



**Australian Government**

**Australian Institute of Family Studies**

# How does interagency collaboration benefit children and families?

Exploring the evidence

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# Acknowledgements

- This paper is based on the following resources, authored by Myfanwy McDonald and Kate Rosier:
  - ◆ McDonald, M., & Rosier, K. (2011). *Interagency collaboration. Part A, What is it, what does it look like, when is it needed and what supports it?*. AFRC briefing no. 21-A. Melbourne: Australian Institute of Family Studies.
  - ◆ McDonald, M., & Rosier, K. (2011). *Interagency collaboration. Part B, Does collaboration benefit children and families? exploring the evidence*. AFRC briefing no. 21-B. Melbourne: Australian Institute of Family Studies.



# Outline of presentation

- The current context
- What is interagency collaboration?
- Review of the evidence
  - ◆ What components of collaboration work?
  - ◆ Do some clients benefit from collaboration more than others?
  - ◆ Does collaboration pose risks for children and families?
- Conclusion



# Why write this paper?

- Current environment strongly supportive of collaboration – “uncritically pro-collaboration” (Dowling et al., 2004, p. 310).
  - ◆ Increasing specialisation
  - ◆ “Siloed” approach is not optimal in many circumstances
  - ◆ Vulnerable and at-risk families often have multiple and complex problems
  - ◆ Some problems “fall into the gaps” between domains
  - ◆ Increasingly “networked” world
- Agencies that work with children and families are increasingly expected to collaborate



# Why write this paper?

- Commonly cited benefits of collaboration:
  - ◆ Increased use of services
  - ◆ Increased access to services
  - ◆ Holistic service provision
  - ◆ Concise, consistent information



# However...

- Dearth of evidence
  - ◆ “...evidence of health benefits [as a result of collaboration] was extremely weak” (Hayes et al., 2011, p. 19).
  - ◆ “If evidence based policy means more than an empty slogan, then this is surely a large gap in knowledge that needs to be filled” (Dowling et al., 2004, p. 315).
- Collaboration may not always be preferable



# What is interagency collaboration?

- Collaboration: a “means of producing something joined and new, from the interactions of people or organisations, their knowledge and resources” (ARACY, 2009).



# What is interagency collaboration?

- Key characteristics:
  - ◆ Dense, interdependent connections
  - ◆ Frequent communication
  - ◆ Tactical information sharing
  - ◆ Pooled, collective resources
  - ◆ Negotiated shared goals
  - ◆ Shared power between organisations



# Interagency collaboration: the evidence

- Two types of evidence
  - ◆ Process evaluations: focus on how the intervention works
  - ◆ Outcome evaluations: focus on the impact the intervention has on children and families
- Those evaluations of interagency collaboration that do exist are overwhelmingly *process evaluations*



# The evidence: process evaluations

- Research on enablers and barriers to collaboration
  - ◆ e.g., FRSA linkages and collaboration project report
- For professionals, collaboration can lead to:
  - ◆ Enhanced skills, knowledge and confidence
  - ◆ A more supportive professional environment (e.g., Flaxman et al., 2009)
- Much literature on the process of collaboration in child and family welfare
  - ◆ e.g., ARACY Advancing Collaborative Practices Resources



# The evidence: outcome evaluations

- Mostly US (child protection) and UK (health) research
- Three main questions
  - ◆ What components of collaboration work?
  - ◆ Do some clients benefit from collaboration more than others?
  - ◆ Does collaboration pose risks for children and families?
- The extent that this research can be extrapolated to Australian service context is unclear
- Nonetheless, a few important messages emerge



# What components of collaboration work?

- Collaboration between child welfare and juvenile justice systems (Chuang and Wells, 2010)
  - ◆ Q. Does collaboration lead to greater access to behavioural health services?
    - ◆ Researchers investigated three components
      - Jurisdiction
      - Shared information systems
      - Connectivity
    - ◆ A. Yes, but... connectivity did not.



# What components of collaboration work?

- Collaboration between child welfare and behavioural health agencies (Bai et al., 2009)
  - ◆ Connectivity *did* lead to better outcomes
  - ◆ “the more ways child welfare agencies coordinate with mental health service providers, the better” (p. 378)
- Message: in some contexts collaboration will in general benefit clients, whilst in other contexts some types of collaborative activity will work and others will not



# What components of collaboration work?

- Jayarante et al. (2010) focused on strategies rather than broad components
  - ◆ The characteristic of child health partnerships that demonstrated improved outcomes
    - Targeted disadvantaged families
    - Focused on outreach service provision
    - Paid attention to the process of partnership
    - Had a high quality evaluation design



# What components of collaboration work?

- Overall, this research shows that the success of a collaboration is dependent on context
  - ◆ The quality of the relationship between agencies
  - ◆ The sectors involved (e.g., child welfare, mental health, child health)
  - ◆ The strategies utilised by agencies



# Do some clients benefit from collaboration more than others?

- Hurlbert et al. (2007) investigated whether collaboration between child welfare and mental health agencies increased likelihood of specialist mental health service use
  - ◆ As linkage level increases, the likelihood of service use *decreases* for children below clinical cut off point
  - ◆ Supports the idea that collaboration is most effective for those with multiple and complex needs
  - ◆ Collaboration could have a *negative impact* on those children whose needs are not as complex?



# Do some clients benefit from collaboration more than others?

- Under-utilisation of services by Indigenous families and families from some CALD groups
- Collaborative approaches can increase service use by Indigenous and CALD families (Panoretto et al., 2005)
  - ◆ “I can see it working. The fact that there can be crossover between [between Indigenous and mainstream organisations] opens it up a lot. Indigenous families are becoming more comfortable using mainstream services. Aboriginal families are comfortable as long as it’s a partnership” (Service provider, in Flaxman et al., 2009, p. 14).
- For more information, see: Stewart et al. (2011)



# Does collaboration pose risks for children and families?

- Very little research or even discussion
- Discussion of drawbacks of collaboration often pertains to professionals:
  - ◆ “Partnership fatigue”
  - ◆ Feeling of resentment if one party not pulling weight
  - ◆ Feeling threatened if professional boundaries are challenged (Bruner, 1991; Flaxman et al., 2009; Huxham & Vangen, 2004)
- Suggestion that trust can be reduced as a result of information sharing (Parton, 2009)



# Conclusion

- There is limited empirical evidence as to whether collaboration leads to improved outcomes for service users
- The existent research has a noticeable geographic (i.e., United States and UK based research) and contextual bias (i.e., child protection [US] or health [UK])
- The success of collaboration is dependent upon context



# Conclusion

- Collaboration is most effective for children with multiple and complex needs.
- The stronger the ties between agencies, the more likely families from some Indigenous and CALD backgrounds are to use services.



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