Collaboration in the service of co-ordination

Jenny Luntz

This is the second of three articles dealing with the co-ordination of services for children and adolescents suffering with emotional and behavioural disturbance. It describes the structures, process and findings of a Project established by State Government agencies in Western Metropolitan Melbourne during 1992-1993. The aim of the Project was to develop a model of co-ordinated services to better meet the needs of this group. The third article will describe the model.

From September 1992 to April 1993 a collaborative experimental project occurred between the following Victorian Government facilities in the Western Metropolitan region of Melbourne: Protective Services; Intellectual Disability Services (IDS); School Support Services within the Department of Education; and Child and Adolescent Mental Health Services (CAMHS). The aim of this Project was to develop a model which would improve access to services for children and adolescents (aged between 5 and 18 years) who require multi-agency involvement to address their emotional and behavioural disturbances.

Representatives from the non-government sector were not included in this project due to time constraints; neither were the parents of the target group, partly due to time constraints and partly due to the lack of structures in existence to make contact.

Three tasks were undertaken - a literature search on the topic of co-ordination (see Luntz, 1994); a survey of staff employed in the participating facilities; and a detailed study of the steps taken in the delivery of services to a number of clients, in order to ascertain how and why difficulties arose. A model was developed which took account of local conditions. The initial plan for the project included trialing the model in the Western Metropolitan region as a prelude to implementing it across the State; however, statewide implementation did not occur due to a change in Government.

Reasons for establishing the project

Concern that clients from this target group were experiencing difficulty gaining access to their required services had been raised in a number of fora, eg, *Inquiry into Mental Disturbance and Community Safety: Young People at Risk* (IMDCS 1990); Specialist Child and Family Services (SCAFS) Statewide Standing Committee, Regional Co-ordinating Committees and Reference Groups Minutes 1988 to 1992; *Interdepartmental Working Party Report* (1991). Such reports suggested that a major contributor to the difficulties was:

> ...lack of clarity about the roles and responsibilities of government departments ...providing services to children, young people and their families, and difficulties in achieving co-ordination across government program and services (Child and Adolescent Psychiatric Services Program Development: Project Proposal, February 1992:1).

The IMDCS Report was highly critical of government services where *issues of service co-ordination, co-operation and service gatekeeping intervened* in the provision of appropriate service delivery (p.88). The chairperson stated that:

> ... the Committee is convinced that deficiencies in service provision cannot be explained simply by reference to an alleged lack of resources. More appropriate allocation of resources would help to improve outcomes but a change of approach to service provision would ...have a more significant impact
>
> (The Inquiry into Mental Disturbance and Community Safety: Young People at Risk 1990:xi).

Project aims

- To identify the difficulties that families with children/adolescents who suffer from emotional and behavioural disturbances have in gaining access to appropriate services;
- to develop guidelines for inter-agency arrangements that address issues of service inter-face and co-ordination;
- to review the support provided by CAMHS to staff working in Protective Services, IDS and Education Services with such clients;
- to make recommendations about strategies to improve inter-sectoral co-ordination of policy and program development to better meet the needs of such children, adolescents and their families

(Project Plan 1992 Co-ordination of Services for Emotionally and Behaviourally Disturbed Children and Adolescents).

The Project was interested in discovering the reasons why requests for service had been refused; why difficulties in establishing effective service planning and case-management arrangements developed; and why difficulties in implementing established service plans arose.

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From Sept 1992 to April 1993, Jenny was seconded as a project officer in that department, where the task was to develop a model for improved co-ordination and access to services for emotionally and behaviourally disturbed children and adolescents in the Western Melbourne Metropolitan Region.

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Description of the target group

The target group consisted of children and adolescents aged 5 to 18 years who required the involvement of at least two of the following services: Protective Services, IDS, CAMHS and School Support Services, and who had experienced difficulty in obtaining these services.

Structure and process of the project

The Project was comprised of a steering committee of fifteen people and a working group of seven people; it was managed by a project officer.

The Steering Committee included senior management from relevant regional services and central programme areas of the government departments, as well as representatives of other key service providers interested in the outcome. Its tasks were to shape the Project and to address emerging issues of statewide relevance. It met eight times during the life of the Project.

The Working Group included senior direct service staff from IDS; the Protective Services Adolescent Response Team (ART); two of the School Support Centres in the region; and the regional CAMHS. The Working Group met nine times during the life of the Project.

The methods used by the Working Group to gain an understanding of the issues confronting the agencies in their delivery of services to the target group were:

- to analyse the cases in order to identify the challenges presented by the target group;
- to have field workers complete a questionnaire that indicated their perceptions of the constraints in the delivery of high quality service.

Study of the cases

The Working Group asked staff from their respective agencies to select recently closed or current cases involving inter-agency collaboration, which highlighted successful or unsuccessful service delivery to clients - confidentiality was ensured. Each case was analysed using a specially developed proforma (see Figure 1) which identified where and how inter-agency difficulties arose. Discussions of how these cases could have been better handled played an important role in developing the model.

Figure 1

Project on the co-ordination of services for emotionally and behaviourally disturbed children and adolescents

Proforma for the selection of cases for study

PREAMBLE

This proforma was developed by the Working Group in accordance with the guidelines set out in the Project Plan. These guidelines dealt with the selection of cases which were to be used as a vehicle for identifying the issues facing service delivery staff working with the target group ie children and adolescents who were seriously emotionally and behaviourally disturbed and who needed multiple agency involvement.

The guidelines specified that:

- between 20 and 25 cases be selected;
- they consist of children or adolescents between ages 5 and 18 years;
- there has been multi-agency involvement of at least two of the following: Community, Educational and Psychiatric Services;
- difficulties have been experienced in achieving access to appropriate services including instances where requests for referral have been refused by one or other services;
- difficulties have been experienced in establishing effective service planning and *case management arrangements;*
- difficulties have been experienced in implementing service plans which have been established;

DATE:

NAME AND TITLE OF PERSON FILLING OUT THIS FORM:

WORKPLACE ADDRESS AND PHONE NUMBER:

NAME OF CHILD/ADOLESCENT:
(This information will be confidential to the Working Group. The information is essential to accomplish the task)

ADDRESS OF CHILD/ADOLESCENT:

LIVING ARRANGEMENTS OF THE CHILD/ADOLESCENT:
(eg at home with family, other - please elaborate)

LEGAL STATUS OF CHILD/ADOLESCENT:
(ward of state etc.)

AGE: GENDER:

REASONS FOR REFERRAL TO YOUR SERVICE:

AGENCIES CURRENTLY INVOLVED:

DOES ONE AGENCY ACCEPT LEAD AGENCY STATUS?

AGENCIES PREVIOUSLY INVOLVED
(details of outcome of these involvements)

WHAT ASSESSMENT WAS MADE BY YOUR AGENCY OF THE CHILD, FAMILY AND PRESENTING SITUATION?

WHAT PLANS/OPTIONS WERE RECOMMENDED?

WHAT ACTION WAS TAKEN?

WHAT WAS THE OUTCOME OF THE ACTION TAKEN?

WHAT IS THE CURRENT SITUATION?

ANY OTHER RELEVANT INFORMATION?

PROBLEMS OCCURRING DURING THE CASE ANALYSIS

Finding cases proved to be more difficult than had been anticipated. Possible reasons were:

- that October to December is often a very busy time of the year and during January and February many staff take annual leave;
- the shared pool of clients was limited as the geographical boundaries covered by the different services did not entirely coincide;
- the number of clients requiring complex multi-agency co-ordinative mechanisms for appropriate service delivery is relatively small (5% of the 11.8% of children and adolescents with clinical maladjustment difficulties according to Stroul and Friedman 1986:iv-v);
- staff may have been threatened by the request to expose their own and other workers' practice to such scrutiny.

A total of sixteen cases were presented, all of them illustrating instances where service delivery had gone awry - no examples of successful collaboration were presented. This may have been the result of the parameters, within which workers currently operate, making success difficult, ie. high case loads; inadequate resources; lack of support; insufficient training; variable knowledge of the mandates, policies and constraints of the other agencies in the network; and a lack of guidelines for workers who deliver services to clients with complex multifaceted needs. It may have also been possible that workers remembered their failures and not their successes.

Findings

STATISTICS

Number of cases provided by each service

Inner Western School Support Centre	2
Outer Western School Support Centre	2
Protective Services	5
IDS	2
CAMHS:	
Child Outpatient Team	2
Adolescent Inpatient Team	4
Older Adolescent Outpatient Team	3
No. provided by more than one service	4
Total	**16**

Sex

Boys	10
Girls	6
Total	**16**

Ethnicity

Australian	
Aboriginal	1
Anglo-Celtic	12
Migrants	
Somalian	1
Southern European	1
German	1
Total	**16**

Legal Status

Registered under the IDPSA	2
Wards of state	5
Supervision orders	3
Voluntary clients	
Living with parents/grandparents	4
Living in hostels or homeless	4

Age

9 years	2
10 years	1
12 years	1
13 years	1
14 years	2
15 years	6
16 years	1
17 years	2
Total	**16**

CLIENT PROFILE

The size of the sample made a definitive statement impossible, but of the cases presented, the profile was of a 13 year old white Australian male of Anglo-Celtic descent from a dysfunctional family. There was generally a history of multiple agency involvement over many years; with usually at least three agencies concurrently involved (two of which were likely to be Protective Services and CAMHS, and the third was often an NGO). Legal status was usually described as *voluntary* but he may have been on a supervision order at some stage.

Living arrangements were unstable and while in contact with the service(s) he moved frequently and lived for short periods at home; in a hostel; a medium or short term unit; a group home or foster care; as well as spending time in the Adolescent In-patient Unit. He may have previously had some treatment at an out- or in-patient psychiatric service; he may also have had stints at being homeless.

The emotional and/or behavioural disturbances which were of current concern included mood swings; violent outbursts; absconding from home (or placements) and school; conflict at home; considered by parents and authorities as being *out of control*; and poor peer relationships. There was also some evidence of emotional abuse and/or neglect (but insufficient to withstand the scrutiny of a court); and allegations of intra-familial sexual abuse were not uncommon.

THEMES RAISED IN THE CASE ANALYSIS

The following were some of the more important themes which emerged during the analysis of the cases:

Responsibility for clients

Confusion as to who was primarily responsible for being case manager arose in some instances where one agency referred a client to another agency. This was often due to a lack of communication between the relevant agencies. This resulted in two possible problematic situations: either both agencies believed the other was taking responsibility for case management; or both agencies assumed primary responsibility for the case management role. Either way, the result was poor client service or inter-agency conflict or both.

General co-ordination issues

It became apparent that when there is multi-agency, multi-disciplinary involvement, it is necessary to appoint a suitable inter-agency case co-ordinator. Such a co-ordinator could assess the clients' needs and refer them to the most appropriate agencies; thus assuring them of optimal service and preventing them from engaging in 'shopping around behaviour'.

'Shopping around behaviour' occurs when clients feel dissatisfied with the service they are receiving. They tend to go from one service to another, sometimes having several agencies involved concurrently, with no agency having enough time to assess their needs successfully. The inter-agency case co-ordinator's role would include gaining the respect and confidence of the family, containing the 'shopping around behaviour' and providing grief counselling to assist the family members come to terms with the situation, especially in the case of intellectual disability.

Implications for practice of procedural changes made to the Children and Young Persons' Act (CYPA)

Prior to the proclamation of the CYPA, the grounds for wardship were broad. Young people who displayed difficult behaviour, kept running away or appeared to be out of control were frequently made wards of state or placed on a supervision order as a way of managing them. The new Act places much tighter parameters on State Government involvement, enabling statutory intervention only under specific circumstances.

Voluntary involvement with families is permitted if, without it, there would be an imminent risk of statutory involvement. The parameters around this voluntary involvement are evolving, but require the

consent of all parties; time limitation (3 to 6 months); and management such that resources are still available to meet Departmental obligations under the Act where risk factors are immediate and potentially life threatening.

These changes have raised many difficulties for protective field workers. There was confusion as to whether any voluntary involvement was permissible; and there was doubt as to whether the time restraint was realistic. Some young people require intensive work over unpredictable, extended periods before feeling sufficient trust to make a disclosure, especially in the case of sexual abuse. Prior to disclosure there are usually indications that the young person is *at risk* but insufficient evidence to present to court. A protective application is thus not an option. It was considered that the changes to the Act left gaps in the system of care. For example:

> A 14 year old male of ethnic origin who was living with his parents was referred to the Adolescent In-patient Unit by ART with concerns about severe conflict at home, poor standards of hygiene and poor school attendance. Assessment indicated that an in-patient placement was warranted. The parents refused. The agencies all agreed that this boy exhibited signs of being *at risk* but there was insufficient evidence to convince the court that action was required. Protective Services maintained that they were not permitted to work with him on a voluntary basis for the amount of time required to gain his trust, while feeling certain that there was a history of prior abuse. There was no NGO available to take on the responsibility and he received no service at all.

Uncertainty about what happens to the case once a referral has been accepted

Referring agencies complained that once a case had been accepted for referral there was sometimes no feedback at all. On other occasions, the feedback was inadequate and provided little information about assessment, treatment, and management plans, and progress.

Confusion occurring round decisions made at case conferences and case review meetings

Strategies decided upon at case conferences and case review meetings were sometimes altered without informing the other agencies in the network. Even though Protective Services have clear procedures to be followed at case conferences and case review meetings; it would appear that this process sometimes broke down when the protective worker was unclear as to the level of decision making required at the meeting. In such instances, staff with the appropriate seniority level were not invited. Consequently, plans made at such meetings were not always endorsed, leaving the participating agencies confused and angry.

Ambivalence by clients about accepting help from a psychiatric or mental health service

In several examples the clients were reluctant to accept an agency's recommendation that they attend a CAMHS. The agencies concerned believed that the reason for this reluctance was because of the stigma associated with the terms *psychiatric* and *mental health*.

Specific complaints by the services about each other's practices

Such complaints sometimes related to the other agencies on the Working Group. On other occasions, they concerned agencies in the region who were not represented on the Working Group. These complaints included: dissatisfaction about eligibility criteria; dissatisfaction with referral practices; disagreement as to what was in the best interests of the clients; and criticisms regarding the level of involvement, the extent to which an agency carried out its responsibilities, etc..

These recriminations and criticisms were explained by evidence that some agencies did not necessarily understand the restrictions placed on the practice of other agencies by the CYPA and the Mental Health Act.

Responses to the questionnaires

Lack of space prevents a full discussion of the issues emerging from the responses to the questionnaire (see Figure 2). Some of the more important findings are discussed below:

Differences in understanding of commonly used terms

A number of terms in frequent use were understood differently by the agencies involved. It is not difficult to imagine the confusion and conflict which can arise when workers assume that they are talking the same language when in fact they are not. Examples of terms which were used differently included *therapy, assessment, case management, consultation* and above all *emotional and behavioural disturbance.*

This lack of a common definition of emotional and behavioural disturbance is particularly problematic since it is this term which sets parameters round the nature of the target group. If the agencies are unable to agree on something as fundamental as what the target group is, it is difficult to see how agreement can be reached on any other issue. IDS and CAMHS, in particular, had very different perspectives. They both objected to the use of the term. IDS preferred to talk about *challenging behaviours* to describe aggressive, self-injurious, anti-social and withdrawn behaviour of clients who perceive that their needs are not being responded to or understood. CAMHS considered the term too narrow and uni-dimensional to cover the complex problems with which they deal.

The CAMHS expanded the term to include cognitive and social factors as well as emotional and behavioural ones. They provided a long list of the symptoms and difficulties which fit under this broadened definition (see Luntz 1994:26-27) and placed greater weight on symptoms which indicated unhappiness and withdrawal rather than on those which disturbed and created problems for the people around the clients.

The School Support Centres used the extent to which the child/adolescent's behaviour prevented them from benefiting from school academically and socially as the main criterion for considering that child/adolescent to be emotionally and behaviourally disturbed while also being concerned at the impact of such behaviour on the school community as a whole.

Protective Services linked emotional/behavioural distress and disturbance to a child's exposure to physical, sexual and/or emotional abuse and neglect. They viewed the extent of distress and disturbance as an indicator of the amount of abuse experienced.

There is certainly some overlap in the above descriptions of the term but there are also wide divergences. Finding a way of bridging these different understandings is a fundamental first step in devising ways of improving co-ordination of services.

Dilemmas confronting practice within the facilities

Responses attested to the daily dilemmas confronting workers as they juggle opposing interests inherent in the mission, mandate, legislation, administrative priorities and philosophical approaches which underpin each of the complex contexts in which they work.

Protective workers struggle with the tension between the child's rights versus the parent's rights. The CYPA, which informs their practice, heightens this dilemma as it focuses on *strengthening families* and providing *minimum intervention.* Consequently, assistance is available to children and adolescents subjected to *specific and significant harm.* When the distress falls short of this, it does not come within the mandate of the Act.

In IDS, the dilemmas concern the child's rights versus his/her needs and the child's needs versus the parent's rights/wants (see

Figure 2

Questionnaire on practice in the state government department agencies in the western metropolitan region

The answers to this questionnaire will develop a picture of how the agencies currently interact. From this we hope to build on what is good and change what is unsatisfactory.

1. What criteria does your Agency use for defining emotional and behavioural disturbance in children and adolescents?
2. What is your Agency's prime function? How does it fit in to the overall service delivery network? To what extent do your Agency's programs cater to the target group under consideration?
3. What sorts of constraints does your Agency place on your practice? eg legislative mandate, administrative priority setting?
4. What needs to be changed in your Agency to improve practice?
5. What could the other agencies in the service network do differently to improve the overall delivery of services to clients?
6. Inter-agency linkages processes:

   To what extent do you become involved in the following inter-agency linkages in working with the other agencies round this target group?

   - referral
   - case management
   - advocacy
   - case conferences
   - consultation
   - co-ordination
   - casework liaison
   - case planning meetings
   - case review meetings
   - other?

   In using these processes do you find that the roles and responsibilities of the participating agencies are adequately defined and understood?
7. Are there changes which would improve/streamline these linkages?
8. Are parents/children/adolescents involved in these linkages? If they are, what roles do they play? If not should they be?

Patterson 1992:3.3). For example, the child has the right to be educated in a mainstream school, but does this right always coincide with the child's needs?

For Education, the overarching dilemma surrounds the good of the individual child versus the good of the school community. The School Support Centres are expected to service all school-aged children, including those at non-government schools, whose difficulties prevent maximum gains from the school experience; to provide a *whole school approach*, mounting workshops and in-service sessions which address the specific concerns of individual schools; and respond immediately to crises eg disaster work and protective concerns.

In CAMHS, the dilemmas include those surrounding the child's needs versus his/her rights; the child's rights versus the parent's rights; and the child's needs versus the child's wants. These dilemmas raise such issues as the extent to which parents should be involved in the treatment plan; confidentiality with respect to information provided by the child/adolescent; when such information can/must be shared with the parent, the school etc; whether treatment can be provided without parental consent/involvement; whether it can be provided in the face of the child/adolescent's opposition.

Other constraints on practice

Two common threads ran through the answers to questions on constraints. Firstly, concerns about inadequate staffing and resources available to carry out respective mandates. The School Support Centres, in particular, faced high demands and insufficient resources. Protective Services and IDS were also concerned about high case loads and insufficient time to keep records up to date. CAMHS, as a specialist service, struggled with setting priorities as to how best to use their resources. A major concern also mirrored the criticism made by the other agencies of their non-user friendly intake system.

Secondly, the need for increased in-service training and more access to supervision, consultation and other support for workers. In CAMHS the issue was not the provision of supervision per se, but rather the development of clear channels for clinical responsibility and accountability which complicate teamwork in the multi-disciplinary structures which are characteristic of CAMHS.

Protective services grappled with the constraints imposed on their practice by the CYPA, the highly complex legislation which informs protective work. The Act was proclaimed in several stages and each stage presented workers with new practice challenges. At the time, field workers were experiencing confusion about the parameters of their practice and frustration about constraints to their ability to work effectively with clients, and how the recently increased tightening of these constraints left gaps in service to some vulnerable young people in great need. (Since that time, the process of implementing mandatory reporting in Victoria has begun. There is anecdotal evidence that this change has further complicated the practice of protective workers)

Issues arising in the interaction between the facilities

There were sometimes widely differing views as to what actually was in the best interests of the client, partly due to the dilemmas described above, but also to other aspects of the differing mandates and underlying philosophies. All agencies referred to these differences in perspective with concern, and indicated that they were frequently responsible for the inter-agency conflict.

Conflict also arose on occasion when the nature of the client's problems created overwhelming anxiety and workers lost sight of their own capacity and skill. Energy was diverted into persuading another agency to accept a referral, leading

to conflict and acrimony if the referral was considered inappropriate by the pursued agency. It was not clear from the information provided whether this kind of difficulty could have been short-circuited by increasing worker access to supervision or consultation.

A common complaint was the way in which clients played the agencies off against one another, resulting in agency conflict instead of co-operation.

There was a variable understanding about the range of both direct and indirect services which each agency provided; how to access services which were known about; and confused mutual expectations as to roles and responsibilities with shared clients. Referral processes were criticised for being lengthy, cumbersome, complex and generally *not user friendly*. Of particular concern was the use of waiting lists, even for clients whose needs were adjudged, by the referring agent, to be urgent.

Sometimes there was a difference of opinion as to whether the client's problems were best dealt with through referral, or whether by the use of an indirect method of service delivery, eg consultation.

Protective services and CAMHS criticised each other for their stance on providing therapeutic intervention while a child was in a temporary placement. Protective services stance was that a client could not be placed permanently unless their behaviour was acceptable to carers. Therapy should thus precede placement. CAMHS took the view that until such a client was in permanent care it was pointless (and in some instances actually harmful) to commence therapy because the client would not feel safe enough to make use of it. There appeared to be no mechanisms for resolving such conflicts.

Suggestions for improved co-ordination

Suggestions for improvement included: more contact, including collaboration on community development projects; opportunities to learn more about each others work; the need for cuts in resources to be made through regionally based joint decision making so that the negative effects on the clients could be minimised; the need for the services provided by the agencies to be clearly documented; and for regional protocols between the services to be developed so as to assist the process of co-operation and collaboration.

Discussion

The use of a step by step analysis of cases, together with a survey of staff perceptions of their agency's place within the system of care, yielded a wealth of information about what and why things went wrong as workers sought to deliver services to clients. Not all the information was new, although some of it certainly was. Particularly useful was an increased awareness of just how different the agencies were; and how little they understood about these differences and their implications for working together for the good of the clients. Some of the differences included: the way in which agencies defined and prioritised problems; the use of the same terminology to mean different things; and the fundamental difference to the way in which they understood the nature of the client group.

The dearth of understanding about each others mandates, roles and responsibilities presented major problems as they sought to plan jointly for the client's future. An issue which presented itself several times was the way in which the application of the CYPA worked against the mental health needs of some clients. It is important to note that these great differences did not interfere with the shared commitment of the representatives on the Working Group and the Steering Committee to find a way of improving the situation.

A model for co-ordination was developed. It did require some compromises from the parties concerned, but because it was never trialed it is not known whether it would have improved the quality of service delivered to the target group. The third article in this series describes the model.

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