QCOSS

Queensland Council of Social Service

A Guide to Integrated Service Delivery to Clients

For Community Service Organisations

October 2013

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- Case conferencing cooperative guide
- Community connect case conferencing pilot Hervey Bay 2005
- Case Conferencing Proforma
- Case Plan Template
- Sample Resources for Integrated Service Delivery

Introduction and background

A key focus for QCOSS is supporting organisations to collaborate and learn from each other. This work has included looking at how organisations can better coordinate services to clients and helping build the capacity of community-based organisations. QCOSS also commissioned the "Working Together" Green Paper which looked at models and options for organisational collaboration in the sector.

This guide looks at *client-focused service integration*. Options and resources are provided that can assist organisations even without structural change to or between the service providers (government and non-government) involved.

Other resources such as the *Planned Support Guide*[1] provide a case management framework that covers referral processes and follow up. Here we help organisations to take those processes a step further, although they focus mainly on structural arrangements between organisations.

Coordination, *collaboration* and *integration* (key terms defined in Table 1) certainly present some challenges which may require *cultural change* within and between agencies, and may also require some internal structural changes to participating agencies to make it work. It is hoped that this guide will help organisations on their journey.

Please feel free to provide feedback and commentary to the QCOSS Sector Development Team by phoning (07) 3004 6900.

[1] http://communitydoor.org.au/sites/default/files/Planned%20Support%20Guide_0.pdf

Table 1: The continuum of integration[i]

Autonomy	Cooperation	Coordination	Collaboration	Integration
Agencies act without reference to each other, although the actions of one may affect the other(s).	Agencies establish ongoing ties and provide limited support to an activity undertaken by the other agency. Communication and sharing information is emphasised. Requires a willingness to work together for common goals, goodwill and some mutual understanding.	Separate partners plan the alignment of their activities. Duplication of activities and resources is minimised. Requires agreed plans and protocols or the appointment of a coordinator or manager.	Partners put their resources into a pool for a common purpose, but remain separate. Responsibility for using the pooled resources is shared by each of them. Requires: - common goals and philosophy - agreed plans and governance - agreed administrative arrangements.	Links between separate agencies draw them into a single system. Boundaries between the agencies dissolve as they merge some or all of their activities, processes or assets.
	Examples include learning and information sharing networks and open access to each others facilities and services.	**Examples** include the appointment of a hub coordinator to provide strong links between existing child care services, or developing joint funding proposals for new coordinated programs.	**Examples** include the establishment of shared service centres or developing joint management structures.	**Examples** include preventative or community-based place management programs. It can also involve the merger of similar agencies to form a single larger organisation.
Working with our clients				
Agencies work with clients without reference to other agencies who may, or could, be involved. Referrals may occur, but it is largely between the client and the next service to determine their work/relationship, if any.	Agencies share information through networks and other means so they understand what others can offer, actively refer clients, might work together to conduct a program for common clients/client needs	Agencies working with a similar target group undertake joint planning around needs of the target group, unmet needs and may form a consortium or partnership to plan and fund new or extended services to meet these needs. Agencies may also consider their own operations and processes and how these work together to impact clients; agree to streamline their own, or develop common processes (such as a common assessment tool) to benefit clients, make services more seamless.	Agencies agree to work in partnership to deliver a service to meet an identified need, at least in part, using resources they already have. They plan together; develop processes so that clients can be supported seamlessly by the group of agencies. Obviously, there has to be a high level of trust between, and accountability to, the partners for this to work.	Agencies agree to work together with the focus on the client's needs. Participant organisations agree on the "rules" around these arrangements, and to be accountable to them. New systems or processes may emerge, and the group works together to find solutions for the client. As far as possible, finding these solutions is more important than the needs or rules of the individual organisations.

What is integrated service delivery?

Integrated service delivery refers to a number of service agencies working together to collaborate and coordinate their support, services and interventions to clients. The focus is generally on clients, or client target groups, who have complex needs that require services from a number of agencies. Some efforts may be one-off, but more typically, there will be a system developed that enables agencies to meet or communicate and possibly streamline processes, to provide ongoing coordination.

The primary purpose of integrated service delivery approaches is to improve outcomes for our clients. How this is achieved, and the factors that are important, will vary according to the service settings, agency capabilities and specific needs of the clients. They may include:

- Improving communication between agencies to monitor client progress and changes and be more responsive to these.
- Identifying areas of duplication, working at cross-purposes, or what is creating confusion for clients about who is doing what.
- Developing *one plan* for the client which includes the work being done by/with all agencies. This plan may also include actions and responsibilities the client agrees to do.
- Building understanding and capacity between the agencies – such as sharing practice frameworks and legal and funding limitations – so they can work together more effectively and generally support each other in their service delivery.
- Identifying systematic issues that create problems for clients, and for services in their efforts to meet client needs. This may include identification of client groups or needs that “fall between the gaps”. Ideally, there will be a process whereby these issues can be brought to the attention of decision-makers.
- Development of streamlined processes which can provide more seamless services to clients, such as a common referral or assessment process.

Types and examples of integrated service delivery

Service initiated case conferencing

Many services arrange and conduct case conferences for their clients, where the client's needs are complex and a number of agencies are involved, with varying levels of success. These are often initiated on an "as needs" basis, and may be very useful, even if only to share information and achieve some clarity about needs and goals for the client. They may occur routinely between a small group of agencies who have strong professional relationships and regularly work with shared clientele in a specific target group.

Some of the considerations when using this approach include:

- On what authority is the service able to call the conference? If they are one service among many, participation of others relies on goodwill or relationships, which may not be well developed. There may also be power variance between statutory and community agencies.
- Getting all the key players to the table – if some are missing, will we get a complete picture for this client? In terms of their needs? In terms of resources available?
- Accountability – what happens if an agency agrees to certain actions, but does not follow through? Is there a process, or any authority to call them to account?
- If you plan to include the client – will all players agree/be comfortable with this?
- The reality that every agency involved with a client has its own mandate, agenda and professional framework. If these are not clearly articulated and respected, collaboration can become somewhat superficial and frustrating for participants. For this reason, case conferencing is more likely to succeed between similar agencies or those who have well- developed close working relationships.

Integrated Case Management

The term Integrated Case Management (ICM) is used in a number of contexts from medicine to marketing. The QCOSS *Planned Support Guide* outlines aspects of the case management process in a community service setting. Case management includes a series of tasks or phases that ensure that our work with clients is purposeful, goal or outcomes oriented, and client-centred.

> **Integrated Case Management** refers to a team approach taken to co-ordinate various services for a specific child and/or families through a cohesive and sensible plan. All members of the team work together to provide assessment, planning, monitoring and evaluation. The team should include all service providers who have a role in implementing the plan, and whenever possible, the child or youth's family.

Often it includes the concept of a case manager or key worker – a central worker for a particular client, who oversees their general progress, and the role of their own and other agencies in meeting the needs of their client. In a statutory setting, this role may be formally allocated. In community settings this may be less clear, or may be by agreement around the primary need of a client (for example, the housing service if the client is homeless). Often with complex needs clients it can be difficult to determine just what is their primary need!

Some examples of these arrangements are initiated and led by government agencies. For example:

In New South Wales, Family Case Management is being trialled in several sites, and is coordinated by a Departmental Officer. A first stage of this Pilot looked at systemic and procedural barriers to working together arrangements for at-risk families. Keep Them Safe: A shared approach to child wellbeing is the NSW Government's response to the Report of the Special Commission of Inquiry into Child Protection Services in NSW, led by the Honourable James Wood, AO, QC, released in November 2008.

http://www.dpc.nsw.gov.au/__data/assets/pdf_file/0009/83655/05_Family_Case_Management.pdf

In Queensland, service integration coordinators in Queensland Health undertake a similar function for people with complex mental health needs, bringing together key service providers to coordinate individual support and interventions.

Other examples have involvement and support by key government agencies, but are not formally led by them such as the *Under One Roof* initiative in Brisbane. The Homelessness Community Action Planning (HCAP) projects, which may include aspects of integrated service delivery to clients, rely on a partnership relationship, with a departmental officer providing the conduit to government, while an officer based in QCOSS takes a similar role for community sector players.

Some considerations when using this approach include:

- The need for a concerted process to establish the “rules of operation”. This may go

some way to addressing the issue of authority as it allows all players to discuss and agree on arrangements. The same may be said with regard to accountability, but generally these arrangements are, at most, supported by Memorandums of Understanding, and are hard to enforce.

- If the process is initiated and led by a statutory agency, will elements of the "rules" be pre-determined by that agency, rather than a result of true mutual agreement? Will this impact on the commitment by other parties, be they community or government agencies? Issues of power imbalances can still come into play and be a source of frustration. This can include power struggles between small and large organisations as well as between fund holders and non-fund holders.
- Some agencies are finding that the recent move to Output Based Funding agreements, if applied rigidly, can work against the time and commitment necessary to form working integrated service delivery systems, particularly the all-important establishment tasks.
- Even with the most collaborative approach, at the local level, finding intervention solutions that suit the individual client can require innovation that is beyond the authority of local workers to implement. Will there be a process or support, within and between agencies at a higher level, to enable these innovative or different approaches?
- One of the outcomes of bringing together an array of agencies, with differing practice and organisational frameworks, is often the identification of systemic barriers which prevent the best outcomes for a given individual situation. Again, are there lines of communication to decision-makers to enable these issues to be highlighted and addressed?

A number of Integrated Case Management approaches have combined the local system with a **second tier of collaboration, at a higher organisational level**, that has the capacity to address some of these systemic issues. This was recognised in the establishment of the HCAP projects, and the Queensland Compact Intersectoral Forum (QIF) that deals with such systemic issues which are referred to it by local projects. Consideration of these systemic barriers is also referred to in the Keeping Children Safe initiative from New South Wales. Establishing these higher level collaborative groups also conveys an element of authority to the local workers to find solutions that work for each client. Independent facilitation where an independent individual or organisation is paid to facilitate and lead the process is highly recommended although it may not be a viable option for all integration initiatives.

Generally, establishing integrated service delivery processes will entail the development of various resources, such as common assessment and case planning tools, as well as agreements about how case conferencing or case coordination meetings will be conducted. Samples of such tools appear in the resources section.

Collective Impact

This approach essentially takes similar principles to those underpinning integrated service delivery, and applies them to addressing broader social or community problems. Similar to integrated service delivery, there is an appreciation that the contributing factors are varied and complex, and therefore solutions will need to reflect that.

Commonly our funding and accountability processes and community sector approaches tend to focus on "isolated impact" – the specific things our organisation does well, and demonstrating the impacts we have achieved.

Collective Impact typically brings together government, business and community as well as service agencies, to agree on a common vision around a specific issue and commit to play a particular role in the solution.

This approach generally occurs on a larger scale than the approaches outlined in this paper. In Cincinnati, *Strive* brought together over 300 local leaders to tackle the student achievement crisis and improve education. It assumed a holistic view – that a common purpose was required at all levels from early childhood to tertiary education, and from all the other aspects of the community that feed into and impact on, the education system and the well-being of students.

This "big picture" approach may be beyond the scope of this paper, and according to Kania and Kramer[2], in describing the *Strive* process, required centralised infrastructure and dedicated staff. A key factor in the ongoing success of the program has been the development of agreed performance indicators, and mutually reinforcing activities among all participants. The latter allows each player to focus on what they do best, but within the broader context of the common goals of the project. There are some very interesting observations and principles from this approach that would be relevant to the development of any integrated service delivery approach.

Closer to home, the Homelessness Community Action Planning pilots seek to use this approach in tackling a social problem at a local level.

Other approaches

It should be mentioned that in some instances, elements of integrated service systems have been developed, such as those which use technology to provide shared data bases, so client information is readily accessible to relevant agencies, and they do not have to re-tell their story every time a new agency is involved. This approach, while having benefits, does not necessarily mean that efforts will be fully co-ordinated or solutions developed collaboratively.

In other instances, common tools, such as a set assessment tool, used by a range of agencies dealing with a similar client group, can provide more consistency and transferability of information, but again does not necessarily lead to true collaboration and integration of services to the individual.

These approaches, or elements, do however have a place in the development of a broader integrated service system.

[2] Ref: John Kania and Mark Kramer: *Collective Impact* Stanford Social Innovation Review Winter 2011 pp 36-41

How is an effective integrated service delivery system established?

Most models of effective and sustainable integrated service delivery will include:

1. An element which can **address systematic and procedural barriers** to working collaboratively. This often is a group of key agency managers or decision-makers who have the will and capacity to find solutions or change procedures to make them work together for clients. Some of this work may be done as a preliminary stage in the process of establishment, but this group also needs to be able to respond to issues as they arise.
2. **A collaborative group of service providers** – these are the face-to-face workers. In some models, this is a set group who meet at regular intervals, to whom clients are referred to undertake collaborative case management. Other models include a pool of such workers, but the collaborative group is formed based on the particular client's needs, and may have a more flexible meeting schedule based on that need. The first model is probably easier to sustain as it is less demanding on workers in terms of numbers of meetings, but the latter is more responsive to the client's needs.
3. **A clear establishment phase** during which all players agree on the scope and structure (administration) of the arrangements. This phase *must* include discussions about agreed values and the "rules of the game", as well as a clear vision or an agreement about the outcomes you hope to achieve. This is essential given the multi-agency, multi-disciplinary nature of integrated service delivery. An important aspect of this discussion is around professional frameworks – taking time to understand and respect these differences. How will you proceed when professionals differ about the best options for a client? Programs that have moved directly to establishing structure have generally reported that they have needed to go back and address these issues of professional differences, as they can bring the process unstuck. Evaluation processes must also be considered and confirmed at this point.
4. An agreement about **the target group/s and how eligibility for the program is assessed**. Integrated approaches are generally targeted at people with complex needs. Most models also include options for those clients who do not quite fit the eligibility requirements – a key issue is often the client's willingness to engage and seek change.
5. An **agreed case plan structure** – usually around certain "domains", which may vary according to the target group. Most models use these domains to guide assessment, and the structure of the case plan. Generally, consistent proformas are used, based on this structure, to guide case conferences, resulting case plans, and to monitor progress.

It has to be acknowledged that there is significant investment of time in the early stages, which can be a major stumbling block for services.

The vast majority of systems have required an injection of funds to allow a coordinator or project officer to be appointed, or to allow a worker to go off-line for a period, at least to drive and coordinate the establishment phase. Funds have either been externally provided (usually for a limited period) or have been pooled by several key agencies. Some have been driven by government agencies and a position made available within the agency dedicated to coordination of integrated service delivery.

Some summary principles

Six partnership principles of collaboration

1. Recognise and accept the need for partnership
2. Develop clarity and realism of purpose
3. Ensure commitment and ownership
4. Develop and maintain trust
5. Create clear and robust partnership arrangements
6. Monitor, measure and learn

Hardy, B. et al. May 2003, Assessing Strategic Partnership the Partnership Assessment Tool, Office of the Deputy Prime Minister, Strategic Partnering Taskforce and Nuffield Institute for Health. London, pp. 1-52. An evidence-based document that provides a tool for assessing the success of a partnership.

Elements of effective collaboration

- Leadership
- Trust and mutual respect
- External liaison
- Team composition
- Clear roles and responsibilities
- Resourcing and funding
- Inclusive communication
- Efficient organisational support
- Review and evaluation

Brian Head, 2004, Evidence into Action Topical Paper – Effective Collaboration, Australian Research Alliance for Children & Youth, July 2006.

Making collaboration work in a local community

- A set of relationships which promote collaboration
- A strong spirit and shared intent towards collaboration
- A good level of local control over working arrangements, with support but not control from outside
- Active facilitation and influencing to:
  - get participation
  - secure commitment
  - create an environment conducive to productive mutual work
- Secretariat capacity
- Developmental worker capacity
- Time to build and re-build relationships
- Skills in both collaboration and in the specific service tasks– high level for complex tasks.
- Cash and assets to fit the agreed tasks

The Esk Integrated Family Support Project Evaluation, 99 Consulting, July 2009

Example of agreed underlying values and principles of ICM

The following comes from a child protection setting, and reflects that focus, but also includes some sound general principles.

- **Client–centred service**: Clients are key players and have an active voice in shaping services that will support them.
- **Building on strengths**: ICM focuses on strengths as the basis for making changes.
- **Advocacy:** Advocates can assist clients to take an active role in the ICM process.
- **Recognising diversity**: ICM relies on multiple perspectives.
- **Collaboration**: ICM is based on a team approach to creating and implementing a service plan.
- **Mutual respect**: ICM is a shared learning experience for all team members and one in which all participants make unique and valuable contributions.
- **Participation:** ICM is based on professionals drawing on the experiences and knowledge of one another.
- **Accountability:** ICM requires critical thinking skills and ongoing reflection on practice.
- **Holistic approach:** ICM provides a comprehensive approach to a client's circumstances and needs, including family considerations and the development of a care plan to address them.
- **Continuity:** ICM is based on a team approach to creating and implementing a service plan that provides clients with a sense of continuity.
- **Planning for transitions:** An ICM planning process works with clients and takes into consideration important transitions such as changing schools, changing family structure and entering a new developmental stage.
- **Least intrusive and intensive intervention:** ICM enables services to be provided before difficulties develop into crises and to minimize the number, intensity, duration and restriction of the interventions.

The *ICM User's Guide* and the *Review of Integrated Case Management – Ministry for Children, British Columbia* http://www.mcf.gov.bc.ca/icm/pdfs/icm_user_guide_2006.pdf

DOMAINS

This example was used for a chronically homeless target group:

- Motivation and taking responsibility
- Self-care and living skills
- Managing money
- Social networks and relationships
- Drug and alcohol abuse
- Physical health
- Emotional and mental health
- Meaningful activity
- Managing tenancy and accommodation
- Offending

What's important for your target group?

Ref: Townsville Homelessness Service Integration Demonstration Project Case Coordination Group Handbook – *A fieldworkers' guide to the care planning and management of people who have complex needs and occupy public spaces in Townsville* http://www.cichappell.com/DownloadDocuments/CCG_Handbook.pdf

How do I involve clients in the process?

Decisions	Practice adjustments
How will clients, carers and family members be involved in the process? • Will they be directly involved in case conferences or coordination meetings? • Will professional reports be made available to them? • Will reports be explained directly to clients and who will do this? • Will there be arrangements for clients to have an advocate to support them before and during meetings? • If client involvement is the norm, under what circumstances would they not be involved? • If clients are not present at meetings, how are decisions conveyed to them? **Note:** Integrated Case Management systems which directly involve clients and families, such as the Ministry for Children, speak to the benefits of this approach, and clients report that they feel better understood, part of the solution, and more committed to decisions made, despite initial discomfort for some, with the process.	• Developing and/or utilising strong group facilitation skills • Ensuring proper documentation of case conferences • Working with clients to plan their involvement • Being open to the presence of advocates, lawyers, therapists, or community workers • Adjusting work schedule and meeting venues to reflect the clients' reality/needs • Being prepared for a range of experiences, skills and capacities during planning discussions • Learning how to be comfortable with tension and conflict and • Having clearly articulated and agreed upon decision-making and conflict resolution processes in place. *Carol Hubberstey, Health and Social Policy Consultant, Child & Youth Care Forum, 30(2), April 2001, 2001 Human Sciences Press, Inc. pp 83-97*.

How do we keep the integrated service delivery process going?

Agency partners will also need to determine how the following tasks will be undertaken and who will be responsible for each:

- organising meetings
- identifying team member roles
- developing a case plan
- reviewing the plan regularly
- maintaining contact between the team and external referrals, such as a residential placement
- determining a process for conflict resolution or mediation when necessary
- compiling, distributing and maintaining meeting records
- closing or transferring the case
- evaluating their work

Some systems have been fortunate to be supported by a coordinator or convenor, who may oversee a number of these tasks. In other situations, this work will need to be done by agencies without additional resources.

It is vital to acknowledge the real costs of establishing and maintaining an integrated service delivery system. Failure to do so will see the process flounder as agencies struggle to meet the costs of their commitment.

In essence, an integrated service delivery system is not about doing anything extra for our clients, but about *working differently*. A well designed and managed system should balance the extra efforts to coordinate with time saved by removing duplication and streamlining processes, as well as the satisfaction of seeing more positive outcomes for our clients. That said, there is definitely a period of committing extra resources to get a system up and running to a point where the processes are well-established and the benefits are evident. It is also true that some agencies will be less willing or able to commit until a system is up and running effectively.

Some possible approaches:

- Consider sources of one-off funding to support the establishment phase.
- Limit the process initially to a small group of agencies, or very specific client group.
- Set an initial trial period and/or limit the number of clients you will anticipate including. These limits may help initially with commitment by agencies which need to be involved. Be sure to include a commitment to evaluate and debrief at the end of the trial period – so you have data to support any requests for funding or agency support, and all players can agree on a way forward.
- Divide up the tasks listed above between the agencies involved, so each meets a cost or makes a resource available within their means.
- Ensure that agency managements understand the project; the necessity and extent of their commitment (both in terms of resources and authority to participate).
- Adapt existing resources to your purpose!

[i] Adapted from Cairns et al., 2003; Fine et al., 2005, p.4 and the SNGO Fact Sheet on Shared and Collaborative Arrangements.