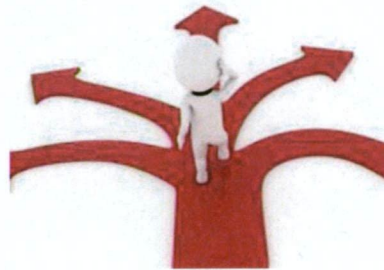


**Critical Review of the “Collaborative Case Conference Referral Pathway” for
Exceptional Needs Youth Justice Clients – Tasmania**



By

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Submitted Thesis in Fulfillment of the Requirements for the Degree
Of Masters of Criminology & Corrections, 2012.

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Declaration of Originality

This Dissertation contains no material which has been accepted for a degree or diploma by the University or any other institution, except by way of background information and duly acknowledge in the thesis, and to the best of the claimants knowledge and belief, no material previously published or written by another person except where due acknowledgment is made in the text of the thesis.

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EXECUTIVE SUMMARY

The need to improve the response to young people with complex and exceptional needs by the Department of Health and Human Services (DHHS), Children and Youth, Youth Justice Division, Tasmania has been recognised since 2002. Subsequently, the Collaborative Case Conference process has been implemented to deliver a higher level of collaborative expertise in supporting this client group.

The purpose of this dissertation is to influence policy into leading service providers with an overarching policy framework that will guide implementation of an early referral pathway into the Youth Justice, Collaborative Case Conference process for complex and exceptional needs clients. Within this context, this dissertation provides background information based on a review of collaboration and early intervention studies to provide a new early referral pathway that is intended to be used as a guide for policy change within Youth Justice Services, Tasmania.

It is anticipated that the benefits of implementing a new improved early intervention referral pathway will be to recognise the value of collaboration in finding solutions to service provision for people with complex and exceptional needs (DHHS, 2004), provide a policy for agency accountability for supporting this client group and principally, improve outcomes for people with complex and exceptional needs.



Collaborative Case Conference

Meeting the Needs of Complex Clients

ABSTRACT

This dissertation forms part of a broader review of the Tasmanian Youth Justice Collaborative Case Conference (CCC) process, which is currently being undertaken at a policy level. The Collaborative Case Conference program is currently practiced in the Northern Youth Justice Area only. Over the period since it was adopted by the North, it has evolved considerably, adapting to meet the needs of complex clients. The contribution of the CCC is recognised in the new Youth Justice Model of Care (MOC, 2012), which intends to evaluate the effectiveness of the CCC, and make recommendations as to its extension to other areas of the State.

The purpose of this dissertation is to focus on one part of this overall review; the “Referral Pathway” into the Collaborative Case Conference (CCC) process itself. In doing so, it will raise issues for consideration within the current referral pathway in meeting the requirements of complex and exceptional needs clients entering the Youth Justice System. The aim is to propose a new referral pathway that is linked to a primary assessment that determines an early intervention approach.

The dissertation has three specific objectives: The first section outlines the current Collaborative Case Conference (CCC) process, which employs a horizontal and vertical response and both highlights and streamlines the referral pathway. To provide an overview of the CCC process, this dissertation draws information from the Department of Health and Human Service, Children and Youth Service, Collaborative Case Conference Policy and Guidelines (2012). Secondly, through a literature review lens, this dissertation responds to the current CCC referral pathway by arguing that the one pertinent issue to successfully working with this target group is that complex needs require a higher level of collaborative expertise and therefore require an early intervention approach and subsequent pathway into the CCC process. Lastly, this dissertation clearly outlines a new early intervention front-end approach into the CCC process. This new revised approach is put forward as the most effective way to respond to high needs complex clients that enter the Youth Justice System.

The methodological insight for this dissertation is based on the assumption that a review on the referral pathway into the Collaborative Case Conference process will advocate as evidence for future policy change. Thus, within a literature review framework, this dissertation highlights that policy administrators need to understand that an early intervention approach into the Collaborative Case Conference process will deliver more effective and timely outcomes when supporting this high needs client group. The main policy implications of these findings are straightforward. To embrace research and develop an early intervention referral pathway into the CCC process. Through implementation of this policy, collaboration will occur as an established early practice, resulting in better outcomes for exceptional needs Youth Justice Clients.

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1 - PART ONE: Introduction -Background

Whilst not all young offenders come under this heading, there are a number of young people that enter the Youth Justice System each year that are considered individuals who have characteristics of need that are at the extreme end of a range of multifaceted complexities and are therefore assessed as having complex and exceptional needs. Although there are many different theories on what trajectories channel a young person toward a “diagnosis of complexity”, for example the range of biological, psychological, social and structural factors that are seen as risk factors well researched and linked to this label, this dissertation will not add weight to the topic nor will it delve into critiquing or dissecting the aptitude of the YLS/CMI or LS/CMI - Assessment Tools themselves, that forms part of an overall process that determines such complexity exists. Instead, this review will simply examine the current referral pathway into the Tasmanian Youth Justice Collaborative Case Conference (CCC) program aimed at assisting those young people entering the Youth Justice System that have been assessed as being complexity in diagnosis and therefore considered as having exceptional needs.

In definition, the Collaborative Case Conference (CCC) process is an initiative that depicts an across-agency approach to meeting the needs of Youth Justice Clients assessed as having complex and exceptional needs (DHHS 2012). The CCC process provides a higher level of collaborative service delivery that brings together all relevancy agencies and higher level management in a framework of collaboration.

1.1 Aims of the Referral Pathway Review –Policy Context

The focus of this dissertation is on reviewing the current Collaborative Case Conference (CCC) referral pathway, which is one small part of a more extensive review process of the Collaborative Case Conference Model itself within the, Department of Health and Human Services-Family and Youth, Youth Justice Service, Tasmania.

Upon review, it is the overarching purpose on this dissertation to identify and develop an effective referral pathway into the Collaborative Case Conference process that both meets the needs of high complex clients and in doing so, maintains Agency accountability.

In effect, the fundamental perspectives that need to be considered when discussing policy context for working with complex clients is early intervention and collaborative practice as will be discussed throughout this dissertation. The argument here is that complex clients require collaborative expertise and therefore require an early intervention approach into the Collaborative Case Conference process which is endorsed within agency policy as an established practice for working with complex clients in achieving better outcomes (Thain, 2006).

1.2 The Review Process

The “Referral Pathway” review involved the following steps:

- (1) Understanding the policy context within the Collaborative Case Conference process that is designed to support and improve outcomes for complex clients with exceptional needs.
- (2) Contextualizing the referral pathway review with reference to literature relevant to complex clients, early intervention and collaborative practice.
- (3) Considering the literature findings to examine the implications for policy and practice.

During this dissertation it was important to liaise with the Department of Health and Human Service, Policy Department. It is important to note that this review is not set out to review the Collaborative Case Conference process itself or evaluate the role of the Youth Justice Worker. Instead, the overriding objective has been to highlight an effective referral pathway for high needs complex clients as they enter the youth Justice System.

1.3 Brief History of the Foundation of the Collaborative Case Conference

In 2002, the then Department of Health and Human Services (DHHS)-Youth Justice, Tasmania developed and endorsed an Agency Collaboration Strategy Plan 2003-2006 (DHHS, 2004) that arose out of a need to improve the response to Youth Justice (YJ) clients assessed as having exceptional and extreme complex needs. The overarching Policy at this time aimed to establish collaboration as a more improved way to achieve outcomes for this high end target group. As a follow on, the DHHS Agency Collaboration Strategy, endorsed by DHHS in February 2004, provided an overarching policy framework for improving the response to clients with complex and exceptional needs. The objectives and principles underpinning this policy clearly indicated the significance of collaborative practice as a means to meet the needs of this target group. Subsequently, through ongoing policy review, there came the recognition that collaborative practice was a best practice model for working with exceptional needs clients. As history depicts, by 2006, in conjunction with Thain (2006) the then Policy Officer of Community Youth Justice, members of three statewide Action Learning sets, including participants from the Department of Education, the Department of Police, Emergency Services and the Department Child and Youth Services-DHHS, worked collaboratively to determine a conferencing process that met the needs of those most hard-to-engage complex clients of Youth Justice Services across Tasmania. Hence, the birth of the Collaborative Case Conferencing (CCC) Program.

Today within the 2011 - 2015 Strategic plan, Youth Justice Services set a clear strategic framework and the development of detailed strategies and activities and the implementation of services and programs that will be grounded in engaging stakeholders who are essential partners in the development and delivery of sustainable solutions for young people. This approach is in line with recommended strategies and common features of collaboration as described in the 2010 paper, "Collaboration — A Tasmanian Government Approach" which includes: agencies working across traditional portfolio boundaries; developing an integrated approach to complex or cross-cutting issue and sharing responsibility for an outcome, including the risks and rewards associated (Children & Youth 2011-12).

1.4 Principles that underpin the Collaborative Case Conference (CCC) Process

The Collaborative Case Conference (CCC) program is funded as an intensive service response to support high and very high complex Youth Justice Clients requiring a high to intensive level of intervention in meeting their risk and needs. Through a higher level of collaborative intervention, the goal of the CCC is to develop a comprehensive multi-agency case management plan that is both responsive to the young person's risk and needs and monitors multi-agency responses. Within this process a risk and behavioural management plan can also be implemented and psychological reviews and reports can also be identified and executed.

The CCC process is very action and outcome focused and is designed to provide a forum for intensive collaboration to key services that are focused on the outcomes for the young person in relation to the following areas that are not restrictive: recidivism; compliance with Justice Orders, healthy interaction with family/significant others/peers; support in obtaining housing/independent living skills, support to overcome significant welfare issues such as significant Child Protection concerns, overcome unmet mental health and/or forensic issues, financial support, support to maintain abstinence for alcohol and other drug use, support to maintain general health, meeting education and employment/training needs, other resources and law abiding engagement with the community.

1.5 What makes the Collaborative Case Conference (CCC) a higher level Process

The CCC process is one of intense collaborative practice. It specializes in supporting those clients that are most difficult to engage. The CCC facilitator plays a crucial role in coordinating and monitoring the CCC process to facilitate a multi-agency case management response and subsequent plan. In that, the CCC facilitator's role is to bring together all services through a model of collaborative practice within a strong leadership role in monitoring all service delivery for high needs complex clients.

The overall CCC process draws on both horizontal and vertical collaborative interventions. The horizontal and vertical distinction is used as a theoretical framework to portray that both levels of collaboration are required when supporting clients with complex needs and a vertical response is not to be viewed as a hierarchical takeover on any level.

In brief, a vertical structure is one in which there are levels of power and command from the top down. A horizontal structure is a structure founded on collaboration between individuals with equal shared distribution of authority (Nelson & Shavitt, 2002)

1.5.1 Horizontal - Vertical Response.

The uniqueness of the Collaborative Case Conference process is that it utilizes successfully both a horizontal and vertical partnership. Horizontal collaboration is employed where participating agencies collaborate, share information and develop one united comprehensive case management and risk management plan. From this perspective it could be argued that this structure can also be used by the Youth Justice Workers as general everyday practice, if skilled in the art of collaborative practice. However, what is commonly recognized within this process is that horizontal collaboration has its limitations and when this level of practice is unable to meet the client needs, a higher level of collaborative expertise is required where a vertical structure is necessary to facilitate an outcome where a hierarchical response is essential. Here key coordinators and managers are called to the CCC table, or outside this process, in collaboration with the CCC Facilitator, to discuss contentious issues such as, resources, when there is a need for financial approval, management authorization or a higher level of diagnosis or agreement, particularly where signatures are involved.

1.6 Summary

In summary, it is argued here that for effective and accountable collaborative practice when meeting the needs of complex and exceptional needs clients that enter the Youth Justice System, a multi-agency response that includes both vertical and horizontal collaborative intervention, provides a framework for best practice and is therefore seen as working at a higher level of intervention for this target group.

Furthermore, it is put forward that facilitation of the horizontal-vertical integrated response for such a comprehensive execution of collaborative service delivery requires an experienced facilitator with a higher level of collaborative expertise.

It is for this reason that a Senior Worker with the appropriate education background who is highly skilled in providing professional direction and collaborative leadership, in conjunction with the appointed Senior Quality and Practice Adviser, who provides clinical leadership and direction in the strategic development of responses for clients with complex and exceptional needs, oversee all complex cases that are referred to the Collaborative Case Conference process. Within the bounds of the Collaborative Case Conference process, these two positions provide effective governance of complex clients through implementing and monitoring case management practices, and furthermore, both develop and sustain collaborative relationships within and external to Human Services, ensuring the effective implementation of the Agency Collaboration Strategy. This higher level of clinical representation is seen as best practice and an essential component for meeting the needs of complex clients that enter the Youth Justice System.

2. Introduction to the Current Youth Justice Collaborative Case Conference (CCC) Referral Pathway

For reference, this section will not unravel or critique the overall Collaborative Case Conference guidelines or overarching policy itself. Instead, it will draw attention to the referral pathway into the Collaborative Case Conference process only, with the view of examining the current referral pathway against an early intervention approach. This approach is put forward as a more effective practice at achieving more timely outcomes for this target group. The following introductory overview is put forward as to the current CCC Referral Pathway:

2.1: Brief Overview of the Assessment Tools used for assessing Complex Clients

When a young person under the age of eighteen (who has committed a crime under the age of 18) enters the Court System, having been either proven or admitted guilt, a Youth Justice Pre-Sentence Report is ordered by the Court (refer to Section 33 of the Youth Justice Act 1997). As part of this overall process, the young person is assessed using either the YLS/CMI or the LS/CMI Assessment Tools. The Youth Level of Service/Case Management Inventory (YLS/CMI) Assessment Tool is for Youths aged from 10 to 16 years. The YLS/CMI is a risk/needs assessment and a case management tool combined into one convenient system derived from the Level of Service Inventory–Revised (LSI–R). The YLS/CMI helps Youth Justice Workers identify the youth’s major risk and needs, strengths, barriers, and incentives; helps select the most appropriate goals for him or her; and produces a case management plan based on those needs. The Level of Service/Case Management Inventory (LS/CMI) Assessment Tool is an assessment that measures the risk and need factors of late adolescent (17 and above) offenders. Likewise, the LS/CMI is also a fully functioning case management tool. This assessment process provides all the essential tools needed to aid professionals in the treatment and case management planning of offenders. Through either of these processes the young person is assessed as having low, moderate, high or very high criminogenic risk/needs. The assessment is undertaken within Youth Justice Services by Youth Justice Workers to form the basis for sentence recommendation to the Magistrate or Supreme Courts and as stated above, to also provide an outline for a Case Management and overall rehabilitation plan.

2.2: Supervision of Complex Clients-Youth Justice, Tasmania

Following the assessment and Pre-Sentence Report submission to the Court, a young person is then placed on a Community Based Order as per the legislative framework, the *Youth Justice Act 1997*. Once subject to a court order, the young person enters the Youth Justice System. The general practice when supervising those complex clients that have been assessed as being “high” or “very high” risk, occurs from a “Four Tier” Intervention approach as outlined below:

2.2.1: Tier One

TIER ONE- Having developed a Case Management Plan based on the level of risk assessed by the YLS/CMI or LS/CMI (as defined above), the Youth Justice Worker will outline strategies in meeting the clients criminogenic risk and needs (ie: Recidivism, homelessness, mental health issues, Child Protection issues, family breakdown, Drug and Alcohol use, motivation, resistance-etc) through referral to external rehabilitation programs and/or through the delivery of the Youth Justice CHART (Changing Habits and Reaching Targets) program. CHART was endorsed in 2011-2012 as a practical tool to support Youth Justice Workers to supervise young offenders and address their offending needs. This was established from the Community Supervision Practice Pilot (2010-11) which identified new work practices and resources to enhance Youth Justice Workers case management of young offenders. A key objective is for clients of Youth Justice Services who are assessed as high or very high needs, the CHART program is provided to target offending behaviour. It uses active, participatory learning methods and employs a skills-oriented, cognitive-behavioural (CBT) and motivational interviewing approaches. This program is said to be mandated to be used with every client assessed as having a High or Very High risk of reoffending. In relation to complex needs clients (Extreme mental/forensic health issues, homelessness etc), throughout the supervision process, the Youth Justice Worker will both communicate and cooperate with both Government and non-Government organizations in a case management model of practice. This process will continue under the discretion of the Youth Justice Worker in union with the Team Leader for the length of the order. Failing any successful outcomes in engaging the young person into stable accommodation and rehabilitation programs, a more formal progression can then occur that initiates a Tier Two response.

2.2.2: Tier Two – CART (Critical Assessment Review Team) meeting is held.

TIER TWO- As per the current Collaborative Case Conference (CCC) Policy Guidelines (DHHS 2012), the CCC referral pathway specifies that only dual clients who are clients of Youth Justice and another agency can be referred, and referral takes place only when all other collaborative practice work has failed to meet the client's needs. Accordingly, Youth Justice Workers support clients who are identified at the assessment stage as having exceptional and complex risk and needs for a length of time deemed suitable by that worker. In that, all support attempts must be made to resolve at the lowest Tier One, before escalation to Tier Two can occur. Thus, when risk and needs cannot be met, as briefly mentioned above, and all avenues of interagency communication has failed, the CCC referral process can then commence with the Youth Justice Worker completing a "Referral Form (App-A)" and an "Early Indicators checklist (App-B)" showing where the communication and cooperation between agencies has failed or has not commenced. Worthy of note is that the YLS/CMI or LS/CMI Assessment outcomes for high or very high complexities are not currently considered a requirement for immediate referral to a higher level of collaborative intervention and support within the current Collaborative Case Conference referral pathway.

In Tier Two Key Coordinator involvement occurs. In that, a Critical Assessment Review Team (CART) meeting is held in response to receiving a referral from the Youth Justice Worker. The CART process is to decide whether or not a client should be referred on to the Collaborative Case Conference (CCC) process. If deemed suitable for this process, it is also to consider which Agencies should be invited to the CCC and to assist the CCC Senior Worker in organizing the Conference.

Current referral documentation for discussion with CART is sent to the Area Manager who organizes the CART meeting. The CART meeting currently consists of the Area Manager, Team Leader, Senior Worker and the Youth Justice Worker. At the time of referral a list is given for the multi accommodation placement breakdowns, unmet welfare and mental health issues/needs (refer to Appendixes A and B) that are at critical stage, at which case management and subsequent rehabilitation has been ineffectual.

Of interest is that, although a multi team horizontal-vertical discussion occurs within this process, the ultimate decision making power regarding the outcome of CART is a top-down vertical response and sits with the Area Manager.

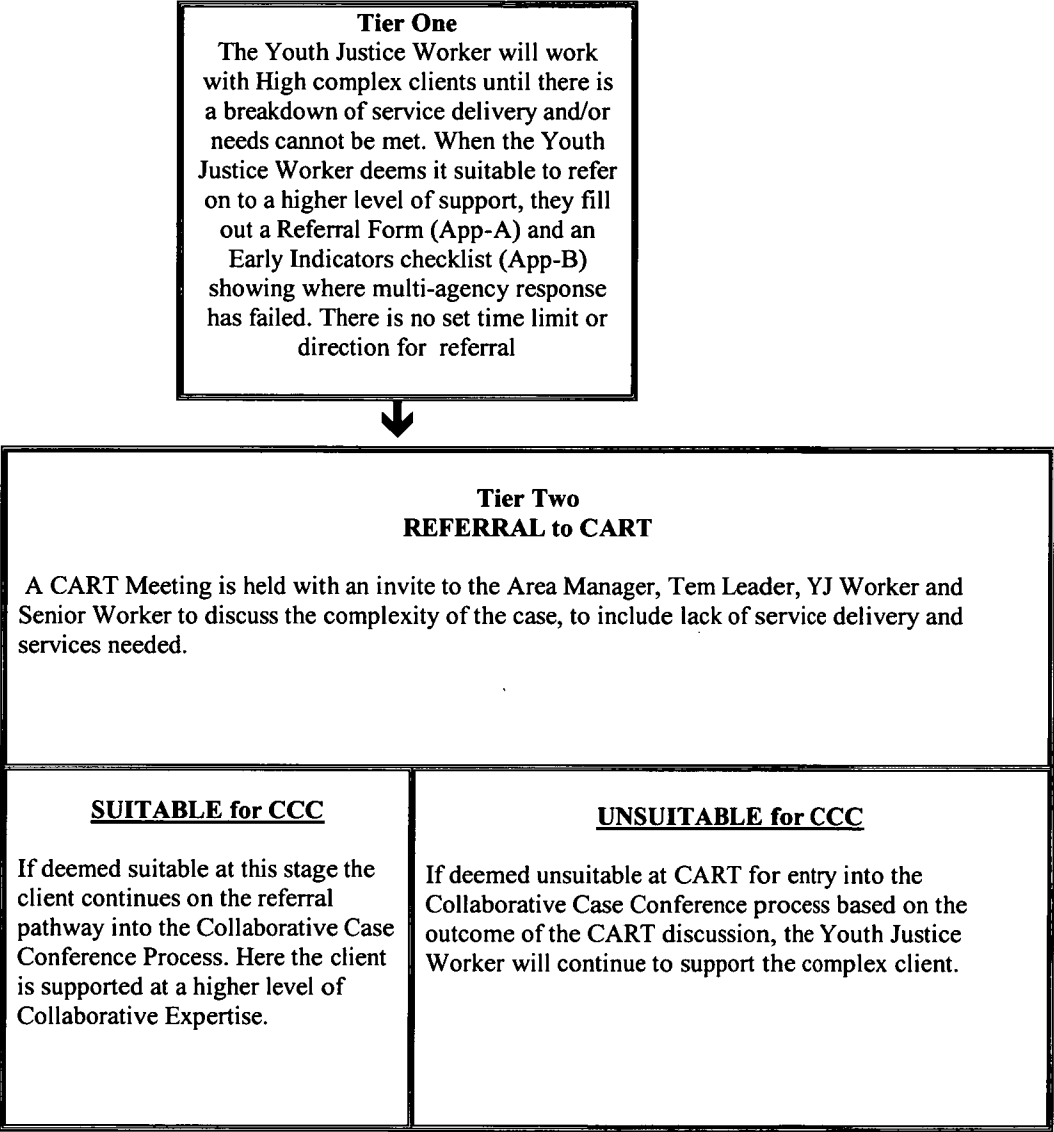
2.2.2.1: Assessed as Suitable for a Collaborative Case Conference

If deemed suitable at CART, a Collaborative Case Conference (CCC) is held. The CCC participants are generally regional representatives from any or some of the following organizations, according to the needs of the young person: Department of Education, Department of Police and Emergency Management, Child Protection, Ashley Youth Detention Centre, Community Youth Justice, Drug and Alcohol Services, Housing Tasmania, Anglicare, Centrelink, Baptcare, City Mission, Child and Adolescent Mental Health Service (CAMHS), Supported Youth Program—Anglicare, Whitelion, Youth Shelter, Centacare, Family Child and Youth Health, Tasmanian Aboriginal Service, Headspace (Counselling) and Disability Services. In general it is seen that any agency or support required to meeting the risk and needs of the clients is invited.

2.2.2.2: Assessed as “unsuitable” for the Collaborative Case Conference Process

If deemed unsuitable at CART for entry into the Collaborative Case Conference process based on the outcome of the discussion, the Youth Justice Worker will continue to support the complex client.

2.2.2.3: Illustration Model of the Tier-One and Tier-Two Approach for working with Complex Clients



2.2.3: Tier Three

Until 2010, Tier Three applied when a young person was identified as having a need that was considered to be so exceptional that no service model or service solution existed and a resolution was unable to be reached through the measures undertaken in Tier One or Tier Two (DHHS, 2012) A referral at this stage was then made to the Board of Exceptional Needs (BEN) for policy review. This Tier is currently non-operational, at which the current CCC process responds with a higher level vertical response.

2.2.4: Tier Four

Tier Four applied at a time when the Board of Exceptional Needs was unable to resolve the issue (DHHS 2010). This Tier is currently non-operational.

2.2.5: Summary

In summary, the following four points that are set out below are the objectives of the Four Tier approach outlined above, (which has dissolved into a Two Tier approach since 2009), for improvement to services for young people with complex needs:

1. Improved quality of life through consistent and efficient services

To improve and maintain the quality of life for individuals with complex and exceptional needs, and their families and carers.

2. Focusing on the interests of the client

To minimize the impact of the deterioration of health conditions, social problems and quality of life by intervening efficiently and effectively. To achieve this objective it is assumed that early intervention is integral, and that it is necessary to clarify the processes required for the provision of appropriate and coordinated care within the system, evaluate outcomes, and identify current impediments.

3. Meeting client needs through collaboration and service innovation

To ensure that individuals with exceptional needs, their families and carers receive appropriate services within a whole of system view and in a timely fashion. The assumption that underlies this objective is that the current approach to service delivery can be improved through early intervention collaboration across service areas and a willingness to explore new service models and funding solutions.

4. Targeted responses through balanced and flexible approaches

To recognize the impact on all Health and Human Services when complex and exceptional care is provided for individuals and their families. This assumes that decision making in relation to individual cases requires a balanced and flexible approach across the Agency and needs to be provided in an effective, fair, equitable and targeted way.

2.3 Current Referral Pathway Procedure Direction

The following points (2.3.1; 2.3.2 and 2.3.3) that are set out below outline the “Referral Pathway” procedures formalities into the Collaborative Case Conference process.

2.3.1: Referral Agencies

Current Policy states that the following agencies can make a referral to the CCC process, providing that the complex client is a dual client of Youth Justice.

- Community Youth Justice (CMJ)
- Custodial Youth Justice-Ashley Youth Detention Centre (AYDC)
- Child Protection Service (CPS)

2.3.2: Referral Documentation

The following referral documentation must be sent to the Area Manager as a prerequisite for discussion.

- A completed “Referral Form” (refer to Appendix A)
- A completed “Early Indicator Checklist (refer to Appendix B)

2.3.3: Assessment Tool Documentation

The following assessment documentation must be sent to the Area Manager as a prerequisite for discussion.

- Community Youth Justice: The Youth Level of Service/Case Management Inventory (YLS/CMI) Assessment Tool (10-16) or the Level of Service/Case Management Inventory (LS/CMI) Assessment Tool (17 and above).
- Custodial Youth Justice (AYDC): Secure Care Psychosocial Screening Tool (SECAPS)
- Child Protection: Tasmanian Risk Framework: Risk Assessment Tool (TRF)

2.3.4: Summary

Current referring Agencies are Community and Custodial Youth Justice Service and Child Protection Services. However, although it is written in Youth Justice Policy that both Ashley Youth Detention Centre and Child Protection Services have referral accessibility; this has not been pressed or transpired in the past.

3: PART TWO: A Critical Viewpoint

Having reviewed current policy, it seems important to recognise that policy directions are always being reviewed critically within the DHHS for working with complex clients. This protocol aims to improve the overall service provision for this client group.

3.1: Review Current Policy Practice

In anticipation for future policy review, this dissertation argues that the current approach to collaborative practice when supporting high needs complex clients, fails to achieve its objectives. This is because it fails to provide an early intervention referral pathway into the Collaborative Case Conference process.

This dissertation makes mention of this oversight in light of the fact that the Collaborative Case Conference process is advocated through policy itself as being a higher level approach of collaborative practice in meeting the exceptional needs of complex clients. Equally, Collaborative Case Conferencing is outlined in the guidelines as being strongly linked to a number of Government, key agency, legislative and Departmental objectives which promote collaborative practice as best practice in meeting the needs of this client group. Accordingly, policy (DHHS, 2012) clearly outlines, “Collaborative Case Conferencing is an across-agency approach to meeting the needs of Youth Justice Clients with complex and exceptional needs. Lastly, policy states that collaborative practice is vital in ensuring that individuals with exceptional needs and their families receive appropriate service delivery within a whole of systems view and in a timely fashion. The assumption that underlies this objective is that the approach to service delivery can be improved through early collaborative intervention approaches (DHHS 2012).

What is also relevant within this review, is that in light of the absence of an early intervention pathway response into the Collaborative Case Conference process, this dissertation argues that policy also neglect to consider the important role of the YLS/CMI and LS/CMI Assessment Tools in determining appropriate intervention. At its simplest, the level of service offered in Youth Justice is matched to an offenders criminogenic needs and risk of re-offending based on the outcome of the Assessment Tools (DHHS, 2012). This Tool is based on actuarial evidence (Bonta & Andrews, 2007) that criminal behaviour can be reliably predicted and that the level of intervention should be proportional to the offender’s exhibited level of risk/need. Thus, of great importance is that as risk/need level increases to complexity, there is a need to increase the amount of engagement in and intervention to reduce recidivism. Within the current assessment process, high needs complex clients are identified at an early stage of entry. Accordingly, it is the argument of this dissertation that it is important to intervene at this early stage of identification with a higher level of collaborative expertise. It is for this reason that policy requires a process that links all high and very high needs clients into the Collaborative Case Conference process.

3.2: Practice Context

Whilst Youth Justice Workers are currently bound by the policy (DHHS, 2012) that stipulates that the current assessment outcome determines a case management plan, what policy need to consider is that it also recapitulates a lengthy period where Youth Justice Workers are encouraged to take on a solo role of supervising clients regardless of complexity.

This respective responsibility does involve substantial communicating and cooperating with external agencies, however whilst working within the bound of existing resources and skills. Generally speaking, Youth Justice Workers are expected to support those clients that have been assessed on entry as being high risk complex needs clients until there is a breakdown of service delivery, the client has disengaged or there is incapacity to permeate ongoing effective support. With no clear pathway or current guidelines as to the timeframe of a referral to the Collaborative Case Conference program, other than trying everything possible before a referral can be initiated as stipulated in the current policy, Youth Justice Workers currently determine entry into the Collaborative Case Conference process.

Within the current supervision approach the relatively new CHART (Changing Habits and Reaching Targets) program is advocated as a means of intervention and possible rehabilitation that is offered to the client. In that, every client assessed as having a high or very high risk of reoffending – by using the Assessment Tools are supervised using the CHART Program. Internal reports repeatably dictate that this process is often hard to instigate within the restrictions of working with high complex clients. In support, Nisbet & Newell, (2011), posit that there are good reasons to favour a more systems-based collaborative intervention over the CHART's approach of mainly cognitive-behavioural therapy (CBT) and/or relapse prevention. It may be argued that modular and work-sheet based CBT approaches may not optimally match the risk, needs, motivations and learning style of young Youth Justice clients who have exited the mainstream school system before age 14 and have a range of unmet complexity of issues. Instead, the focus on intervention for exceptional needs clients should at all times institute collaborative programs that involve family members, the young person, school personnel, Police, and a multitude of other community and Government agencies (Medaris, 1996).

3.3 Need for Review and Possible Solutions

These views for changing the current approach to meeting the needs of complex clients are not meant to discredit Youth Justice Workers. However, they are put forward as primary examples for consideration.

The need for this review arose from my own history of embracing the role of a Youth Justice Worker, and more recently, my experience as Senior Worker and Facilitator of the Collaborative Case Conference process. It is from these positions that I now review why change is needed and put forward the hypothesis that upon assessment, “complex needs clients require a higher level of collaborative expertise”.

From this standpoint it is put forward here that too often it is seen that young people that enter the Youth Justice System that are assessed as being high or very high and complex in nature fall through the cracks in receiving appropriate and timely service delivery.

As youth get older and more difficult to manage, too often workers are left on their own to try to find and provide the needed services. In spite of doing the best they can, the task is too great and as a result, these youth, who have the highest level of needs among the population of Children and Youth Services, move from placement to placement, are not provided with the care they require, and are unable to develop their capacity developmentally or educationally.
(Office of the Child and Youth Advocate, 2002-2003)

In support of this précis; this review also involved confidential consultation with numerous individual staff members over a lengthy period of time who shared their views on some of the difficulties with supervising young complex clients. Foremost, it is important to acknowledge that it is not easy work supervising young offenders....it is complex work in itself and takes a high level of professionalism. However, complex problems take complex solutions and Youth Justice Workers are often found to work with clients well beyond external service expulsion and also beyond their own authority to support such complex risk and needs management. To this end, the current CCC referral policy that stipulates that all attempts must be made to resolve complex issues at the lowest Tier (one) before escalating into the CCC referral process at Tier Two, fails to take into consideration new inexperienced workers, the stress levels of workers and the general level of communication and collaboration skills within each Youth Justice Worker themselves. Moreover, what is often unobserved, is the ongoing complications associated with challenging different service systems within different policy structures. Within this process, addressing barriers to effective interagency collaboration, or promoting collaboration is complex. For example, specific collaboration barriers may firstly need to be tackled directly (Head, 2008). In which case, often trust is a significant issue (Darlington & Feeney, 2008; Horwath & Morrison, 2007; Jones et al. 2007; Katz & Hetherington, 2006; Metcalfe et al. 2007) and deficits in communication, for example, have been found to contribute to worker mistrust (Darlington, Feeney & Rixon, 2005b; Head, 2008; Spath et al. 2008). Metcalfe et al. (2007) caution that unless barriers are dealt with, even the best communication strategies may not be effective in supporting clients needs.

Worthy of note is the study from Monash University's Professor Chris Trotter (1996, 2000, 2012), who authored the "Effective Community-Based Supervision of Young Offenders" study. Through this study, Professor Trotter revealed that more young offenders lives could be turned around once they first enter the Youth Justice System if Youth Justice staff were better trained. It was hypothesized that four in five juvenile offenders supervised by staff who used the least skills whilst supervising their young offenders had reoffended within two years, compared to three in five of those assigned to more skilled staff. Whilst these findings have many policy implications across Australia, within the context of supervising high needs complex clients, Policy must be answerable for supporting Youth Justice Workers toward a structured and familiar workplace protocol on managing and referring complex clients in a timely manner.

With this in mind, it is put forward for policy consideration that the current lengthy single-strategy approach to addressing issues of complexity and offender reduction for high and very high complex clients, simply does not work. Here, the Youth Justice Worker has no clear time frame or direction in referring high complex clients to receiving a higher level response.

Instead, what is well documented as working effectively is a reorientation of services offered by a variety of agencies and organizations (Lipsey, 1992; Tolan & Guerra, 1994). Moreover, ongoing research for the past generation has posited the importance of early intervention programs and collaborative supports for individuals who are exposed to multiple risk factors or whose behaviour suggests that they are at immediate risk of poor outcomes (Dwyer, Osher & Warger, (1998); Institute of Medicine, (1994) and Quinn, et al (1998)).

3.4 Summary

In summary, it is acknowledged within this dissertation that through the initial policy implementation of the Collaborative Case Conference process in 2006, Youth Justice Services took responsibility for providing a collaboration policy framework for working with complex clients. However, it is highlighted here that policy need to now consider the repercussions for both worker and agency on failing to implement an early intervention referral pathway into this process. In view of this, the solution is simple; it is now time to review such policy with the view of implementing an early intervention pathway into the Collaborative Case Conference process for all complex clients.

4: The Body of Research

This literature review comprises a breakdown of research which links complex needs clients, early intervention and collaborative practice. In that, it pays particular attention to identifying the need for early collaborative intervention when working with complex clients. The reason for this body of research is that it responds to the need for an improved early intervention referral pathway into the Youth Justice, Collaborative Case Conference process.

With this in mind, this section aims to provide a literature review to highlight the thread that runs throughout this dissertation that complex clients require a higher level of collaborative expertise and therefore referral into the CCC process must be based on early intervention. It is emphasized here that an early intervention approach will provide both worker and organisational accountability and responsibility for a higher level of support and supervision when working with this high needs target group.

The initial literature search was conducted using a set of search terms referring to complex needs clients; early intervention and collaborative practice, all of which refer to complex needs clients. The search employed different search engines, which were searched via the above keywords. In addition, the Tasmanian Department of Health and Human Services-Children and Youth Services internal website was used to locate information and policy on the Youth Justice Collaborative Case Conference program and process.

4.1: Youth Justice Clients with Complex and Exceptional Needs

In brief format, this section of the literature review clarifies that the terms complex and exceptional needs clients that enter the Youth Justice System will often be used compatible within the context of this dissertation. In short, this client base is those individuals assessed by the YLS/CMI or LS/CMI Assessment Tools as having high or very high risk and needs. Moreover, the assessed risk/need factors predominantly present as a complex combination of biological, familial, and social factors placing the individual, workers and the community at risk.

There is a vast amount of literature around clients with complex needs, (Burnside, 2012; NADA, 2011; Keene, 2001; DHS-Vic 2003), particularly where these are accompanied by behaviours and risks that challenge the service system and the communities. Likewise the causal factors or assessed biopsychosocial influencing risk factors (Dodge & Pettit, 2009) that entertain a diagnosis of complexity is broad.

On one level, adolescent behaviour in general can be defined as the result of genetic, social, and environmental factors (Wasserman, et al, 2003). However, in relation to an assessment of complexity, Wasserman, et al, (2003) defines individual risk and protective factors in adolescence as an individual's emotional, cognitive, physical, and social characteristics generated by biopsychosocial influences.

As a whole, research has identified risk factors which make some young people more likely than others to develop serious behavioural problems which in turn may lead them to becoming serious juvenile offenders (Fisher, 1999). In essence, whilst the factors that lead young people to become involved in crime are complex and varied, it is seen that the greater the number of risk factors (e.g., poor parental supervision coupled with poor academic performance) or the greater the number of risk factor domains (e.g; risk in the family and the school), the greater the likelihood of early-onset offending (Loeber and Farrington, 1998b; Stouthamer-Loeber et al., 2002) and therefore, having an assessment of complexity.

4.1.1: Responding to Complex Needs Clients

Individuals with complex and exceptional needs will require time
and resource intensive responses to effectively stabilise their
circumstances and to improve outcomes (DHS, 2003)

When a young person enters the Youth Justice System it is often the very first time that they have come to the attention of any one service system. These individuals often have characteristics of risk and need that are at the extreme end of a continuum of complexity and are therefore considered to have exceptional risk and needs (DHHS, 2004). Skowrya & Coccozza, (2007) make a good point when they posit that because the juvenile justice system, unlike many other child serving systems, cannot refuse to accept a youth; it is sometimes viewed as a last resort option for accessing much needed services. For example, many young people have extreme difficulty in finding long term stable and appropriate accommodation, have issues of family breakdown, have a multiplicity of needs across two or more service deliveries, present with challenging behaviour/s of a complex nature and there is often a high level of intensity about the presenting problems for this client group. Moreover, it is seen that this high needs group of individuals often present with mental and/or forensic issues requiring a high level of resourcing that is often determined to be difficult to sustain within one service provision. Of significance is that no one service model or service solution is seen to be able to support the multitude of needs that often spread across many service providers for this high needs target group (DHHS, 2004-2012). Lastly, and of great significance is that due to the nature of complexity and age of the individual, no one-service provision would be able to sustain this target group within the budget constraints of any one service provision.

With this in mind, when responding to complex and exceptional needs clients, DHHS (2004, 2006, 2012) Tasmania recognizes that service providers are regularly required to work intensively to respond to complex issues and to resolve difficult problems to this high needs target group. For this reason, DHHS, Children and Youth Services, Youth Justice Division, has introduced new case and risk management tools (DHHS 2012) to guide Youth Justice Workers toward identifying new work practices and resources to enhance case management of young offenders. As part of the new Community Youth Justice Supervision Practice Model

(2012), there are four key resources that have been recently introduced across Tasmania and all can be viewed online:

- Youth Level of Service/Case Management Inventory (YLS/CMI) Risk Assessment Tool (10 to 16);
- The Level of Service/Case Management Inventory (LS/CMI) Risk Assessment Tool (17 and over);
- Changing Habits and Reaching Targets (CHART) Program (CBT & Motivational Interviewing); and
- New Case Management Plan Pro-Forma to implement the above.

These resources assess the level of risk and complexity a client presents with and is said to assist Youth Justice Workers to reduce those risks by addressing the causal factors. Within this process a best practice model of evidence-based practice for offender rehabilitation is adhered to by utilizing the “Risk”, “Need” and “Responsivity” principles (DHS, Vic 2003). Within the bounds of this perspective, research suggests that the higher risk offenders benefit the most from rehabilitation interventions, and notably, that the intensiveness of services delivered should be proportional to the level of risk of the offender. Risk assessment is therefore a central mechanism in matching clients to the most appropriate types of program. Additionally, it is posited that casework has an important role to play in both engaging and motivating young people to address the causes of their offending, and thus plays a major part in overall effective rehabilitation.

In addition to these tools and resources that give guidance to case management and brings structure to the supervision (legal responsibility to administer (supervise) conditions of a court order) sessions of the young person, further practice guidance is also set out within the current, overarching Agency Collaboration Policy (DHHS, 2008-12). Within these guidelines, both early intervention and collaborative practice are also suggested as important responses to meeting the needs of complex clients.

4.1.2: Linking Early Collaborative Practice with complex needs

When linking the need for early collaborative practice within the realms of supervising complex clients, Murphy et al (2010) give an overall explanation that needs no other when they argue that the complexity and scope of an effective response to working with complex justice clients is an approach that also requires the full spectrum of services to include early collaborative intervention. This will involve a cross-systems approach to develop cross system communication, multi-agency partnerships, joint responses, and joint policies to support complex client needs. Additionally, Murphy et al, go on to argue that effective Juvenile (Youth Justice in Tasmania) Justice Systems around the globe, for example within the Canadian and UK Systems, an integrated approach is used to support young people to address the assessed risk-factors in all facets of the environments of the young person life through both collaboration with a range of service deliveries and within an early intervention approach.

4.1.3: Summary

In summary, we are also reminded through the overarching Tasmanian Agency Collaboration Policy (DHHS, 2008-12), that represents evidenced based research that those young offenders that enter the Youth Justice System benefit from an early collaborative intervention strategy that embraces a higher level (CCC) practice.

4.2: Early Intervention for collaborative practice

In definition, the term early intervention is the process of identifying and responding early to reduce risks, meet needs or ameliorate the effect of less-than-optimal social, physical and criminal environments. Broadly speaking, the term 'early intervention' refers to programs and initiatives designed to alter the behaviour or development of individuals who show signs of an identified problem, or who exhibit high need and risk factors or vulnerabilities for an identified problem and by providing the resources and skills necessary to combat the identified needs and risks (Child Protection-NSW-2012).

Research connecting the need for early intervention into collaborative practice can be seen across the globe. In the US for one such example, San Diego has implemented a strategy over the last few years that recognises the importance of whole-of-community participation in order to create an effective juvenile justice system. This involves collective teams whose role it is to develop cross system collaboration, multi-agency partnerships, joint responses and services and policies to support at risk youth (McGinness, McDermott, & Murphy, 2010). Within this strategy, early integration of the juvenile justice and welfare/human services systems with police, courts, education and health authorities is seen as crucial. From this stance, measures are taken to maximise and strengthen early features of multi-agency collaboration in all areas, including policy formulation.

Another contemporary and prime example, in 2012, the Canberra Government reported that the complexity and scope of an effective response to youth crime requires a whole-of-community approach involving collaboration between government, the non-government sectors and the community. This was said to arise from the realization that youth offending is often related to other problems that the Youth Justice System cannot address in isolation (e.g. mental illness, homelessness, substance abuse etc.). For this reason the Government released a blueprint in 2012 for reforms to the youth justice system, prioritising early collaborative interventions over the next decade (Knaus, 2012) as a primary strategy for working with high needs Youth Justice clients.

Lastly, the Tasmanian Police Department posit, "we are committed collaborators and have endeavoured to make inroads into the issues affecting children and young people - we are bridge builders and intent on perusing early intervention as a worthwhile strategy, amongst others, toward at best, crime prevention, and at worst, crime minimization (Grant, 2001).

4.2.1 The Benefits of Early Intervention

Research commencing 2009-2010 and again from 2010-2011, reported by the Australian Bureau of Statistics, ABS (2012) recorded Tasmania and the Northern Territory as having the highest youth offender rates per 100,000 persons aged 10 to 19 years across Australia. Moreover, Tasmania was found to have the highest offender rate from 2011-2012 (Wierenga, 2012). Although written prior to this date, it still stands accountable that Anders & Gye (2000) contribute this to an increase in high risk adolescents that enter the Youth Justice System each year because their complex and multiple needs factors are causal to their high risk behaviours.

In terms of understanding the complexity of youth offenders that do enter the Justice system each year, a 2010 report on young offenders detained in Ashley Youth Detention Centre, showed that most had past involvement in the Child Protection System. In addition, a high proportion had psychiatric and forensic difficulties, issues of homelessness, family dysfunctions and serious problems associated with drug and alcohol use. Through this report, a whole-of-government approach to reform Tasmania's Youth Justice Framework was established that improved integration of policy, planning and program delivery across departments and services. The contextual component of the report emphasised early collaborative intervention strategies as best practice for targeting young people who are at risk of greater involvement in the criminal justice system (Department of Premier and Cabinet, 2010)

Due to the complexity of young offenders, as summarize earlier, that has seen a flood of high complex needs clients enter the Youth Justice System, as outlined above, there is a great deal of researched evidence to support that early intervention provides vulnerable children and young complex youth with services to help prevent the escalation of problems (Child Protection-NSW-2012). In that, early collaborative provision of appropriate services can assist with giving young people a good start in life and can reduce or avoid the need for other services in the longer term, such as mental health treatment, and/or the need for protective action or ongoing involvement with the Child Protection or Youth Justice Systems.

In support of the benefits of early intervention practices, the National Crime Prevention (1999) Unit reports there is strong support for the efficacy of early intervention both in Australia and overseas where it is evident that early intervention can achieve reduction across a broad range of social disadvantages such as involvement in crime, child abuse, mental health issues and substance abuse.

In essence, an early intervention approach is recognized globally to promote efficiency and consistency of service provision to effectively reduce long term complexities (Anders & Gye, 2000).

4.2.2: Early Collaborative Intervention on entry into the Youth Justice System

Research on early collaborative intervention is often seen to illustrate intervention prior to adolescence (Child Protection-NSW-2012). However, what happens when a young person enters the Justice System at the age of adolescence with a multitude of well-established complexities? Does the art of early collaborative intervention cease?

This question demands attention considering that there is a growing and alarming number of youth entering the Youth Justice System each year. Additionally, with increasing numbers of 10 to 17-year-olds in Detention across Australia that has risen from 0.29 per 1000 people in 2007, to 0.5 per 1000 people in 2012 (Knaus, 2012), strategies centred around early intervention should be seen as primary. It is submitted here that an early collaborative intervention approach, especially when complexities of high risk and need factors come into play must be established and adhered to.

Equally, this dissertation argues that although it may appear evident that it is more relevant in terms of working with a young person and their families early in life, early collaborative intervention must not stop when the young person becomes involved in the Youth Justice System. In fact, it is further argued here that early intervention itself can mean intervening early or at any identified period or phase in a young person's life to ensure that they are supported in their most critical time of need (National Crime Prevention, 1999).

Ultimately, what is being affirmed here is that early collaborative intervention must be instituted as soon as a high risk or need is made apparent, whatever the age.

On the whole, Marshall & Watt (1999), summarize well by stating that early collaborative intervention programs have a proven track record for success around the world and it is argued that they are more likely to be effective if they target multiple risk factors (Australian Human Rights Commission, 2008).

4.2.3: Summary

In summary, when we are looking at the process when a young person first enters the Youth Justice System, it is argued that collaborative resources targeted at an early intervention level are more cost effective than resources at crisis points (Melaville, Blank, Asayesh 1998). Therefore, in terms of increasing the wellbeing and financial security of communities, and serving the risk and needs of this target group, an increased early intervention collaborative approach is required (Silburn and Walker, 2008) to support the ever increasing multitude of complex clients that enter the Youth Justice System.

4.3: Collaboration at Collaborative Case Conference Level

The Collaborative Case Conference process is the cornerstone for the management of clients with complex and exceptional needs (DHHS, 2004, 2008, 2012). In that, the fundamental purpose of the CCC process is portrayed within DHHS as best practice for determining the best outcomes for complex clients (DHHS, 2004, 2006, 2008). It is for this reason that early intervention into this process is put forward as best practice in meeting the needs of those clients that are assessed as having high or very high risk/needs.

As per legislative requirements of the Youth Justice Act, 1997, with regard to the need for the collaboration of service delivery, Youth Justice Services, Tasmania is committed to working in an integrated and collaborative way with young people, parents and guardians, significant others and services within and external to the Agency (DHHS 2012., see also Youth Justice Act, 1997). It is for this reason that, although highlighted in 2002, by 2004 the overarching “Agency Collaboration Policy”, endorsed collaboration as an accepted practice within Youth Justice Services for responding to clients with complex and exceptional needs (DHHS, 2004). The following 5 points are outlined for comprehensive understanding-

4.3.1: Principles of Youth Justice Collaboration Strategy, Tasmania

As per the Department of Health and Human Service (DHHS) Agency Collaboration Strategy, endorsed in 2004, for improvement to services for young people with complex and exceptional needs, the following five principles were developed to guide collaborative effort and decision making, within the Youth Justice System, Tasmania.

- (1). People with complex or exceptional needs will be involved in self-determination of personal need and participation in collaborative decision making.**
It is highly desirable that people with complex and exceptional need should assume the greatest responsibility and personal control into decisions affecting their life.
- (2). Where possible, families will be assisted to contribute to their maximum capacity for the care of the individual with exceptional needs**
There must be recognition of the need to individualize responses for most people with complex and exceptional circumstances and quality services should be provided and outcomes for an individual should not be compromised. Where possible, services must work with families and their carers to establish their capacity to provide/assist in the ongoing care for people with complex and exceptional needs.
- (3). Appropriate service models are required**
Services must strive as far as is possible to achieve the best outcome for people with complex and exceptional need.

(4). Collaboration is the cornerstone for the management of clients with complex and exceptional need
People with complex and exceptional needs often require a number of service system areas to connect.

Collaboration across the service system and a partnership approach to resolution of problems for people with complex and exceptional needs is integral. Service linkages need to be fully developed and an understanding of the different service areas across the Agency is required. Service areas have a duty of care to work efficiently to address issues and find responsive and flexible solutions. The contributions and responsibilities of the agencies involved are to be planned, agreed, and documented in a plan. Lead responsibility for service delivery needs to be clearly identified and agreed. Comprehensive and specialized assessment of need will inform the development of integrated plans, enhance decision-making and resolution of problems. Collaborative assessment may need to be ongoing to ensure that planning is targeted and proactive. Collaborative analysis is also needed to determine what is a good outcome. Resolution of exceptional need for some individuals is at times difficult to achieve, however this should not be a barrier to appropriate service provision.

(5). Early intervention is the key to good service provision

The principle of early intervention must guide service provision for all young people. Early development of collaborative strategies and resolutions with a proactive focus are required. This principle incorporates the concept that the individual will benefit most when needs are addressed at critical points on the continuum. Early intensive collaboration can assist with capacity building and achieve improved service integration. Early access to appropriate rehabilitation and/or other community support services is also required (DHHS, 2004-2012).

4.3.2: Guidelines for Collaboration within Youth Justice Collaboration Strategy, Tasmania

As a follow on from the above, the following five guidelines have been developed to underpin a framework and to guide collaboration effort and decision making when working with complex needs clients within the Department of Human Services, Children and Youth Services, Youth Justice Service.

(1) Working together in a Spirit of Cooperation

People with complex and exceptional needs often require a number of service systems areas to connect. Collaboration across these service systems to resolve problems is integral.

Service areas have a duty of care to work effectively to address issues and find responsive and flexible services. The contributions and responsibilities of the agency are to be planned and documented. Lead responsibility for service delivery across agencies needs to be clearly identified and agreed.

(2) Intervene as Early as Practicable

The principle of early intervention must guide service provision for all complex young people. Early development of strategies and resolutions with a proactive focus are required. This principle incorporates

the concept that the individual will benefit most when needs are addressed at critical points on the continuum. Early collaboration can assist with capacity building and achieve improved service integration. Early access to appropriate rehabilitation and/or other community support services is also required.

(3) Keep the Client and Their World at the Centre

It is highly desirable that people with complex and exceptional needs assume the greatest responsibility and personal control into decisions affecting their life.

(4) Find Solutions that are Fair, Equitable and Affordable

Where possible service providers must work with families in ongoing care for complex clients with exceptional.

(5) Design Understandable Processes to Support Better Outcomes

Services must strive as far as is possible to achieve best outcomes for clients with complex and exceptional needs. To achieve this, appropriate models and processes are required that will ensure all human rights principles and the legislative requirements are met (DHHS, 2004-2012)

4.3.3: Summary

In summary, in light of the above, it would signify that a early collaborative intervention approach is already an established DHHS policy for meeting the needs of high complex clients. In which, this can be accredited to the Agency Collaboration Strategy (outlined above), and as a result of this endorsement, the birth of the Collaborative Case Conference process (outlined below). Accordingly, it is inferred that evidence based research on the benefits of early collaborative practice at the Collaborative Case Conference level is well spread across all policy decisions (DHHS, 2006).

Of special interest before we outline the collaborative position (other descriptions covered earlier in this dissertation) of the Collaborative Case Conference process, is that the above principles and guidelines, endorse that and early collaborative approach must be promoted at all times (DHHS, Policy Dept, 2010). To submit this claim for the endorsement of overarching Agency policy, it is expected that it is well researched and endorsed for the benefits of early collaborative practice as an “established” response to supporting complex clients with exceptional needs.

In summary, the above points highlight the value of early collaboration and intra Agency responses in finding solutions to service provision for this target group. That said, it is perplexing as to the current referral pathway that does not depict an early response into the Collaborative Case Conference process that is endorsed as part of the Agencies Collaboration Strategy.

4.3.4: Collaborative Case Conference process derived from obstacles

In 2004, the overarching Agency Collaboration Policy, endorsed collaboration as an accepted practice within Youth Justice Services for responding to clients with complex and exceptional needs (DHHS, 2004). Hence the Collaborative Case Conference process was born out of a need for a higher level consistently applied response that would improve the management for this target group. This concept was developed from the following extensive history within Youth Justice Services:

- A lack of collaboration between programs and agencies
- Difficulty in addressing the needs of individuals and providing sustained responses
- Barriers of access to services including inconsistently eligibility criteria
- Complex client needs not being identified as a priority
- Concerns for some service providers about the resource and time intensive nature of addressing the complex/exceptional issues
- Ongoing problems with coordination and integration of service collaboration
- Barriers to service delivery due to differing agency legal and policy frameworks
- Service solutions resulting in high costs, and
- Divisional accountability for resource allocation.

4.3.5: Objectives through implementation of the Collaborative Case Conference policy

The following objectives were intended through implantation of the CCC policy:

- To improve and maintain the quality of life for individuals with complex and exceptional need.
- Through early collaborative intervention, to minimize the impact of the deterioration of health conditions, social problems and quality of life be intervening efficiently and effectively.
- To ensure that individuals with exceptional needs, their families and carers receive appropriate services within a whole systems view and in a timely fashion.
- To recognize the impact on all health and human services when complex and exceptional needs client require early collaborative support.

4.3.6: Expected Benefits of the Collaborative Case Conference Process-(DHHS, 2004-2012)

- Early collaborative intervention approach.
- greater efficiency and less duplicated efforts.
- access to additional resources or lower costs through sharing resources.
- improved service coordination across agencies, with better pathways or referral systems for service users.

- a holistic approach to meeting client needs, with better and more efficient access to the range of services required, improved quality and consistency of service and greater responsiveness to needs.
- greater innovation and flexibility to respond to changing, emerging or more complex client needs.
- access to up-to-date information, new ideas and strategic thinking.
- improved capacity to demonstrate best practice.
- Facilitation and additional expertise.

4.3.7: Collaborative Practice for Best Practice

Collaboration is defined here as, "the process of individuals and/or organizations sharing resources, sharing responsibilities, jointly planning, implementing joint policy and collaborative programs to achieve common goals (Jackson & Maddy, 1992)". Furthermore, McDonald & Rosier (2011) define collaboration as a high intensity, high commitment relationship that requires new ways of thinking, behaving and operating. For this reason, collaboration can be challenging.

On the whole, it is proclaimed here that early collaborative practice is the cornerstone for the management of clients with complex and exceptional needs. Moreover, it is portrayed as the most effective response to offering more resources and sharing the risks associated with finding solutions (Huxham and Vangen 2005) for this target group. Hence, it is put forward within this dissertation that early collaborative practice offers greater potential for acting in the best interest of complex clients and for improving the allocation of resources, developing sustainable outcomes, sustaining a commitment to determined courses of action (DHHS 2004) and developing a higher level-multi-agency case, management response. Moreover, early collaborative practice offers greater potential for acting in the best interests of the young person and promoting ownership and commitment to determined positive courses of action (Schmied & Walsh, 2007).

However, when we converse about collaborative practice, it is understood by many that it is simple a process to enable professionals to achieve a result. My own interpretation of the term within this dissertation coincides with Lehman et al (1998), who postulate that collaboration is both a vehicle for systems change and a mechanism for providing effective support and services. Moreover, collaboration is a high intensity, high commitment relationship between parties that results in the production of "something joined and new" (ARACY, 2009).

Whilst it is argued that the shift towards collaborative practice represents an acknowledgement of the limitations of a solo service system or individual service delivery. In that, agencies and individuals that work alone cannot tackle significant, intractable problems as effectively as a program that works in collaboration. Furthermore, a solo service system or individual working alone simple cannot meet the needs of young people

and their families with multiple and complex problems as effectively as agencies that work in collaboration (McDonald, Myfanwy & Rosier, Kate, 2011). What also must be considered within the context of this dissertation is that the skill of collaboration is not to be taken lightly, and in effect not to be confused with the alternative terms of communication, cooperation or coordination (Myfanwy McDonald & Kate Rosier, 2011). That said, often working relationships are predominantly characterized by these terms (Moore and Skinner, 2010), or networking and integrating, as explanations for forms of collaboration (Winkworth and White, 2011).

For a more comprehensive overview, the Australian Research Alliance for Children and Youth (ARACY 2009) asserts, that although the terms are sometimes used interchangeably, collaboration is distinct from cooperation and coordination, and that collaborative practice is interdependent relationships that are geared to profoundly change in the way things are done, not just at the periphery, but systemically. Moreover, on a continuum of partnership models, collaboration is the most intense (ARACY, 2009) involving a higher level of risk and reward; and contribution and commitment. Lastly, collaboration should not be regarded as a desired outcome in its own right...but rather it is a developmental process towards a shared outcome which should always be clearly articulated (Winkworth and White, 2011).

Working from this position, Loeber & Farrington (1998) argue that interagency coordination alone cannot address contentious complex issues or lack of resources and is often seen to address singular client issues only, whereas collaboration is used to facilitate a higher level of agreement and can address a multitude of issues. Of importance is to note that whilst the language is interchangeable and perhaps even controversial, the skill of effective collaborative practice, as stated above, is not to be viewed lightly. In effect, it is put forward here as a higher level of interaction, over and above the traditional communication or cooperating approach, that requires a higher level of expertise and the execution of an experienced and knowledgeable facilitator.

Correspondingly, Booker (2005) believes that the management of multi-professional teams in the art of collaboration is complex and requires specific skills and role clarity. In effect, the following research depicts that to facilitate collaboration and alliances; it is often found to be inherently difficult and necessitates a high level of expertise and skills in collaborative practice (Gans & Horton, 1975; Hassett & Austin, 1997; Lourie, 2003; Miller, Scott, Stage, & Birkholt, 1995; Stroul, 2003; Waldfogel, 1997). Thus, the relevance of employing a Senior Worker to oversee high needs complex client within the Collaborative Case Conference process.

Bruner (1991) and Winner & Ray (1994) put clarity around the discussion, which is in line with this dissertations stance by defining the terms of; “cooperation (also holds an explanation of communication)”, “coordination” and “collaboration”; which are used to illustrate the levels of client intervention across Youth Justice Services. For example, Bruner describes these three terms as levels on a continuum:


- (1) Cooperation (This dissertation's version of communication) assists with Youth Justice Workers obtaining information and referring clients to external Agencies for rehabilitation purposes. This does not require any joint activity but requires good communication skills. The worker is the single point of contact for other services and mostly acts as a broker for accessing additional services rather than providing the service themselves.
- (2) Coordination involves joint activity and the Youth Justice Worker provides a higher level of case management. However individual Agencies maintain their own sets of goals, expectations, and responsibilities. This requires a level of communication and interpersonal skills.
- (3) Collaboration (used for complex clients) requires the creation of joint goals to guide the collaborators' actions and achieved outcomes. This requires a high level of communication, interpersonal relations, facilitation skills and academic expertise.

Unlike cooperation (communication) and coordination, collaboration fundamentally alters traditional agency relationships. Collaboration is not just meeting or communicating together, nor is it just planning together. Swan and Morgan (1994) describe collaboration as, "a departure from the traditional functions of independent structures". This suggests that collaboration is characterized by: teamwork, mutual planning, shared ownership of problems, shared vision and goals, adjustment of policies and procedures, integration of ideas, synchronization of activities and timelines, contribution of resources, joint evaluation, shared risk, shared resources, and mutual satisfaction of accomplishments. Likewise, according to Daka-Mulwanda (1995), interorganisational relationships become more sophisticated, complex, and highly effective for problem solving through progression from cooperation and coordination to collaboration.

In summary, it is put forward that collaboration offers greater potential for acting in the best interest of complex clients and for improving the allocation of resources, developing sustainable outcomes, sustaining a commitment to determined courses of action (DHHS 2004) and developing a higher level-multi agency case management approach. It is for this reason that early intervention into the Collaborative Case Conference (CCC) process is put forward as best practice in meeting the needs of those clients that are assessed as having high or very high risk/needs.

4.3.8: Illustration of Collaborative expertise

Utilising the above hypothesis as a base line for reference, the following diagram is put forward as a way of outlining the different dimensions and levels of co-agency interaction within Youth Justice Services. It highlights that the Collaborative Case Conference Process is a higher level of Collaborative Expertise that invokes Senior Level support.

<u>Communication/Cooperation</u> Case Management (YJ Worker)	<u>Coordination</u> Case Management (YJ Worker)	<u>Collaboration</u> Collaborative Case Conference Comprehensive Case Management Plan Risk and Behavioural Management Plan (Senior Workers)
Lower Intensity  Higher Intensity		
<ul style="list-style-type: none">▪ Shorter-term, informal relationships▪ Shared information only▪ Separate goals, separate resources, and separate structures	<ul style="list-style-type: none">▪ Longer-term efforts around setting goals and coordinating programs.▪ Some planning and division of roles	<ul style="list-style-type: none">▪ Oversee case management: Senior Worker and Senior Quality & Practice Advisor. In collaboration with Area Manage, Team Leader and Youth Justice Worker. (Accountability)▪ New structure with commitment to a shared common goal, shared resources, and shared risks▪ Both Vertical (Higher Management across multi-agencies) and Horizontal (Multi-Agency response) Collaborative Intervention▪ Comprehensive Case Management Plan. Comprehensive Risk and Behavioral Management Plan

In summary, this dissertation has put forward that collaborative practice requires a high level of expertise when working with complex and/or exceptional needs clients as defined throughout this review. In essence, effective collaborative practice requires purpose, structure and processes, formal agreements, knowledge and proficiency in the art of collaborative practice and in general, appropriately qualified and skilled staff and a high level of planning (Karasoff, 1998). At this level of expertise, the goal of collaboration within the CCC process is to bring together multi service providers in an atmosphere of collaboration to openly solve existing and emerging problems that are not easily solved by one group or individual alone.

As previously outlined, what makes the CCC process so effective is that the process encompasses horizontal integration and collaboration across different sectors that act at the same level. Moreover, the CCC process welcomes a vertical integration which refers to partnerships that are collaborating regularly at different levels

of integration. For example, from senior management, team leaders, senior workers to case workers. Essentially, the positives for vertical collaboration means that collaborative practice at the CCC level can secure funding, secure resource support and intervention from a higher level of senior management that is not available to the Youth Justice Worker.

In summary, what makes the Collaborative Case Conference process a higher level of collaborative expertise, the answer is both the successful implementation of both horizontal and vertical collaborative practice from the referral pathway throughout the CCC process, and Senior Workers who are experienced at a higher level of collaborative expertise to initiate this process.

5.PART THREE: Towards a New Response-Early Intervention Pathway into CCC

This section, which is put forward for policy consideration, outlines an early collaborative intervention referral pathway into the Collaborative Case Conference (CCC) process. The fundamental premise derives from my experience both as a past Youth Justice Worker and as a current Senior Worker, Complex Case Management, Facilitator of the Collaborative Case Conference process.

It takes into consideration the principal DHHS (2004) and (2008) Agency Collaboration Strategies, the current Youth Justice Model of Care key indicators and overall, employs the YLS-CMI and the LS/CMI Assessment Tools as a direct guideline for referral into the Collaborative Case Conference process.

The key objective of this review was to outline the current CCC referral pathway with the aim of developing an improved referral pathway response into the Collaborative Case Conference process for all complex clients that enter the Youth Justice System, Tasmania. Central to this was the need to deliver a planned and structured approach that outlines an early intervention collaborative Agency response to supporting this target group.

Pertinent to this model, which the current referral pathway fails to consider, is that the YLS/CMI and LS/CMI Assessment outcomes are an integral component of an early intervention alert and response to high and very high risk/needs clients that come before the Youth Justice System. It not only considers the level of assessment (high-very high), but instantaneously acts on the level of risk, need and responsivity factors assessed in young offenders on entry into the Youth Justice System. Of note is that an early intervention approach will also implement a higher level case management approach.

Of importance is that all Youth Justice Staff have a clear understanding of all policy requirements that early collaborative practice is vital to meeting the needs of complex clients. Hence, when a young person is assessed by a Youth Justice Worker as being high or very high risk/needs, using the above Assessment Tools, a referral into a CART (Critical Assessment Review Team) meeting is a policy requirement under this model.

This does not mean that every client that is referred to CART will be assessed as suitable for entry into the Collaborative Case Conference process, alleviating the stress of an overflow into this process. It does mean however, that all clients of a complex nature that have been assessed as being high or very high risk/needs will be discussed (at CART) and monitored at all levels of Agency management from Youth Justice Worker to Senior authority and high level Management. It is important to note that this approach does not undermine the professional contribution/s of workers at any level; it simply takes the stress of one individual worker within the Agency and makes supervision of high complex clients an “Agency Responsibility”.

5.1: New Critical Assessment Review Team (CART) Meeting

A new improved collaborative approach to the Youth Justice Critical Assessment Review (CART) Meeting.

Members of the new CART will consist of the Area Manager, Senior Quality & Practice Advisor, Team Leader, Senior Worker, Youth Justice Worker and any other referring Agency (refer to list of referring agencies outlined below) representative.

The CART represents a forum where a decision will be made whether or not a referred client that has been assessed as being high or very high on one of the Assessment Tools, as described below, should be recommended for; (1) entry into the Collaborative Case Conference (CCC) process for a higher level of collaborative expertise, or (2) alternatively be monitored/supported by Senior Staff as outlined in the new Early Intervention Referral Pathway model.

Both the referral application (see Appendix A) and the assessment outcome will outline all risk, needs and responsivity requirements. With the referral documentation any additional psychological, education or other reports will be presented with a list of complexities. The referral documentation will be first sent to the Senior Worker who will organize a copy for each representative, organize and then facilitate the CART Meeting.

Of importance is that the ultimate decision making power regarding the outcome of CART is based on a collaborative approach that results in a decision based on the level of critical complexities.



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**United “Horizontal –Vertical” Structure
Inviting all levels of expertise and decision-making**

5.2: New Referral Pathway Official Procedure

The following documentation procedures outline the referring agencies, referral documentation and assessment documentation. All Agencies will be encouraged to refer to their own CART Meeting that will be linked to the CCC process. .

5.2.1: Referral Agencies

The new referring Agencies are outlined below. Within this process both Child Protection and the Police have identified needs for referral.

- Community Youth Justice
- Custodial Youth Justice-Ashley Youth Detention Centre
- Child Protection
- Police - Both IAST (Inter Agency Support team) and/or Police Early Intervention Units (youth)

5.2.2: Referral Documentation

The referral form will identify current complexities and not those that have broken down after a period of time.

- A completed “Referral Form” (See Appendix A)

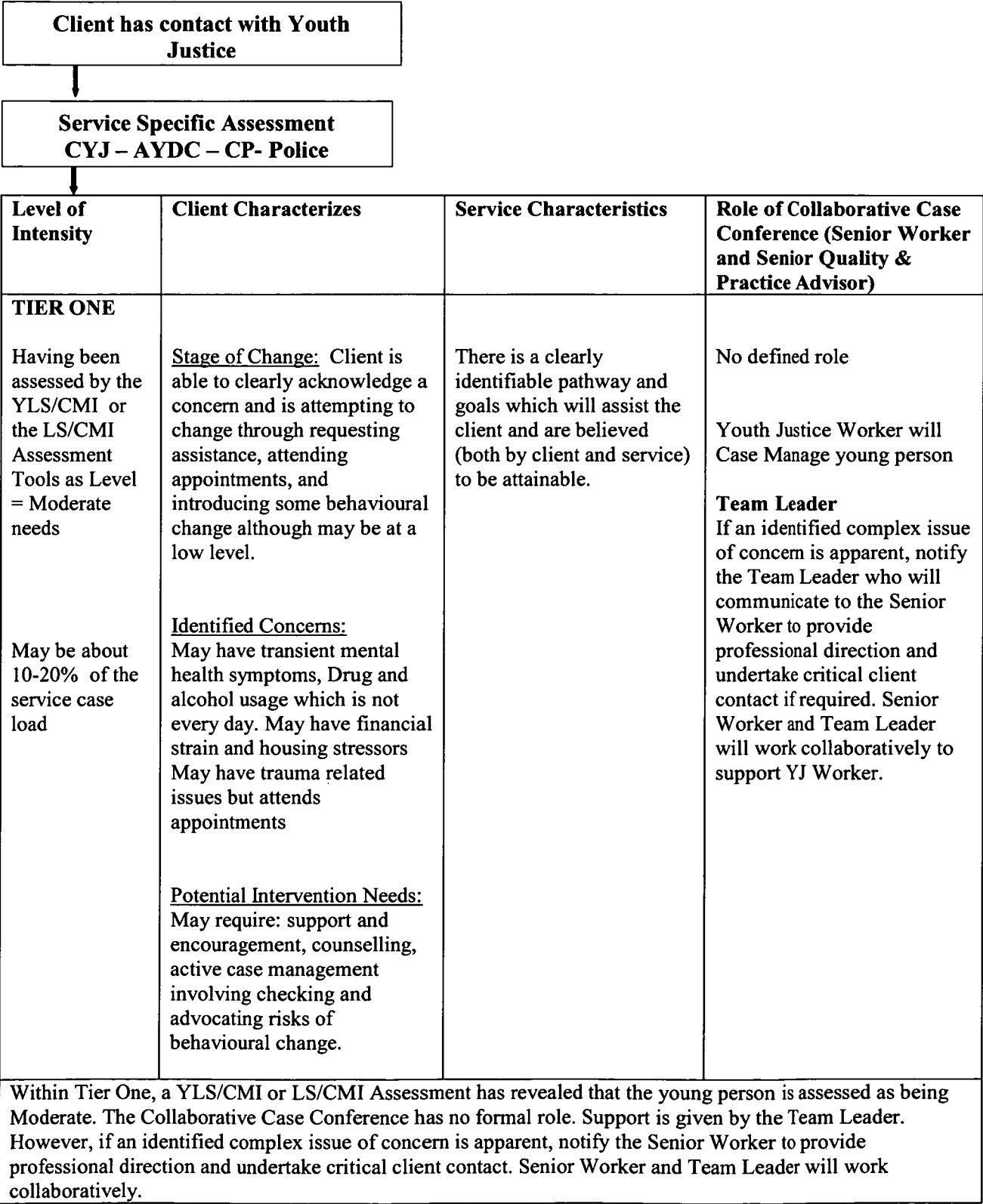
5.2.3: Assessment Tools for Individual Referring Agencies

All referring Agencies will base their referral, to their own CART process (within their own Agency) on the level outcome of the assessment tool. This process will then link into a referral to the CCC process.

- Community Youth Justice: The Youth Level of Service/Case Management Inventory (YLS/CMI) Assessment Tool (10-16) or the Level of Service/Case Management Inventory (LS/CMI) Assessment Tool (17 and above).
- Custodial Youth Justice (AYDC): Secure Care Psychosocial Screening Tool (SECAPS)
- Child Protection: Tasmanian Risk Framework: Risk Assessment Tool (TRF) (With a push for early collaborative intervention, the CCC have recently received two active referral from CP)
- Police: Inter Agency Support Team (IAST) and/or police Early Intervention Units. (With a push for early collaborative intervention, the CCC have recently received one active referral from Police)

5.3: New Improved Early Intervention Referral Pathway (EIRP) to the Collaborative Case Conference (CCC) Process.

The following chart summarises the Referral Pathway which encompasses the YLS/CMI and LS/CMI Assessment outcome as a focal point of entry. Moreover it utilizes both horizontal and vertical structures, inviting all levels of expertise and decision-making.



Level of Intensity	Client Characterizes	Service Characteristics	Role of Collaborative Case Conference (Senior Worker and Senior Quality & Practice Advisor)
<p>TIER TWO</p> <p>Having been assessed by the YLS/CMI or the LS/CMI Assessment Tools as Level = Moderate to High</p> <p>May be about 70 to 80 % of service case load</p>	<p><u>Stage of Change:</u> Change hesitant eg Client may be resistant to engage in case planning but has agreed to the plan.</p> <p><u>Identified Concerns:</u> Moderately severe behavioural and psychological symptoms associated with at least two of the following</p> <ul style="list-style-type: none"> • High risk of offending • Concerns regarding accommodation; although generally still has accommodation options • Extreme Financial pressures • Health and Self Care are tenuous • Access to Social Supports are limited • Concerns for Personal Safety and Wellbeing • Alcohol and Other Drug Use is frequent and excessive • Disability is evident although may not be formally diagnosed • Access to Education is tenuous <p><u>Potential Intervention Needs:</u></p> <ul style="list-style-type: none"> • Intensive support in attending services and follow-up regarding agreed actions • Facilitated problem solving and crisis management • Regular and intensive counselling and/or encouragement regarding the potential attendance to same 	<p>1. There is a clearly identifiable pathway, resources to carry out are scarce or reluctant but a plan in place <input type="checkbox"/></p> <p>OR;</p> <p>2. Plan has not been able to be actioned <input type="checkbox"/></p> <p><u>Service Support:</u></p> <p>(1) Advice sought Team Leader <input type="checkbox"/></p> <p>(2) Advise sought Senior Worker <input type="checkbox"/></p> <p>(3) Referral to CART <input type="checkbox"/></p> <p><u>AT CART: Two Pathways</u></p> <p>(1) referral to CCC <input type="checkbox"/></p> <p>AND/OR</p> <p>(2) support from SW & SQPA <input type="checkbox"/></p>	<p>CCC Role Referral to CART if identified complex needs after discussing with Team Leader. This process can lead to either the CCC or/and support from the SW and SQPA</p> <p>CART Attendance: Area Manager, Senior Quality & Practice Advisor, Team Leader, Senior Worker, Youth Justice Worker and other suitable persons.</p> <p>Senior Worker Role: If an identified complex issue of concern is apparent, notify the Senior Worker to provide professional direction and undertake critical client contact.</p> <p>Senior Worker and Team Leader will work collaboratively to support YJ Worker.</p> <p>Senior Quality & Practice Advisor (SQPA) Role Consult and care advice</p> <p>Assessment and Clarification of Needs and Intervention pathway</p> <p>Advocating for clients of Children and Youth Services to be provided support from other agencies and initially co-coordinating this support.</p>

Within Tier Two, a YLS/CMI or LS/CMI Assessment has revealed that the young person is assessed as being Moderate to high. This assessment score sets of a formal process of immediate referral to a Critical Assessment Review Team (CART) Meeting to determine accessibility to the Collaborative Case Conference process. The CART meeting will consist of the Area Manager of Youth Justice, the Senior Quality and Practice Advisor, Senior Worker, Team Leader and the Youth Justice Worker relevant to that case. Other person/s that may attend will be relevant to each case and may represent the referral body.

Level of Intensity	Client Characterizes	Service Characteristics	Role of Collaborative Case Conference (Senior Worker and Senior Quality & Practice Advisor)
TIER THREE Extra- ordinary Needs clients and/or service requirements YLS/CMI or the LS/CMI Assessment Tools as Level = High or Very High Very High may be about 5-10% of service case load	<p><u>Stage of Change</u>: Often the client may be extremely resistant to change and may not acknowledge any of the services concerns; or acknowledge many needs and seek resolution only through high service usage</p> <p><u>Identified Concerns</u>: Extreme care challenges, usually because of depth and breadth of problems in two or more of the following areas;</p> <ul style="list-style-type: none"> • Offending • Accommodation • Reduced Health and Self Care • Diagnosed mental health condition • Social Supports are not adaptive • Personal safety at extreme risk • Excessive drug or alcohol usage • Nil Education options • Forensic issues <p>AND/OR</p> <ul style="list-style-type: none"> • a catastrophic event has occurred <p><u>Intervention Needs</u> - Each individual at Tier 3 has a unique interaction between their health and social care needs and requires a personalised response from services</p>	<p>May be difficulties in identifying pathway for support-- Complexity is beyond the usual service experience. There is a large gap between desired outcome and actual daily experience due to the breadth and depth of need.</p> <p>Crisis management is the majority of service intervention</p> <p>Assessment processes of service indicate high level of client need or numerous blockages in implementing resources to meet these needs</p> <p>Clinical governance is unclear: ie which service does what with whom and when</p> <p>Sustained management is likely to be the only option for foreseeable future- rather than active intervention- thus Communication and Collaboration required</p> <p>Aversive/restrictive practice are in place to manage client behaviours ie.</p> <p><u>Service Support</u>: Team Leader and Senior Worker advice/support. In collaboration, intervention support by SQPA should be sought</p>	<p>CCC Role: This Assessment Score sets of a Formal Process of "<u>Immediate Referral</u>"</p> <p>Clinical Governance i.e.: Ensuring that agencies are clear about the management protocol and roles and responsibilities within this process</p> <p>Senior Worker Role Facilitate CCC process</p> <p>Maintain multi-agency collaboration</p> <p>Deal with complex enquiries</p> <p>Complex correspondence</p> <p>Senior Worker and Team Leader will work collaboratively to support YJ Worker.</p> <p>Senior Quality Practice Adviser Role:</p> <p>Case formulation/Assessment:</p> <p>Active Case Management: Either assisting or lead worker</p> <p>Risk Management; ie development of a management plan for clients who self-harm method poses a risk to self or community.</p>
Within Tier Three, a YLS/CMI or LS/CMI Assessment has revealed that the young person is assessed as being high or very high risk. This assessment score sets of a formal process of " <u>Immediate Referral</u> " to a Critical Assessment Review Team (CART) Meeting to determine accessibility to the Collaborative Case Conference process. The CART meeting will consist of the Area Manager of Youth Justice, the Senior Quality and Practice Advisor, Senior Worker, Team Leader and the Youth Justice Worker relevant to that case. Other person/s that may attend will be relevant to each case and may represent the referral body. This process is one of accountability for both agency and worker.			

6: PART FOUR: Discussion of key Literature Findings

The key objective of this review was to outline the current Collaborative Case Conference referral pathway for all complex and exceptional needs clients that enter the Youth Justice System, Tasmania, against a revised early intervention response. Within the bounds of submitting a new approach, there was a need to deliver a planned and structured referral pathway for all staff adherence and for Agency accountability.

Pertinent to the new model, is that the YLS/CMI and LS/CMI Assessment outcomes, trigger of an alert to instigate a referral into a revised CART (Critical Assessment review Team) meeting where a more Agency inclusive, refined collaborative horizontal-vertical approach is implemented. This process then sets off either, (1) an early collaborative intervention pathway into the Collaborative Case Conference process, or (2) monitoring and support from the Senior Workers for a whole of Agency response, leading to a multi-agency risk and needs management approach and subsequent accountability.

Policy implementation of the early intervention pathway into the CCC process should be seen as unrestricted if considering the five principles and five guidelines within the Agency Collaboration Strategy which outlines both early intervention and collaborative practice as key policy that has been developed to underpin a best practice framework and to guide effort and decision making within the DHHS, Children and Youth Services, Youth Justice Service. For example, two of the five guidelines (outlined in heading – Collaboration at Collaborative Case Conference Level) make reference to working with complex clients, in that (1) collaboration across the service systems to resolve problems when working with complex clients is integral, and (2) the principle of early intervention must guide service provision for all young people.

Additionally, of the five principles (outlined in heading – Collaboration at Collaborative Case Conference Level) that are also set out in the DHHS Agency Collaboration Strategy, that was endorsed for improving services for young people with complex and exceptional needs, states that collaboration is the cornerstone for the management of clients with complex and exceptional needs. Moreover, that early intervention is the key to good service provision. In that, the principle of early intervention must guide service provision for all young people. Early development of collaborative strategies and resolutions with a proactive focus are required. This principle incorporates the concept that the individual will benefit mostly when needs are addressed at critical points on the continuum. Lastly, early intensive collaboration can assist with capacity building and achieve improved service integration. At which, early access to appropriate rehabilitation and/or other community support services is essential.

6.1: The way forward

With the above clearly recognized as best practice when working with complex clients, this review points to a congruency in the Youth Justice Collaborative Case Conference policy, in that there is a lack of early collaborative intervention for this client group for reason that access (current referral pathway) into the CCC process is not based on guiding principles or objectives. As identified throughout this dissertation, the CCC process is put forward as a collaboration initiative that has been named, developed and represented as being strongly linked to a number of Tasmanian Government, key Agency, Legislative and Departmental objectives (DHHS 2002, 2004, 2006, 2008, 2012), which promotes both collaborative and early intervention practices as key aims in meeting the needs of high complex young people.

Good practice, which is in line with this dissertations literature research findings and the overarching Agency Collaboration Strategy that both endorse early intervention and collaborative practice as best practice for working with high risk/needs complex client, and from my own professional observations based on both professional standing and practice as a Senior Worker for the Collaborative Case Conference (CCC) process, is to argue that when a young person presents with a high or very high level of complexity based on the YLS/CMI or LS/CMI Assessment Tools, service provision must demonstrate an early collaborative intervention approach. As such, early entry into the CCC is imperative, allowing for a higher level of collaborative expertise that is demonstrated here as being a pre-requisite for working with this target group.

What has been noteworthy within this dissertation is the misconception and use of the term collaborative practice. In that, the term collaboration is thrown around and used interchangeably with the terms of communication and cooperation. What policy needs to also consider, is that the idea of collaborative practice may seem simple; however research suggests that both workers and Agency may underestimate the complexities of collaboration in itself. Additionally, policy makers must consider that workers have often not had the experience or training to have developed skills in collaborative facilitation or participated in, multi-agency systems-oriented approaches. Therefore, collaborative practice between diverse organizations with different policies, commitments and visions can raise issues of contention in relation to risk sharing and resource management, resulting in a breakdown of collaboration and service delivery.

Of great importance for policy review is that the existing referral pathway into the Collaborative Case Conference process, which has no formal time frame, is based simply on the workers discretion initiated from unsuccessful service delivery, lack of collaborative intervention, or a breakdown of anticipated needs, instead of the foundation of assessed risk factors.

From this perspective, Foster-Fishman et al (2001) conducted an extensive review of the coalition and multiple stakeholder literature, reporting that collaborative work often places unique demands on workers. They suggest that the capacity of groups to collaborate is influenced greatly by the existing skills/knowledge and attitudes the collaborative facilitator or individual has. For example, one 2005 study found that many staff were not well

equipped with the characteristics required to work across professional boundaries (Department for Education & Skills, 2005) in a style of collaboration. Moreover, that collaborative strategy and planning over the long haul requires a set of skills rarely understood and recognized in official job descriptions (Craig, 2004).

In summary, as research depicts, complex clients demand early collaborative expertise for the most timely and effective responses involving multiple services spanning several disciplines, program areas and service organisations. Therefore, for an effective, sustained service response to meeting the needs of complex and exceptional needs clients, there is an urgency to implement an early intervention referral pathway into the Collaborative Case Conference process that is outlined within this dissertation. The need for an overarching Agency policy is to direct attitude, vision and work standards in relation to supporting this client group.

7: Summary

When we turn to the research on the effectiveness of a particular type of program, we often find many studies. In this effort, as summarized in the literature sections of this dissertation, for young people who have entered the Youth Justice System, having been assessed as requiring a high level of complexity of service provision, an effective response, is one of early collaborative intervention.

The importance of collaboration with early intervention inauguration, as an effective response to young people that enter the Youth Justice System having been assessed as being complex in diagnosis, is evidenced by the many efforts within the State Government and within the Department of Health and Human Services-Children and Youth for encouraging and endorsing collaborative practice. Moreover, the importance is also highlighted in the governing strategic guidelines that stipulate that the principle of early intervention must also guide service provision for all young people. In that, early development of strategies and resolutions with a proactive focus are required. This incorporates the concept that the individual will benefit most when needs are addressed at a critical points on the continuum. It is intended that the concepts of early collaborative practice within the current legislative framework, underpin all areas of Youth Justice Service's work.

7.1: The Need for Change

Perhaps the most progressive policy reform of recent years within DHHS Tasmania is the drive for evidence-based practice, which focuses on effective treatments, services, and support for complex and exceptional needs young offenders. Through this initiative the Collaborative Case Conference process was established as a higher level of collaborative service intervention. Thus, this process has been a recognized successful forum for effective collaborative practice within the north of Tasmania, whilst also effectively supporting both internal and external professionals. Within this forum, there are three specific situations where the Collaborative Case Conference process is viewed as the most effective and appropriate action when responding to complex clients. Firstly, collaborative practice is viewed as a higher level of expertise, that regardless of the viewpoint, perhaps conflicting to some, a Youth Justice Worker utilizes communication and cooperation techniques rather than a collaborative approach when supervising young offenders. In that, collaborative practice is seen as a required set of specific skills, expertise and attained experience. Secondly, the Collaborative Case Conference process allows for working across professional and agency boundaries for servicing those problems that cannot be solved by one organization or individual working alone because of their inherent complexity. Within this task, diverse policy, resources and cultures are facilitated. Lastly, and of particular importance, to meet the needs of those most hard to engage, high complex clients, a higher level of collaborative expertise is required to facilitate a horizontal-vertical multi-agency response to this target group.

In summary, to support entry into the CCC process, this dissertation has placed a great deal of emphasis on the need for early collaborative intervention for meeting the needs of complex and exceptional needs clients that enter the Youth Justice System. As such, it has outlined a more effective early intervention referral pathway that utilises the scoring of the YLS/CMI and the LS/CMI Assessment Tools, for a more defined, structured and accountably pathway into the Collaboration Case Conference process. Within this trajectory, agency accountability is justifiable as the referral provides immediate access to the direct information about the young person's needs or areas where extensive intervention is required. At the same time, it promotes a high level of consistency and transparency at entry.

In the end, this dissertation makes comment that there must be clarity about the aims of both early intervention and collaborative practice when supporting complex clients. For this to transpire, this review needs to be considered to determine policy change leading to an early intervention referral pathway into the Collaborative Case Conference process.

8. Some Recommendations

This dissertation has recommended changes to the Collaborative Case Conference (CCC) guidelines by implementing an early intervention referral pathway. This early intervention approach will provide a means to achieve entry into the CCC process at a more timely and effective manner based on assessment of risk rather than on a lengthy history of failed service delivery. There is an ethical and human rights imperative here for promoting early intervention collaborative expertise; the reason is that often issues of complexity fall through the cracks for sustainable and timely service delivery for reasons of inexperienced and untrained workers in the art of collaborative practice.

8.1 Implementations to the Current CCC process

This dissertation urges policy makers to strengthen the current strategic early intervention and collaborative principles and guidelines, and in doing so, provide a mechanism for a whole of Agency view to:

- (1) recognize and accept the need for early entry into a higher level of collaborative expertise when supporting high needs complex clients,
- (2) information from the risk/need assessment tools should be used not only to plan individual case plans, but also to identify levels of extensive service support and needs,
- (3) ensure Agency commitment and ownership of the CCC process, and
- (4) ensure ongoing evaluation and measuring outcomes of the CCC referral pathway.

In effect, the new early intervention pathway into the CCC process is simply a strategic model for current evidence-based practice leading to the present DHHS Agency Collaboration Strategy. In this light, to assess the potential for this new model, policy must review and reflect on the CCC's current referral pathway and the associated risks in not complying with the DHHS collaboration strategic guidelines and principles, and evidenced based research for early collaborative practice in supporting complex clients. Of significance to policy review is the need to assess and rectify the oversight with the absence of the YLS-CMI and the LS/CMI Assessment Tools as a current guideline for referral alert into this process.

The biggest challenge in adopting this new model is not disputing its motivation; so much as it is changing our attitudes and existing systems to appropriately support and accommodate the new improvement. Loeber, Farrington & Petechuk (1998) define this by stating, many policymakers are unaware of the efficacy and cost effectiveness of alternative interventions and often choose not to change or fund early prevention methods that can benefit juveniles in general. Yet no policymaker would argue that the optimal strategy to deal with nicotine addiction is the removal of cancerous lungs in large numbers of affected smokers. The same rationale used for public health risks should be applied to supporting complex clients with exceptional risk and needs. The focus should be on targeting early risk factors through identified early intervention programs and strategies.

8.2: Summary

In summary, early collaborative intervention is a difficult concept to define; nonetheless, given the importance of providing a high level of support for complex clients within the Youth Justice System, it is imperative that policy makers both evaluate its benefits and implement results. From a policy perspective, it is important to both demonstrate the implied value (Winkworth and White, 2011), and from a service perspective, it is important to keep in mind, we must not fear evaluation for it enables services to monitor and improve their existing practices. We welcome better ways in working with complex, exceptional needs client.

9: Acronyms and Glossary of Key Terms

ACS	Agency Collaboration Strategy (Working Across Agencies)
AYDC	Ashley Youth Detention Centre -Custodial Youth Justice-Tasmania - (AYDC)
BEN	Board of Exceptional Needs (Meeting at Director Level. The BEN was (since dissolved) part of the Agency Collaboration Strategy)
CART	Critical Assessment Review Team (Determines suitable entry into the CCC process)
CCC	Collaborative Case Conference (CCC)
Child:	Child under the age of 10 years.
CPS	Child Protection Service
CYJ	Community Youth Justice
DHHS	Department of Health and Human Services
High Risk	The definition of 'high risk' is broadly defined to include 'young people posing a serious personal or community risk with their risk issues being likely to increase without intervention (Anders & Gye 2000)
Juvenile:	Young Person over the age of 10 and under the age of 18
Juvenile Justice:	Youth Justice in Tasmania. Known as Juvenile Justice in most other parts of the Globe
LS/CMI -	The Level of Service/Case Management Inventory is an assessment that measures the risk and need factors of late adolescent (17 and above) offenders.. Citation: https://www.mhs.com/product.aspx?gr=saf&prod=ls-cmi&id=overview
SECAPS:	Custodial Youth Justice (AYDC): Secure Care Psychosocial Screening Tool (SECAPS)
Supervision:	legal responsibility for Youth Justice to administer conditions of a court order
TRF	Tasmanian Risk Framework: Risk Assessment Tool used by Child Protection

YLS/CMI - The Youth Level of Service/Case Management Inventory is a risk/needs assessment and a case management tool combined into one convenient system derived from the Level of Service Inventory-Revised (LSI-R).
As Cited: <http://www.mhs.com/product.aspx?gr=saf&prod=yls-cmi&id=overview>

Youth: Young Person over the age of 10 and under the age of 18.

Youth Justice Act 1997 The Youth Justice Act seeks to secure to youths who are alleged to have committed offences the same entitlements as adults who are similarly placed. However, the protection of the community and the enhancement of the rights of victims of offending behaviour are prominent aspects of the legislation. the Youth Justice Act seeks to encourage youths to take personal responsibility for their actions. The legislation significantly extends the sentencing options available to the Court in order to encourage acceptance of that responsibility and otherwise to achieve the purposes of the Act.

YP Young Person (YP under the age of 18 or have committed a crime under this age)

Youth offender: Youth Crime Statistics for the States and Territories of Australia.
Rates

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11: APPENDIX - A

Referral Form for referral to the Collaborative Case Conference Program

Referral to Collaborative Case Conference Process

To: (CYJ Regional Coordinator)

From:

Name:

Position:

Organisation:

Name of Client:

D/O/B

Reason for Referral:

.....
.....

What have you done to collaborate with other services for this client so far?

.....
.....
.....

What have been the barriers to collaboration?

.....
.....
.....

What needs remain unmet?

.....
.....
.....

What has worked?

.....
.....
.....

APPENDIX - B

Early Indicators checklist for referral to the Collaborative Case Conference Program

Collaborative Case Conferencing: Early Indicators Checklist

Name of Client: _____ DOB: _____

Please complete the following checklist, and attach the YLS/CM-TRF-/SECAT assessment, as well as any other relevant documentation to present to your coordinator with a view to taking the case to a CART

Institutional Indicators ✓

- Demonstrated need for collaboration
- There is a history of severe and complex difficulties
- Multiple *Out of Home Care*/Residential and Contingency Care Program placements
- Multiple needs across two or more program areas where a service model solution exists
- Challenging behaviours which place them, and/or staff and/or the community at risk
- There is no sustainable current accommodation
- There is a level of resourcing which requires close monitoring and is difficult to sustain
- There is a high degree of intensity about the problems
- There is a likelihood of a need for involvement outside the DHHS

Personal Indicators

- Intellectual or learning disability
- Offending behaviour (Police charges)
- Use of drugs (at young age)
- Do they have any chronic illness or disease (asthma, diabetes or epilepsy)
- (If so please indicate what)
- Do they take any medication? (If so please indicate what)
- Unstable accommodation (kicked out, problems with care)
- Difficulty at school (excluded, disruptive behaviour etc)
- History / Risk of abuse and/or neglect
- Violence – toward people
- Risk taking behaviour (physical risk)
- Poor family support or relations
- Emerging or diagnosed psychiatric or psychological disorder
- Sexual offending, and/or association with sexual offenders
- Impulsivity
- Inability to grasp future consequences of behaviour
- Inability to self-regulate emotions, especially temper
- The need for stimulation and excitement
- Exposure to violence and abuse (as either a victim or a witness);
- Association with deviant peers
- Peer rejection
- Favourable attitudes toward deviant behaviour

- History of noncompliance with required activities
- Problems with physical health (esp. developmental)

Family / Societal Indicators ✓

- Parental history of deviant behaviour
- Favourable family attitudes toward deviant behaviour
- Harsh and/or inconsistent discipline (low warmth)
- Poor parental and/or community supervision
- Low parental education (especially maternal education)
- Family conflict
- Disruption in care giving
- Poor attachment between child and family
- Parental substance abuse
- Parental mental illness
- Availability of drugs
- Exposure to violence, including violence in the home
- Economic deprivation
- Association with Paedophiles
- Require long-term care and substantial support
- Other (please indicate)