



Making Links

Guidelines on Service
Co-ordination for Children
and Young People with
Severe Mental Health Problems

**Interdepartmental Working Party on Mental
Health Services for Children, Young People and
their Families, known as the Making Links
Working Party**

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Foreword

The *Making Links* Guidelines describe how effective service co-ordination can be developed in each community between specialist mental health services, and services provided by the Education and Social Welfare sectors.

Service co-ordination means collaboration, co-operation and joint planning between the agencies and services involved with children and young people. We believe that everyone who works with children and young people is responsible for making sure that the services and support they provide are jointly co-ordinated around the needs of the individual child or young person and their family or whānau.

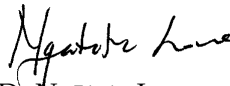
The Government has identified the mental health needs of Māori children and young people as a key area for service development. These Guidelines discuss service co-ordination to meet the needs of Māori.

We are committed to seeing service co-ordination developed at the local level by those who are working with young people at risk in their community. These Making Links Guidelines form part of a wider national strategy to improve services for children and youth at risk through collaboration between the sectors. This strategy is part of the Government's Strengthening Families initiative. Effective practice models are being developed and implemented progressively throughout the country. The Making Links Guidelines will be absorbed within these models as they are established.

The strategy means that all those working with children and young people will increasingly be involved in service co-ordination. You will be hearing a lot more about this over the coming year. The key principles for implementing service co-ordination are contained in these Guidelines.



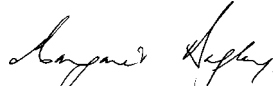
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Background

The *Guidelines on Service Co-ordination for Children and Young People with Severe Mental Health Problems* have been developed by the Interdepartmental Working Party on Mental Health Services for Children, Young People and their Families. The Working Party released its report, entitled *Making Links*¹, in July 1996. *Making Links* discusses the need to develop agreed systems of interagency co-ordination in service delivery to children and young people with severe mental health problems.

Specifically, *Making Links* identifies:

- ◇ the need for a high-level intersectoral commitment to the principle of co-operation and collaboration between sectors in their involvement with each child or young person and their family
- ◇ the need for structures and processes at an operational level to aid the management of multi-sector interventions in line with this principle
- ◇ the need for each sector to gain an understanding of the differences in ways of operating that exist between the sectors
- ◇ the need for each sector to see co-ordinated service delivery as core business
- ◇ the need for each sector to give consideration to specific purchase arrangements covering the co-ordinated management of multi-sector interventions
- ◇ the desirability for each sector to give consideration to the co-ordinated purchase of services in order to provide for flexibility in interventions with children and young people with severe mental health problems.

¹*Making Links: Report of the Interdepartmental Working Party on Mental Health Services for Children, Young People and their Families. Volumes 1 and 2. Ministry of Health, 1996. Copies of the report are available from the Support Officer, Mental Health Services, Ministry of Health.*

Purpose of the Guidelines ---

The purpose of the Guidelines is to establish key principles for service co-ordination and, using these principles, to provide a guide to the development of a local interagency protocol on service co-ordination.

These Guidelines focus specifically on children and young people with severe mental health problems but could be applied more broadly to all children and young people with problems requiring co-ordinated care and support from more than one agency.

Similarly, while the Guidelines do not specifically extend to sectors outside Health, Education and Social Welfare (for example, the Police and non-government agencies), they could be adopted by other sectors wishing to formalise a co-ordinated approach to multi-agency service delivery with Health and/or Education and/or Social Welfare.

Introduction to the Principles ---

Included in these Guidelines are Principles of Service Co-ordination for Children and Young People with Severe Mental Health Problems. The Principles cover services to children and young people with severe mental health problems and special needs requiring the intervention of Social Welfare and/or Education.

The Principles establish that services for such children and young people will be provided in a co-operative, collaborative and co-ordinated way.

The Principles include the development of agreed protocols to establish specific procedures for collaboration and co-ordination between local agencies and services. Protocols are to be established at the local agency level where services are delivered because it is at this operational level that relationships and detailed agreements need to be developed around how to co-ordinate service delivery.

The Principles are consistent with Right 4(5) of the Code of Health and Disability Services Consumers' Rights which states that "Every consumer has the right to co-operation among providers to ensure quality and continuity of services"²

²*The Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.*

Principles for Service Co-ordination for Children and Young People with Severe Mental Health Problems³ _____

Principle 1.

Co-operation, Collaboration and Co-ordination

- ◇ There is a commitment to co-operation and collaboration between sectors in their planning for and delivery of services to children and young people with severe mental health problems.
- ◇ There is a commitment to co-ordinated service delivery to children and young people with severe mental health problems.

Principle 2.

Case Management/Service Co-ordination

- ◇ A process of interagency case management/service co-ordination with lead agency identification will operate in multi-agency interventions with children and young people with severe mental health problems.

Principle 3.

Dispute Resolution

- ◇ There is a commitment to establish and adhere to agreed dispute resolution principles and procedures in cases of disagreement between agencies over undertakings or responsibilities in interventions with children and young people with severe mental health problems.

³*A child or young person with severe mental health problems will have one or more of the problems listed in the section called Identifying the Lead Agency.*

Principle 4.

Culturally Appropriate Service Delivery

- ◇ There is a commitment to ensure that co-ordinated service delivery to children and young people with severe mental health problems is culturally appropriate.
- ◇ There is a commitment to provide co-ordinated service delivery that meets the needs of Māori.

Principle 5.

Local Protocols on Interagency Co-operation and Collaboration

- ◇ Local agencies from each sector will develop joint protocols to reflect both the Principles and also local service issues. The protocols will establish agreed, specific implementation procedures for the co-ordination of service delivery to children and young people with severe mental health problems.

The Interagency Protocol on Service Co-ordination

The protocol will be agreed between relevant agencies and services from all three sectors:

- ◇ **Health:** specialist child and youth mental health services, such as Child, Adolescent and Family Mental Health Services (CAFS), Youth Specialty Services, and specialist Maori mental health services
- ◇ **Education:** schools and the Special Education Service (SES)
- ◇ **Social Welfare:** Children, Young Persons and their Families Service (CYPFS).

The interagency protocol is an agreement between specific local agencies on the way in which co-ordinated service delivery to children and young people will be managed.

The content of every protocol will not be identical. The Principles outline essential elements in the protocol. Beyond this, undertakings included in a protocol may be specific to local agencies. This is because the detail of how local service co-ordination is managed will need to reflect local service issues.

Language

Use of language, especially terminology, varies considerably between sectors. It is important that common language is used in protocols and that differences in terminology are specifically recognised.

Purchase or Funding of Case Co-ordination Activity

The Health, Education and Social Welfare sectors operate under different purchase and funding structures in their provision of services. *Making Links* report discusses the importance of funding service co-ordination. Each sector will need to provide for the resourcing of case management/co-ordination activity.

In addition, resources will initially be required for the negotiation and development of protocols between local agencies.

Components of an Interagency Protocol

Case Management/Service Co-ordination

The Principles require local agencies to develop an agreed process of interagency case management/service co-ordination with lead agency identification.

Case management in this context is the development and implementation of a multi-agency plan for the care and support of an individual child or young person with severe mental health problems.

Identifying the Lead Agency

The lead agency will be determined by the dominant needs of the child or young person concerned. The lead agency will be determined as follows:

Health

Health is the lead agency when severe mental health problems are dominant for the child or young person. The following are primarily the responsibility of specialised mental health services, and where these are paramount, Health is the lead agency:

- ◇ major depression and complicated grief reactions
- ◇ severe attention deficit disorders and severe disruptive behaviour disorders
- ◇ eating disorders
- ◇ substance abuse and dependence disorders
- ◇ serious anxiety disorders
- ◇ psychotic disorders
- ◇ serious, unresolved post-traumatic stress disorders
- ◇ emotional and behavioural problems associated with severe and/or chronic physical illness
- ◇ situations where the child or young person is a danger to themselves or others.

Education

When the dominant problem is learning needs, the learning situation or a student's behaviour problems interfering with other students' right to education, the SES (if involved) will be the lead agency.

Where lead agency responsibility falls within the Education sector, the appropriate person at the child or young person's school (eg, a teacher or a guidance counsellor) may be the case manager (see discussion of case management/service co-ordination above).

Social Welfare

The Children, Young Persons and their Families Service (CYPFS) is the lead agency where care and protection needs or offending behaviours are the dominant issues.

When the child or young person is under the guardianship of the Director-General of Social Welfare and care and protection or offending behaviours are dominant, CYPFS will be the lead agency.

Role of the Lead Agency

The lead agency takes responsibility for facilitating and co-ordinating the preparation and implementation of a management plan for the child or young person. The other agency or agencies involved will be responsible for supporting the development and implementation of the plan.

The lead agency's role is not a clinical role but one of ensuring that agreement is reached over what needs to happen, how and when. The lead agency is selected because it is providing services to meet the dominant needs of the child or young person. It will therefore by definition have a significant service role in the case plan.

The possibility of changing the lead agency during the course of the plan will be built into the review process of the plan. If necessary, it is possible for dual lead agencies to be identified for the duration or part of the plan. Similarly, the lead agency role could be shared by all three agencies, as necessary.

The Case Manager

The case manager from the lead agency is responsible for developing the interagency case plan for the child or young person, in conjunction with the other agencies involved. The case manager also co-ordinates the implementation of the plan. Both the development and implementation of the plan will be carried out in liaison with the other agencies involved. The plan will have reviews built into it to ensure its ongoing appropriateness. All those involved in the plan will be part of the review process.

In some circumstances it may be appropriate to identify a case manager who does not work for the lead agency. This could happen, for example, if the child or young person has strong links with another professional in the community. The protocol should allow for this type of flexibility. Language used by the sectors in this area varies. The terms case manager, case co-ordinator and key worker are all widely used. The terms individualised plan or management plan instead of case plan are also used.

Assessment

Before an interagency case plan is developed, a comprehensive individual and family (or whānau) assessment will be carried out. Ensuring the assessment is carried out is the responsibility of the lead agency but the involvement of the other agency or agencies in the assessment is essential. The case plan will be developed on the basis of the assessment. The case plan will involve management and treatment in all aspects including (as appropriate) further specialist assessment/s, psychological and family therapies, appropriate drug treatment, and management of the education setting and the social context in which the child or young person lives or learns.

The plan will have the following characteristics:

- (a) Agency interface issues at the case level are dealt with in the initial plan, with a person from the lead agency identified as being responsible for co-ordinating the plan.
- (b) A review schedule is clearly stated; responsibility for co-ordination of the management plan is assigned (normally to the case manager). Case worker coverage is specified for the care period and the critical period after care, including development of maintenance skills for continuing change once it has occurred.

- (c) Decision-making procedures are specified to prevent changes to the plan being made without consultation with the interagency team.
- (d) All aspects of the management plan are practical in that they refer to services which are available and accessible to the child or young person.

The plan will include the following commitments:

- (a) Teaching of skills to the family or whānau (eg, parental skills, disciplinary approaches, anger management, if appropriate).
- (b) Programmes for working with other systems, including the extended family and whānau, and education and community agencies that are identified.
- (c) Responsibilities for providing feedback to family or whānau and other agencies while taking account of privacy considerations.
- (d) Reporting requirements outlined in the CYPF Act 1989 under both care and protection and youth justice provisions.
- (e) “Hand over” procedures and plans for ongoing involvement when any agency completes its component of the case plan.

The plan will conform to certain principles of assessment and implementation, as follows:

- (a) The process co-ordinated by the lead agency must be culturally appropriate, flexible and responsive to the specific needs of the child or young person and his/her family or whānau. For Māori, this often means the involvement of kaumatua or a Māori consultant or worker and the inclusion of their assessment and knowledge in the case plan. For Pacific people and other ethnic groups, the direct involvement of “workers” or “consultants” from these groups may be essential.
- (b) The input of the child or young person and their family or whānau to informed decision making, and independent expression of their views will be sought. They will be treated with dignity and consideration, and will be respected for their knowledge and experience. It is noted that the CYPF Act 1989 requires that family or whānau are part of decision making.

- (c) People undertaking the assessment and management will be competent and knowledgeable about the needs of the child or young person they assess and care for.
- (d) Communicating information regarding all aspects of the assessment and ongoing management will include information about individual or family inputs and responsibilities and the availability or choice of services.
- (e) The child or young person is the client and will be informed about his/her assessment and ongoing management. As part of the assessment and ongoing management, family or whānau will be included in information sharing. Privacy and confidentiality will be safeguarded in accordance with the Privacy Act 1993.

Note: These principles are based on *Standards for Needs Assessment for People with Disabilities*, published by the Ministry of Health, June 1994.

Culturally Appropriate Service Intervention

As set out in the Principles, the local protocols will specifically address culturally appropriate service delivery. This may mean agreement in the protocol to specific actions to ensure cultural issues are fully considered in case plans.

◆ *Services for Māori*

The Principles note that protocols will address how the co-ordination of service delivery will be managed to meet the needs of Māori. For example, protocols might specify that consideration needs to be given to the involvement of kaumatua or a Māori consultant or worker and the inclusion of their assessment and knowledge in the management plan. Additionally, actions to recognise the immediate and strategic importance of the role of iwi, hapū and Māori community groups in case planning could be agreed in the protocol.

◆ *Services for Pacific Families*

Protocols should also specify the ways in which services for Pacific children and young people will be co-ordinated in a manner appropriate to Pacific families.

Dispute Resolution

Because of the need to minimise the impact on the client and their family of any disagreement between services, the protocol is required to set out agreed procedures to be followed should a dispute arise.

Disagreement could be encountered over the identification of a lead agency. Disagreements could also arise over issues of responsibility for services, service undertakings that have been entered into, review of the case plan etc. While any such disagreements will ideally be addressed proactively and resolved by the case manager in consultation with the other agencies involved in the plan, situations may arise where an agreed position is not easily found.

The protocol will identify an agreed process for resolution of such problems. This might involve identifying a management group responsible for resolving disagreements. The protocol might further identify an outside mediator to negotiate a process by which mediation would take place.

Parties to the protocol could agree in the protocol that the cost of such mediation would be equally shared between the agencies involved, that the decision of the mediator would be accepted and adhered to and that each situation will be assessed on its own circumstances.

Joint Staff Training and Development between Agencies

There are significant differences in the way each sector operates. These differences can be the result of a number of factors including the legislation guiding or impacting on each sector, the “triggers” within each sector for involvement with children and young people, service purchase structures and arrangements, the culture and philosophy of each sector, the use of language and terminology, the training of staff, etc.

A better understanding of the differences between the sectors and how they influence services will enhance service co-ordination. It should be noted that the aim should not be to remove the differences that exist, rather to encourage an understanding of them in order to promote multi-disciplinary collaboration and co-ordination.

Joint training and development between agencies from different sectors can be developed to achieve a better knowledge and understanding of the differences between sectors. Protocols could acknowledge that differences exist and could specifically require participating agencies to develop and implement joint training and development plans.

Privacy Issues

Service co-ordination between agencies raises the issue of information sharing between professionals. The management of information sharing might be addressed in protocols.

The booklet on the Privacy Act 1993, co-published by the three sectors of Health, Social Welfare and Education is a reference tool and could be referred to in protocols.

Family Group Conference

The protocol should address the relationship between the interagency case plan and the Family Group Conference (FGC) process and plan. The protocol should include detailed agreements around the management of the interface between FGCs and interagency case management/co-ordination.

The aim should be for the two processes to complement and support each other.

For example, in situations where the development of the case plan precedes arrangements for a FGC, intersectoral case planning can have a useful preparatory role for the FGC, having already brought together agencies, initiated assessments and worked with the child or young person and their family to identify needs.

In a situation where a FGC is held prior to planned interagency involvement with the child or young person and their family, and FGC recommendations and planning propose a multi-agency involvement, the

⁴The Privacy Act 1993: A summary of available resources and guidance to protect personal information and assist case management in the Health, Education and Social Welfare sectors. Ministries of Health and Education and Department of Social Welfare, December 1996.

interagency case plan will ensure that appropriate services are delivered to the child or young person and their family in a co-ordinated and collaborative way. The interagency case plan will also be a means of reviewing the ongoing effectiveness of the FGC plan.

Neither one process can be seen as a substitute for the other.

Protocols might refer to the CYPFS document released in 1996, *Responsibilities for Attending Family Group Conferences and Resourcing Family Group Conference Outcomes*. This document outlines responsibilities and processes for each sector in their involvement with FGCs.

Links with Adult Services

Access to youth services and the definition of youth varies between sectors and can vary within sectors. Protocols need to address how service co-ordination between young people's services and adult services (such as adult mental health services) will be carried out.

In addition, where parents or caregivers are involved with adult services, dependent children's needs should be recognised and overall co-ordination of a family plan developed. Within a protocol, specific agreements may be needed with adult services, especially adult mental health services, to ensure that service co-ordination takes place around the child or young person and their family.

Monitoring, Evaluation and Review of the Protocol

The implementation of protocols should be monitored and protocols reviewed at regular intervals to ensure they continue to be appropriate and effective. In order to ensure that systems of monitoring, evaluation and review are established and adhered to, it is recommended that such systems are detailed in protocols, including agreements on specific responsibilities.