

Through the wall

An address to practitioners at a forum on the Working Together Strategy

Paul McDonald

This address was given at a forum in November 1999 for practitioners in the juvenile justice, alcohol and drug, mental health and child protection services in Victoria as part of the Department of Human Services' 'Working Together Strategy' (WTS). The WTS is a quality improvement initiative of the DHS in partnership with adolescent mental health and drug treatment service providers.

WTS provides an organisational framework for the Community Care Division, the Aged, Community and Mental Health Division and the Public Health Division (specifically in reference to the mental health, child protection and care, juvenile justice and drug treatment services programs) to achieve better outcomes for shared clients. WTS is a response to perceived deficits in cross-program collaboration and communication in cases involving high need adolescent clients.

Some years ago I got involved in writing a book titled, *Confronting the Chaos* (McDonald, 1993). It was a report on bringing services to people with challenging and difficult behaviour. At the time I went to the literature to see if it could assist me in furthering the ideas I had developed for the program, in particular responses for multi-agency clients.

Recently, in preparing for this talk, I repeated the task and on both occasions the conclusion was the same. The literature on 'working together' and 'collaboration' stated the obvious. So obvious in fact it bordered on boring. This in itself presents the problem with talking about how to work together. It can be a very boring topic for the professional. It is seen by most sectors as either a given, or a subject that generates disinterest, one of those things that is either telling practitioners how to suck eggs or trying to get them to suck eggs.

This is a problem for describing how to work together. We need to reframe the topic 'working together' to make it relevant and engaging to the practitioner.

So rather than using the literature to capture you with the concepts of working together, I will recite poetry instead; a much more cerebrally engaging vehicle for beginning to look at these issues.

Robert Frost (Allison et al., 1975) wrote a marvellous poem in his long life called *Mending Wall* ...

Something there is that doesn't love a wall,
That sends the frozen-ground-swell under it
And spills the upper boulders in the sun,
And makes gaps even two can pass abreast.
The gaps I mean,
No one has seen them made or heard them made,
But at spring mending-time we find them there.
I let my neighbour know beyond the hill;
And on a day we meet to walk the line
And set the wall between us once again.

Robert Frost (1874-1963)

Frost asks us to contemplate the actual wall between each neighbour while at the same time sharing common ground.

Outside poetry, the need for 'working together' has long been recognised by practitioners due to the number of young people with psychiatric disabilities who find their way into the juvenile justice system without sufficient treatment for either their mental health problems or other conditions.

In this paper I wish to approach this task by covering several areas. I am not going to cite individual examples of working together, nor am I going to talk about some of the systematic, programmatic or administrative practices we should be introducing. Most of this I find obvious.

Instead, I am going to speak about the practical implications of working together. In particular I will explore:

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- How the sectors have shifted in recent decades and why we have to work differently and work together.
- Some of the realistic obstacles in the path of successful working together, and some of the realistic strategies for clients and workers to both get what they want.
- Collaboration and cooperation when things are *not* going so well. Working together is fine when all is well, but what happens when things do go wrong, what happens and what can be done to work through it?
- Most importantly, how to work together around young people who are receiving or needing multiple agency/discipline support.

Working together is about working better both within and between disciplines. Good principles relate not only to cross discipline but also to how practitioners of the same discipline can work well with each other. In this complex world of delivery, we need good tools not only in interdisciplinary approaches but also working with our own colleagues within the same discipline, or the same organisation.

It is my conclusion that the sector has generally worked together well, demonstrated by some excellent examples of specialist and generic relationships that are forming all over the place around complex clients with a range of behaviours.

Maybe the important point in the issue of working together is not to approach it as if it is not working, but to see this issue as one of cyclic reflection or a reminder of what we need to do as professionals from time to time, in the hurly-burly of delivering human services to challenging, complex or plain needy clients. It is often hard work, and sometimes it seems it doesn't work at all or is more trouble than it is worth.

Isadora Duncan, noted in the world of the time for her beauty, had the idea of having the perfect child; along the lines of Hitler's eugenics. One day she thought that she would find the most intelligent man in the world to have a child with, thus creating the most beautiful and the most intelligent baby. This might be seen as the ultimate

working together experience. She decided to write to George Bernard Shaw and ask him to father her child. He wrote back thanking her for the offer, as it was one of the best offers he had received in recent time, but said, 'What happens, my dear, if the child has my beauty and your brains!?'

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THE DEVELOPMENT OF WORKING TOGETHER

The issue of 'working together' has grown in recent times for several reasons. In the past there were few of the specialist youth services that exist today. In previous decades it wasn't a case of working together it was more a case of 'whingeing together' to advocate for more specialist services for complex clients. We either had to do it ourselves or post the clients elsewhere for someone else to do it.

A further impetus has been the fusing together of government departments. The Department of Human Services brings juvenile justice, mental health, drug treatment and child protection under the one roof. Thus the contact between different parts of the bureaucracy has been forced more than in previous eras. I will resist speculating that the impetus for the issue emerging was the DHS experience in working together. However, it has thrown particular sections of departments into each other over common policy, common clients and common program development more so now than in any other decade.

In understanding why we have to work together more, it is useful to have a quick look at the shifts and development of youth program policy over the last 25 years.

The Victorian youth policy and program development over the last 25 years could be summarised in three eras. I, unfortunately, am old enough to have also witnessed these eras!

The first era was between 1975 and 1985, the time when youth unemployment was the key social youth policy issue. Youth clubs and gatherings were the flavour of the seventies and early eighties, and youth unemployment was the dominating issue. Out of these programs we saw the likes of the Community Youth Support Schemes (CYSS) develop and youth clubs develop recreational and night pursuits for young people.

From the mid-eighties we saw shifts to a more targeted program, mainly through the vehicles of youth homelessness, and the beginnings of concern for the social poverty side of young people. Recreational pursuits suffered, as the emphasis was to concentrate on youth homelessness and health, and a range of demonstration and new pilot initiatives on more complex clients emerged at this time. As well, we saw the mortal wounding of the Office of Youth Affairs in the latter part of this time.

Finally in the mid-nineties, we saw the emergence of more specialist responses. Coming off the back of the then Premier's Taskforces on drug abuse and suicide, specialist initiatives began to emerge in the areas of youth alcohol and drug treatment and mental health initiatives. Further, we saw a confirming commitment within child protection for more programs for high-risk adolescents. Policy was about being interested in those 'most in need' and developing specialist services, as opposed to those 'just in need'. Needy youth fared well, but generic services have struggled.

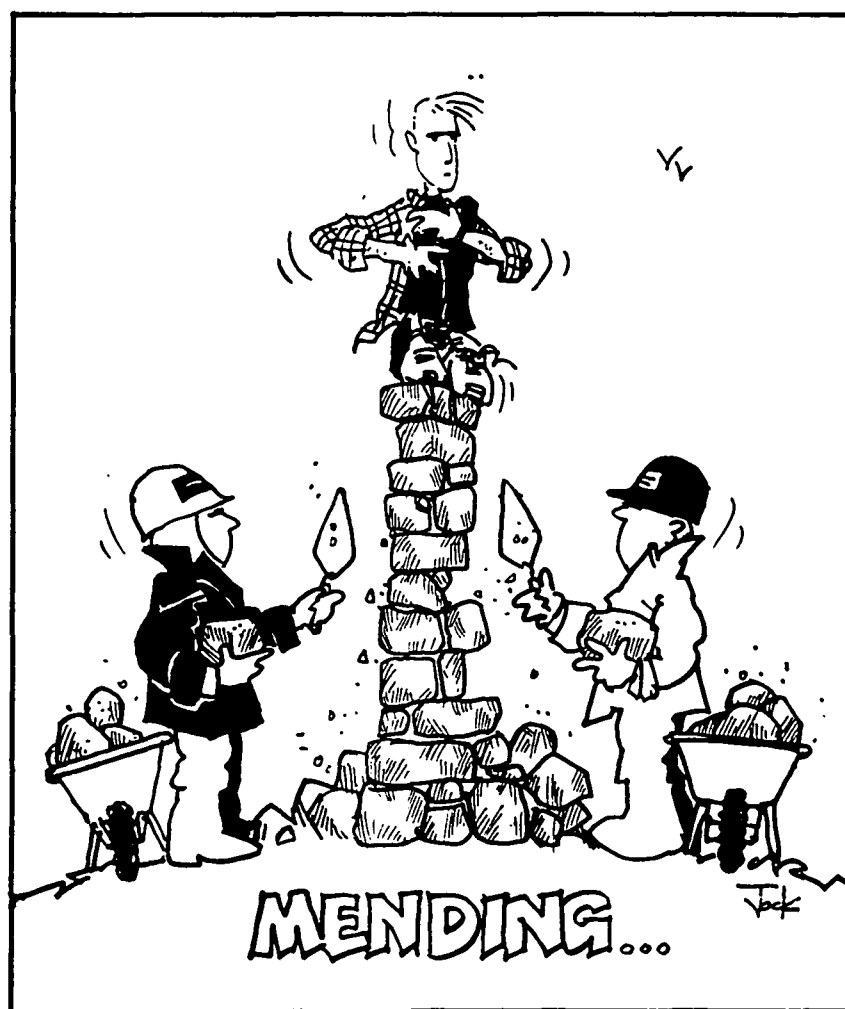
During this time demographic populations of young people changed. The illicit drug market changed to being more available to the younger clientele and groups of culturally diverse young

people emerged in the service system, particularly in juvenile justice.

What can we learn from these policy and program shifts in working together? A good example is to analyse some of the programs that emerged out of the late eighties to respond to complex and challenging clients who spanned several disciplines and departments.

These models actually showed a way forward in working together that did not lose the value or importance of both the generic and specialist response. Although programmatically they consisted of particular characteristics that stood them apart, such as key worker, flexible funds, low caseloads, heavy staff support, etc, programs such as the SANS (which began life as Supported Accommodation Network St Kilda) in its early years or the Intensive Youth Support Programs worked well together because of several fundamental principles and the philosophical position taken between the professionals.

- The professionals involved genuinely liked the client group and wanted to work with the client group, an uncommon factor when it came to adolescent mental health issues and personality disorders.
- The services that had the most contact with the client advocated their way into a position of influence by working together and mutually recognising the value of generic and specialist support for difficult individuals.
- The work was approached with all players willingly and jointly staying involved rather than hand-balling responsibilities to and fro.
- Understanding that these were difficult and challenging clients involved with multiple service systems, the program importantly was based on longevity. They saw their tasks with this client group could involve years of contact rather than months. (I am always fascinated by how we describe 'long term' in this business as twelve months for young people).



- The programs always believed in opportunity for the client, adopting the adage as their motto 'there is no end, only opportunity'.
- The programs based their interventions on the here and now, believing that dealing with this would form the basis of the future.
- And finally, professionals approached their work more in 'maintenance' rather than 'cure' frameworks, with a belief that change would consequently come from this.

These approaches, in particular the latter, enabled professionals to come together with calmness and open minds, each seeing the other discipline as assistants to the client not intruders or competitors. There were no unrealistic expectations here, but an approach that existed within the professionals involved of 'a journey' with the client. This approach permeated the interventions of all involved with the client.

These characteristics were the programs' strengths. People worked around a common philosophical, not diagnostic, understanding of how to work together around complex clients. Different disciplines carried a framework that liberated workers from outcome based approaches, instead operating interpersonally with clients. Simply it was about an approach of 'we don't know where we will end up but we know what we need to take along for the ride'.

THE GROWTH OF SPECIALIST SERVICES

The impetus for more specialist services came from the enthusiastic advocacy of the more generic, yet intensive, programs themselves and has undoubtedly been a good thing. The responses around drug treatment for young people, for example, should be seen as one of the most significant shifts in youth social policy since the

development of homeless refugees in the seventies.

However, while it is important to have more of these specialist approaches, we need to remember that these approaches must also adapt the chemistry that was so successful in working effectively with a demanding client group in a multi-professionals' environment in the earlier years.

One of our most important challenges is managing and keeping at heel our tendency to introduce sophisticated interventions that go with specialist multi-professional working together, and ensuring a 'keep it simple' approach permeates our work with these young people. If we do not recognise this, even in the more resourced environment we operate in today, we run the risk of losing the capacity to maintain the difficult adolescent in our orbit.

Looking at it from another way, the dilemma is that although we see multi-professional intervention and specialisation as attractive, the client group demands a more generalist and holistic approach. These young people say 'less is more' when it comes to interventions by professionals. They do not see you as their 'mental health' worker or their 'drug and alcohol' worker, they see you as just their worker, and they will demand that you are able to respond outside your primary area of expertise.

Thus the challenge of working together in a multi-disciplined environment is not as tidy as we would like. Maybe this describes the central challenge of working together with this client group. Between child protection, mental health, drug treatment services and juvenile justice there may be some things that are different but there is much in which we overlap.

Nowadays drug issues are homelessness business and vice versa. Protective business is adolescent mental health business, juvenile justice business is in fact drug treatment business, and so it goes on. Yet as professionals we either want to drag more people in, or gather more expertise to respond to the challenging young person. Working together in this way

can mean that the room often gets crowded and ill defined.

I often say that you can tell a Youth Substance Abuse Service (YSAS) client. They have either a dozen workers around them or they have none. We tend to think that if we have all the players then the young person will stabilise. However what tends to happen in large case plan meetings with different expertise is that the professionals still tend to search elsewhere than from the resources within, which leads to even more workers or disciplines being asked to participate in the case intervention.

This raises one of the pitfalls in more specialist services available to us in intervening with the clientele. We can fall into the business of re-referral as a core strategy, particularly with someone difficult. We have yet to mature on how to best fit these specialist services into treatment and delivery. Re-referral to these services runs the risk of being our core business rather than service delivery. We see the specialist expertise across the table and we say that the wisdom sits there, that is where the young person needs to go. However in doing this we risk not recognising the capacity and strength in whoever possesses the key relationship with the young person. We tend to deskill ourselves or lack confidence when surrounded by other expertise. We tend to want to surround the young person with services in an attempt to 'control them,' rather than looking at an approach that is more tiered; which can resource the key relationship rather than replace it.

An interesting point lacking in our discussion on working together is, does the client want to engage with another discipline? For example, our preoccupation with bringing formal counselling services to damaged adolescents, irrespective of their unwillingness to be compliant or to undergo such an organised discipline, is a common reaction. Rather than 'waiting for Godot', as Beckett put it in his play, we are 'looking for Godot'. We are always tempted to look for another professional to resolve this client's problems.

It reminds me of the Swami who lived above the village in a cave. He was a

very holy man and the village people asked the Swami to visit the village and speak to them. So one day he turned up and asked the gathered crowd, 'Do you know the truth?' The villagers answered, 'No!' The Swami said, 'Oh!' and left to return to his cave. The village elders decided that they would ask the Swami to come and talk to the villagers again and elaborate a bit more. So the next week the Swami returned to speak to the villagers. He asked them again, 'Do you know the truth?' And all the villagers answered in one voice, 'Yes!' The Swami said, 'Good', and he went back to the cave. Confused the elders decided to ask him one last time to come and talk to the people. They had decided on a strategy that was bound to work when the Swami returned. The next week the Swami arrived and again asked, 'Do you know the truth?' And the villagers answered, 'Well some of us do and some of us don't.' The Swami then answered, 'Well those who do know can tell those who do not.'

This story suggests that the wisdom can sit within. However, in order to do this we need to contemplate our need to cross train, to become more familiar with presentation of young people, with the view not of being better informed but actually being able to respond to the young person more holistically. Child protection must understand mental health issues, mental health must understand issues pertaining to drug and alcohol use and abuse with this client group, etc. Multi-services must act in a primary/secondary relationship to the client. It is not about lessening the professionals or working together less but working together more wisely.

Often across mental health, child protection, drug treatment and juvenile justice, the principles for working with the client group are the same. We hear many references to 'best practice', which I am disparaging about. There is no such thing as best practice in human services. This is an isolating, ridiculous and alienating notion for professionals. But there is such a thing as 'good practice', a common knowing of how to respond to the target group.

CONFIDENTIALITY

A further theme in the literature on working together is the issue of confidentiality. This is the issue that is

most raised in the literature on barriers to working together.

I find it interesting that confidentiality is seen as a barrier to working together. It is always a conversation stopper in multi-agency clients. I tend to think of it more as ideology on the part of the worker than actual concern for the client. As I observe it, it is a way of a worker asserting themselves to other skills around the table. To me the issue of confidentiality is over-magnified for effective working together. I find it interesting that the same staff who strongly advocate for the complex clients' confidentiality are the staff who talk about their complex clients loudly in corridors and staff rooms of agencies. I find this interesting, as though we pronounce this cannot happen or that cannot happen because of confidentiality, yet they are the very ones that are talked about incessantly and preoccupy our minds. I absolutely respect confidentiality, in particular as it relates to health conditions, however my suggestion is for everyone to relax and trust each other a bit more. Let's talk about the clients so as we can move forward together with the respect of the client in mind.

WHAT HAPPENS WHEN THINGS GO WRONG?

A further common theme in the literature and in our discussions on working together is that we assume that things are going to go right! I find it less useful to talk about things when they are going right. I think you are interested today in when things are going wrong.

There are possibly four different scenarios to why working together goes wrong.

- Things going wrong with the personal style of the young person (the young person resists authority, engages in risky behaviour or has a traumatic experience).
- Things going wrong with the reaction to treatment or intervention (this can be quite random).
- Things going wrong as the product of power plays between professionals (structural or intellectual envy, authority claim, all or nothing approach).

- Things going wrong with system failure (ie, poor cooperation, poor planning, reactivity).

We as professionals never really plan for failure. We do not plan in our case plans for when the client is not compliant with the treatment, and we thus do not know what to do when things go wrong. Failure arises when there is a failure to plan. We have not got a process or place for when things go wrong, and when they do, we are very quick to judge and very quick to blame others.

So what are the ways forward for us as professionals in working together? What are the ways forward to collaboration?

There is no such thing as best practice in human services. This is an isolating, ridiculous and alienating notion for professionals. But there is such a thing as 'good practice', a common knowing of how to respond to the target group.

TOOLS FOR SUCCESSFUL COLLABORATION

Today I will resist suggesting systemic changes, as outlined for example by Beresford and Trevillion (1995) and others (eg, Leathard, 1994; Seaburn, 1996). They suggest strategies such as cross training, new directions in program planning, joint goal setting methods, joint assessments and treatment concepts.

Instead, I have chosen to talk about ways forward for the practitioner on an interpersonal level. It is our ability to handle the challenges interpersonally with each other, that is the issues between you and me, that builds the road to successful collaboration. The interpersonal principles we use in working together will in turn influence

program and agency collaboration and even consortia environments.

However, successful collaboration, like changing behaviour in our clients, is hard work. It requires a great deal of time away from service delivery in building up understandings and relationships and can require endless rounds of networking meetings (Resnick, Gardner & Rogers, 1998). These are good relationship-making points but I do worry about how much of it is going on. These days if you don't go to these forums you are accused of being isolationist, rather than being back at the office doing good old service delivery.

From my experiences in developing programs for multi-challenging and problem clients, to establishing an agency/organisation from a consortium of organisations, which YSAS is, I think there are a range of common principles we can take with us for an effective working together experience.

So what are the tools we should take with us to do this successfully?

- Having a common framework for the multi-program adolescent is an important principle to put in place across all disciplines. I have already mentioned characteristics such as constructing a significant relationship around the client, low expectations and longevity in intervention. A more simplistic way of adjusting our working relationships around multi-agency clients is to think about *interest, importance and influence* with clients (Grimwade, 1999). We do not have a process of sorting out people's motivations and contributions to the client group. It is often hijacked by opinions on the young person's behaviour and leaping to directions forward. Maybe we should look at another way of talking around the table with and about clients. Maybe as we stare at each other around the table we should ask the questions out aloud of ourselves and each other. What is our interest in the young person? What are the things in our mind that are important to address? What is our range of influence on the young person and or the situation?

Further to this, an overarching framework of intervention across disciplines must incorporate four questions:

- Are we providing positive and successful experiences for the young person in this intervention?
- Is there a continuing and caring adult involved with the young person?
- Do these interventions encourage a sense of belonging for these young people?
- Where is the element of fun in the intervention for the young person?

If we discussed these fundamental underpinnings of managing complex clients, then our interventions would sing in harmony a lot more.

- Bringing a relationship approach to working together. That we come to the table as individuals not functions or agency positions. Good relationships build trust and most importantly trust builds opportunities. I often observe the business sector. They spend a lot of time having cocktail parties and dinners, golf days and so forth. Why do they do this? Fun yes, but what they are really doing is preparing for business, finding out about each other, getting a sense of the person before we do business together. In a way we can learn from this approach, without necessarily losing sight of the objective or breaking the agency's budget.
- Better matching of problems with services. For example having the equation that includes employment and family could be more relevant to the young person than the overlapping approach that only responds to a certain realm of activity for them. Matched problems result in better outcomes.

We often forget the matching that should happen around adolescents. Recreational pursuits, employment pursuits, family strengthening pursuits. Clear areas that have clear identifiable fences to work within. Working together is not just about the principles but about including the right players.

- Finally we need a commitment to an ongoing conversation with each other. This requires us to stay in the dialogue. Often we are too impatient, wanting problems between each other to be solved quickly. This does not happen often. An optimistic belief that persistence will lead to eventual resolution is more the reality of how things are worked out. Optimism breeds openness, flexibility and generosity between professionals. It is a trait we can do more with in our dealings with each other.

At the end of the day, maybe it is best left for Robert Frost (Allison et al., 1975) to have the last word, where at the end of his poem he puzzles over the concept of the wall. He writes:

... Before I built a wall I'd ask to know
What I am walling in or walling out,
And to whom I was like to give offense.
Something there is that doesn't love a wall,
That wants it down.

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Children of Parents with Mental Illness

Edited by
Vicki Cowling

ACER Press, 1999

'Families with dependent children where parents have a mental illness have the same hopes and aspirations as any family but they are often thwarted as mental illness is still misunderstood and the service does not yet function sympathetically to their needs.'
(Vicki Cowling)

Vicki Cowling has brought together a range of voices – including those of the ill parents, of the children, of service providers, of mental health specialists, social workers and other professionals – to discuss the issues, projects, programs and models for service provision that are relevant to meeting the needs of the children of parents suffering from mental illness.

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