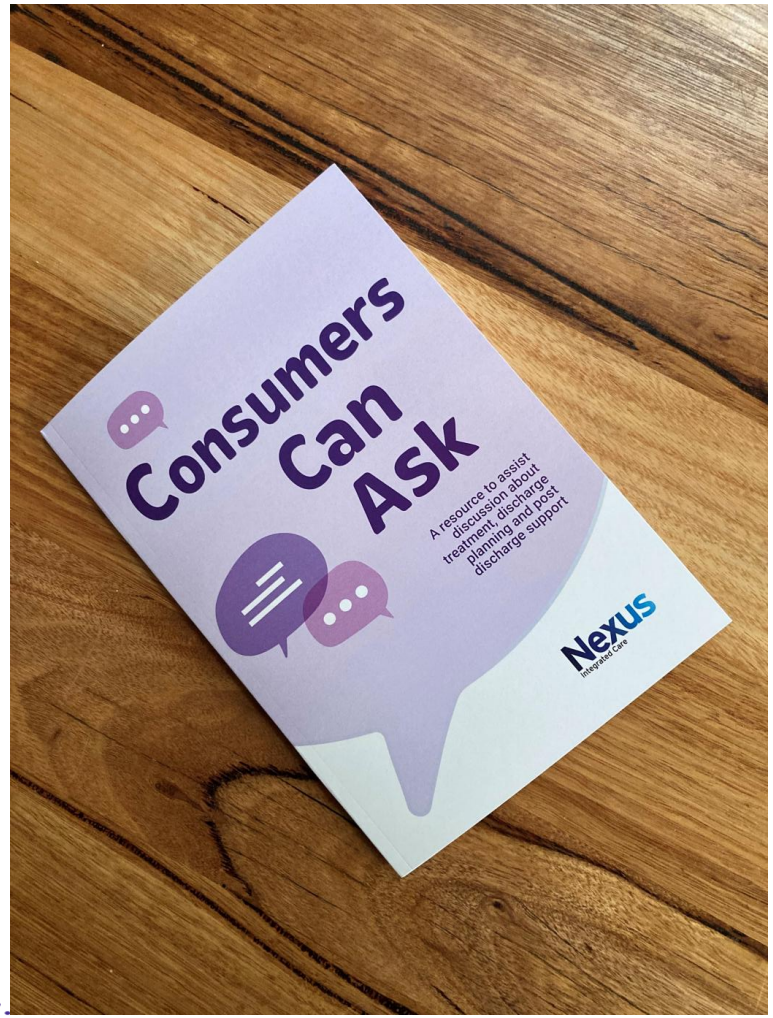
Austin Mental Health

Alfred Mental Health

Mildura Base Hospital

Eastern Health

Thank You



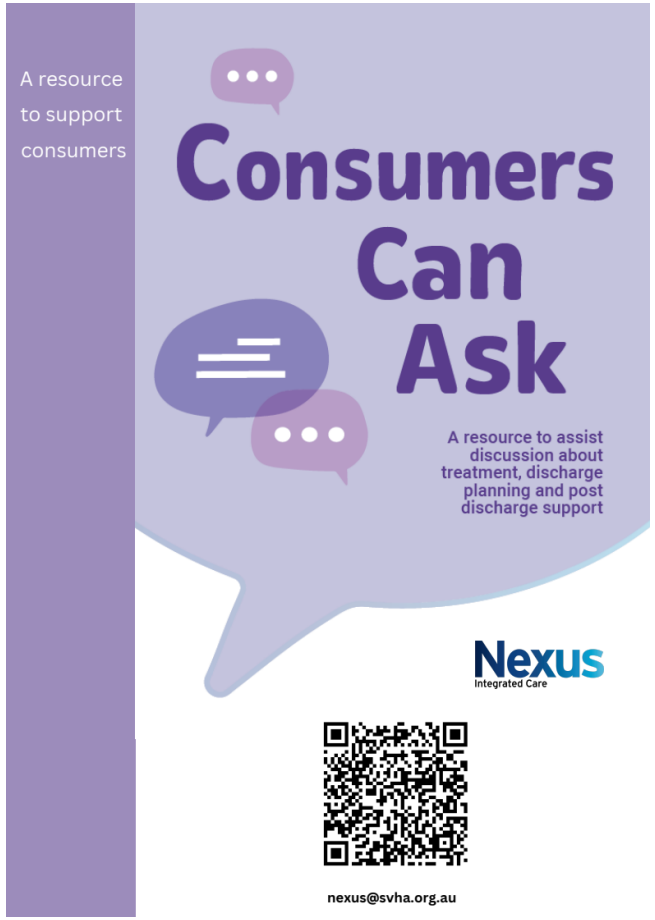
Download ConCA

Further queries: nexus@svha.org.au

ST VINCENT'S HOSPITAL MELBOURNE

Better and fairer care. Always.

ConCA Poster



Continuing Care Service

Collaborative model supporting timely access and coordinated mental health care.

Austin HEALTH

Who are we?

North East Continuing Care Service (NECCS) is the Case Management arm of the North East Area Mental Health Service, as a part of the Adult & Older Adult Mental Health Division at Austin Health.

CCS:

-Team of 20 case managers, 6 doctors, and one peer support worker

- Case managers are a multidisciplinary team including social workers, psych nurses, OTs and psychologists

- Mental health clinicians with expert knowledge in risk assessment, formulation and management
- Clinical care provision, consumer & carer advocacy

Our consumers

Adults 26 and over with a diagnosed mental health illness who live in Banyule and Nillumbik

We manage clients with high acuity and complexity

Many of our clients have co-occurring AOD use, disability, housing instability, complex family dynamics, forensic issues, etc

We are a long-term service: we look after clients for months to years

Our client's complex needs means a lot of running around for our case managers

-We help coordinate applications for NDIS, DSP, Social/Public Housing, Guardianship

-We liaise with our client's other supports - other parts of MH system, NDIS, accomm providers (e.g. SRSs, social housing), Corrections, AOD, private psychology, specialist teams, NGOs. Pharmacist

Austin Health's QUEST

Quality and safe care for all

Unnecessary hospital time is reduced

Everyone makes a difference

Send patients to the best place, first time

Teams working together

With increasing demands on our services and more pressure across the whole health system, we know that patients are waiting too long to receive the right care at the right time, in the right place, across Austin Health.

This can lead to an increased risk of deterioration, poorer outcomes, hospital-acquired complications and deconditioning. Austin Health implemented the QUEST Principles which ensures our clients receive the right care, at the right time, in the right place. To ensure we practice within these principles, collaboration with our community is essential.

CCS aims for timely access to services & works within an episodic case management framework "easy in, easy out"

Collaborative practice is vital to ensure our consumers receive the care they deserve.

Examples of CCS collaboration: EIPSRS (MIND Australia) Holstep Health, GPs, NDIS service providers, Independent Mental Health Advocacy (IMHA), Victoria Police, Ambulance Victoria, Forensicare, Pharmacists, West Heidelberg Community Legal.

QUEST Principles

Our QUEST: right care, right time, right place for every patient by June 2024

Cultural Principles

The patient journey is everyone's responsibility and we all make a difference.

All staff are trusted and empowered to make decisions within their scope of practice.

We consider the safety of patients in and waiting to receive our care.

Staff are empowered to respectfully challenge the status quo and lead improvement.

Timely Access to Quality Care Principles

Can’t do it alone

Due to the complexity & significant demand on tertiary mental health services – it is vital that our teams cultivate relationships with other organisation to join us on our QUEST:

A few examples:

- Mind/EIPSRS (Early Intervention Psychosocial Support Response Service)
- NDIS providers (e.g. Apex Care, AmeCare, Recovery Alliance Care, Life Without Barriers, and MANY others)
- SRS (Cause, Chippendale Lodge, Killara, Chatsworth Terrace, Bamfield Lodge, Iris Grange)
- Local pharmacies (Heidelberg Healthcare Pharmacy!)
- Community health (Holstep/ formerly BCHS)

Collaboration in action

Mind / EIPSRS - CCS: Partial co-location and ongoing collaboration, including portfolio holder in CCS who catches up regularly with the manager from Mind/EIPSRS

Outcomes:

- Fast, easy referrals
- Quick and easy communication between teams
- Collaborative approach
- Better ability to problem solve and provide tailored, flexible supports to meet clients where they are

Future partners

We’d love to expand the list of service we have an ongoing relationship with.

Please come and chat to me or my colleagues!

Questions?

Morning tea

3

Consumer Journey Case Discussion: Collaboration in Practice

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

4

Effective Partnerships Workshop

NEMHSCA
NORTH EAST MENTAL HEALTH SERVICE COORDINATION ALLIANCE

Effective Partnerships Workshop.

Practical strategies for frontline workers in partnership environments

Sarah Jones | Manager AOD Clinical Services & Partnerships | Uniting Vic.Tas

Uniting

Today's Workshop.

40 minutes | Interactive | Your experiences matter

Brief Presentation 10 min

Key strategies from the Effective Partnerships Toolkit

Group Strategy Harvest 15 min

Share and capture what works in your partnership experiences

Partnership Speed Dating 10 min

Build new connections through structured conversations

+ 5 min wrap-up

Uniting

What makes partnerships work.

Five domains from the Effective Partnerships Toolkit

01

Shared Vision & Goals

Common purpose that genuinely requires partnership to achieve

02

Trust & Relationships

Built through consistent actions, transparency, and mutual respect

03

Clear Communication

Multiple pathways — formal meetings, informal check-ins, shared systems

04

Governance & Clarity

Clear roles, decision-making processes, and accountability

05

Flexibility & Learning

Adapting together, evaluating what works, continuous improvement

Uniting

The reality of partnership work.

Common challenges

- Navigating dual reporting and supervision
- Different policies — which one applies here?
- Feeling disconnected from your home organisation
- Communication overload (or gaps)
- Unclear role boundaries with partner staff

What helps

- Clear guidance on who to go to for what
- Regular three-way supervision (you + both supervisors)
- Being on site with your partner team
- Informal connections — not just formal meetings
- Knowing your contribution is valued by both organisations

Uniting

Strategies that work.

From real partnerships — things you can do

Build relationships early and often	Team building days, shared lunches, getting to know people as people — not just job titles.
Clarify your ‘go-to’ guide	Know which supervisor handles what. A simple cheat sheet for clinical, operational, HR, and crisis situations.
Stay connected to your home base	Attend your home org’s team meetings and training. Don’t let co-location mean isolation.
Name the tension, don’t avoid it	When policies or priorities clash, raise it early. Most tensions come from misunderstanding, not genuine conflict.
Share what you know	Your specialist expertise is why you’re in this partnership. Offer training, resources, and informal knowledge sharing.

Uniting

Activity 1

Group Strategy Harvest.

- Form groups of 4–5 people (mix of services if possible)
- Each group picks one domain to focus on:

Communication | Trust & Relationships | Role Clarity | Shared Learning | Flexibility

- Discuss together (10 min):
  - What strategies have worked well in your experience?
  - What made things difficult — and how did you navigate it?
  - What's one piece of advice you'd give someone new to partnership work?
- Share back: Each group's top strategy or insight (1 min each)

Uniting

Activity 2

Partnership Speed Dating.

- **Stand up! Find someone you don’t usually work with.**
- Each round is 2 minutes — one prompt question per round.
- When the bell rings, swap partners and get a new prompt.
- We’ll do 5 rounds.

Prompts will be displayed on screen — one per round.

Uniting

Round 1

“What does your service do that others here might not know about?”

2 minutes | Then swap partners!

Uniting

Round 2

“What’s one thing you wish referrers knew about your service?”

2 minutes | Then swap partners!

Uniting

Round 3

“What’s a gap in your referral network you’d love to fill?”

2 minutes | Then swap partners!

Uniting

Round 4

“What’s the best partnership experience you’ve had — and why?”

2 minutes | Then swap partners!

Uniting

Round 5

“If you could change one thing about how services in this region work together, what would it be?”

2 minutes | Then swap partners!

Uniting

Key Takeaways.

- Partnerships are built by people, not agreements — invest in relationships
- Clarify the basics early: who do I go to, which policy applies, what's expected
- Stay connected to your home organisation — co-location shouldn't mean isolation
- Name tensions early — most conflict is misunderstanding, not opposition
- Your specialist expertise is why you're here — share it generously

The Effective Partnerships Toolkit *is available for your organisation to use.*

Uniting

Thank you.

Sarah Jones

Manager AOD Clinical Services & Partnerships
Uniting Vic.Tas

Learn More
unitingvictas.org.au

Uniting

Service Showcase, Networking and Lunch