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Toward a Comprehensive Agenda for the Integration of Child and Family Services

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June 2009

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Toward a Comprehensive Agenda for the Integration of Child and Family Services

A Discussion Paper of Critical Reflections, Observations and Recommendations

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June 2009

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Introduction

This paper is a personal reflection on the integration of child and family services practices in Canada. As I have been involved in this activity for almost thirty years, the paper is also a critique of my own practices in this area. I build on successes and take responsibility for what I was unable to accomplish while working in this area. The central thesis is that integration of services must exist at all levels in order to be sustainable, that is, a permanent, flexible, locally governed, effective, efficient and self-renewing feature in Canadian communities. I hope to demonstrate that this hypothesis is at once very simple and very complex. The arguments are made in the strongest possible terms. I hope this will generate some discussion, critical and appreciative, about integration of services for children and families in Canadian communities. While I obviously hold no privilege on truth, my confidence in what I argue comes from hard-won personal experience, both successes and failures, in developing, implementing and evaluating integration of services at the government, community, interprofessional and individual levels in Canada. It also arises from extensive reading, reflecting, and writing on the theory and practice of services integration. But, in the end, it is truly my point of

view on this matter and hopefully a passing of the torch to a younger generation to take up the struggle.

In this paper I view the general problems and opportunities of integration of child and family services from numerous angles. What is offered is essentially a discussion paper that tries to think through what I believe a comprehensive agenda for the integration of children's services must take into account. The paper sets out an agenda for action, which, in my opinion, must be addressed if we believe in and desire a services system that would result in the sustainable provision of services for children and families where they live and as a permanent feature of community service delivery in Canada. If this is so, what roles do government, community organizations, professionals and children and families play in this new system?

The following issues will be reviewed:

1. Problems that must be addressed at all levels to produce comprehensive integration reform
2. The current consensus of expert opinion regarding the principles that guide integration at all levels
3. Integration strategies that can be employed at all levels to comprehensively solve delivery systems issues and increase the likelihood of favourable client outcomes

The Challenge of the Current Situation

At this time there are multiple children's services models in use in Canada and elsewhere. Although it is impossible to try to capture the nuances of each in a short essay, we can broadly characterize certain features that highlight the ways in which services for children are and are not working. I will try to use these descriptions to draw a comparison between a few of the models currently used in Canada and, in some cases internationally, and a comprehensive model that is thoroughly integrated at all levels and in which each level is mutually supporting and based on collaborative effort.

In many jurisdictions in Canada, ministries or departments still work quite independently from each other in terms of legislation, policy and funding. Siloed

ministries provide independent funding for their directly-operated community agents or arms-length agencies in order to present services in communities for client groupings for which they are responsible. In this model, agencies are not directly governed by, or accountable to, community members, professional providers or the clients they serve. They generally serve specific clients, and when the problems of the client "spill over" their narrow mandate they act in a coordinated fashion with other community agencies on a case-by-case basis. This approach, which has by no means been entirely discarded by provincial governments, results in fragmented services, service gaps and mandate overlaps, particularly for those in the community who present with complex psycho-social and economic issues. Historically, community organizations and/or services were created and funded by government as personal and other issues were discovered, or on the basis of community insistence that funding should be provided. There was very little thought given to the working relations among organizations, services, programs or professionals. For communities, the development of these services was a pragmatic concern. During difficult economic times concerned people turn their attention to how these chaotically funded and unorganized "systems" of care are working. All agree that resources cannot be wasted. The question remains, what should be done?

Those who advocate for a more rational approach to service delivery maintain that no one government ministry, community agency, program or professional group can deal with all problems. This fact alone supports integration as the preferred method for dealing with complex problems. Although clients who present with a serious but single problem configuration can easily be accommodated in a properly integrated system, those with complex problems cannot easily be accommodated in the siloed model.

The most common model of service delivery for children and families might be called the mixed model, as it combines both siloed and integrated features. There are a number of ways in which this system has been organized in Canada and elsewhere when governments are required to address issues that cut across ministerial jurisdictions. For example, in Canadian provinces secretariats are often formed to address cross-cutting jurisdictional concerns such as women's issues. The function of these bodies is often to coordinate other ministries around the interests of the particular issue for which the secretariat was formed. However, secretariats rarely have the ministerial status, financial or other resources to be able to politically push through legislation to any great degree. They are

organized more as a political gesture to contain imminent political issues of a cross-cutting nature. This, in my opinion, is a weak political response. Although fiscal resources can and are made available for community agencies to address gaps for a specific cross-cutting group, these resources often arrive in the form of piecemeal, frequently short term, funding for "projects". The project funds often carry no requirement for, or support of, comprehensive community integration of services or accountability and governance at the community level.

In another model, the government consolidates all or most aspects of the issue in one ministry or department; for example, in British Columbia children's services are under the responsibility of one ministry. The community, providers and receivers of services generally regard this as a progressive step. The idea is that much more collaboration can and will occur among various divisions of the ministry in terms of integrated policy, funding and service delivery. Assuming such collaboration occurred, when the services arrive at the local level, programs and program funding would be, in theory at least, far more integrated in terms of service delivery because the policies, funding mechanisms and program designs would write in such mandatory features. In fact, however, this type of integration normally occurs as selective or partial integration. For example, the plan may call for integration within usually distinct mental health organizations or services but not other services within that ministry's mandate, such as addictions, disabilities or child welfare, or with other ministries such as education and youth corrections (these other ministries also may be internally integrated). When these programs arrive in the community, although often the same community professionals are involved with the same children and families, they find themselves working within separately integrated service streams. Overall we find no comprehensive plan for the integration of all aspects of child and family services. These partial integration efforts further fragment the community and stretch limited resources among community providers and professionals who must work in these systems, and frustrate families who must navigate among and within the services.

Other models of service delivery are based on market-like features such as: privatization, profit driven, market–like relations among participants, consumerism, managerialism, reduction of professional authority, and hyper accountability. Although these models are not as well-developed in Canada as in other jurisdictions, due to our strong culture of publically funded services, there are strong indications that they are preferred by many Canadian politicians and top civil servants. With the recent catastrophic financial failures

of the free market ideologies and practices, the collapse of historically sound manufacturing corporations, and the simultaneous and massive financial and regulatory interventions by governments into the market in all countries, neo-liberal ideologies and politics will probably exert less influence than in the past. I have not considered these models explicitly, but instead have focused on what currently exists here and offered an indirect critique of market-like models by illustrating what a comprehensive integrated model might accomplish.

All of the current models and hybrids exhibit a number of deficiencies. Fragmentation of the children's service system in the community begins at the level of the organization of government ministries and departments and manifests itself in fragmented legislation, funding mechanisms, policy, governance, accountability, community agencies, therapeutic programs, professional practice and uncertain client outcomes. While many major policy issues facing governments span ministries and departments, and must be integrated both vertically and horizontally to be well understood and solvable, very little has been accomplished to this end.

The kind of analysis and reorganizing that is required to provide a sustainable integrated service system in communities has not occurred for a number of reasons, including: lack of a comprehensive vision, founded on evidence-based practices or best practice experience, for children's services; interministerial turf wars; competition for funding among community agencies; interprofessional competition around professional autonomy and prerogatives in managing clients' problems; lack of coordinated community political and lay leadership; lack of client voices in these processes; and inadequate training to deal with complex problems and develop appropriate work relations among professional colleagues.

On the other hand, over the years I have read about, been involved in and witnessed the development of integration of services at the level of community organizations and professionals in communities across Canada. Community people recognize the inefficiencies and ineffectiveness of chaotically organized services and attempt to develop grass roots integration. They devote enormous professional energy, time, commitment and limited community resources toward the realization of such plans. Significant innovations and organizing principles are often developed in these settings. When important community integration efforts such as these are initiated, the provincial government should

support them as pilot projects, allowing for a period of intensive development and evaluation in order to determine whether such locally developed models can be utilized and adapted in other communities. I saw such government supported locally developed and managed integration projects when I visited Britain, to learn about how this model works. It is also not uncommon in the United States.

I must admit that my Canadian experience around this form of organizing integration has been disappointing. Often excellent locally initiated integration projects languish from lack of support. There are two main reasons why this may happen. The first is that governments and civil servants often believe that policy on such matters must be driven from the top down. The second is because the contexts shift in sometimes dramatic ways. As the government and its major players change new priorities emerge, new policies are introduced, funding is reallocated and so on. At the community agency level leadership changes and professionals come and go. As a result of all the upheaval, the integration project often wanes, drifts or changes in fundamental and unintended ways. I have personally experienced as well as observed the disappointment of hard working local visionaries when community integration projects were thwarted and ultimately abandoned due to these circumstances. This is why I insist that all participants must commit to supporting and sustaining community integration.

The formulation of exactly what the problems are in any specific jurisdiction, and the implementation of solutions to complex leadership, organizational, policy, community, interprofessional and client-related processes demands multilateral participation from many internal and external constituents or stakeholders. A concrete analysis of the particular situation must precede the development and adoption of an integration model. What is actually going on in the particular service system with respect to clients' services and programs? What level of collaboration and integration already exists? What are the clients' perceptions of the systems of services, professionals, community leaders and others? These and numerous other questions must be answered.

Importing models from other jurisdictions without modification to the specific issues is simply wrong. While other models can provide us with lessons, desired features, ideas around interorganizational and interprofessional linkages and so on, I would argue that to be perfectly suited to the situation at hand and its specific historical and future development, an integration model must issue

from the actual conditions in that jurisdiction. Ideally, locally developed models work best, but only with the full commitment of government to intervene when required to correct deficiencies and then to provide the necessary foundation in legislation, policy and flexible funding to sustain such developments.

I believe perspective is critical. Governments should view children's issues as inherently without boundaries. I think most do in theory, but in my experience practice is another matter entirely. Government policy must address the whole child in his or her psycho-social and economic context and in all developmental stages, not the child as perceived through the narrow lens of individual ministries, divisions within ministries, community agencies or professional groupings. This position does not eliminate the need for specialist agencies and professionals. While the complexity of the clients' problems demands a high degree of organizational and professional specialization, the argument here is that more refined levels of specialization demand sophisticated collaborative relations among the organizations and professionals at all levels to ensure the best possible outcomes for children and families. If these interagency and professional work relations are not attended to, through developing rationally organized relations, additional burdens are imposed on professionals, agencies and families in terms navigating ad hoc organizational and interprofessional barriers.

In every advanced economy, and in this age of continued restraint, service integration can be viewed as a powerful mechanism for meeting the challenges of fiscally and organizationally efficient and effective service delivery and successful client outcomes. Traditional "silo" methods of service creation and provision, whether at the government or the client level, have been rendered not only inefficient and ineffective but also quite obsolete as a response to the complex problems of a complex society. Integrating services means nothing less than profoundly changing the entire organizational culture surrounding the issue: the traditional way that people at all levels of the system of care think about and practice policy development; governance and community service delivery relationships; professional practices; and the means by which people work together to meet the needs of children and families. This, as I see it, is the challenge.

Why Integration in Child and Family Services, What is Integration of Service, and Why Should We Care?

The idea of service integration has existed in western nations for over 100 years. The notion that integration of services can be both organizationally and fiscally efficient and effective in terms of therapeutic outcomes has followed an historical cycle of recognition and decline. In good economic times when resources are relatively available integration falls off the table as an item of political and community interest. Expansion of services in the community tolerates fragmentation and overlap because new resources are always being introduced. During more difficult times, integration resurfaces as a possible means to effect financial savings (cutback management) while maintaining or improving clinical outcomes. Research, articles, books, monographs and community project activity surrounding the notion of integration escalate in the latter periods and, of course, rapidly decline during the former.

My contention is that integration of services is always advantageous, no matter how the economy is behaving. We must move away from boom/bust cycles of funding human services and decisively toward systems of care that are sustainable yet have the built-in means to constantly self-improve. Properly designed, implemented, evaluated and monitored integration of services is a way to ensure that service systems are financially efficient and programmatically effective, so that they consistently meet the assessed or expressed needs of clients in the community. It is not a method that is useful only as a cost-saving measure in economic hard times. It is a rational sustainable self-maintaining system that serves to: constantly document shifting requirements to ensure that organizational goals, structures and processes are fully focused on client need; introduce new programs when necessary; improve the clinical effectiveness and cost efficiency of existing programming; and systematically improve professional and interprofessional work processes to ensure an appropriate fit between need and service provision.

There are numerous ways of understanding integration of children's services, depending on one's political, theoretical and/or practical orientation. For our purposes a focus on the expressed and assessed needs of families and children should be the touchstone for how we think and act in this regard. Kahn and Kammerman (1992) have provided a most succinct and adequate framework for

understanding the purpose of integration:

> ...service integration is a systematic effort to solve problems of service fragmentation and [secure] an exact match between an individual and family with problems and needs and an intervention program or professional specialty.

While this definition can cover many different models that seek the same result, service integration, in the sense employed here, uses collaborative mechanisms and relationships as a means to change the entire service delivery culture and its practices, that is, to change participants' thinking and actions at all levels of the system. These mechanisms are intended to initiate and maintain a tight network of working relationships among participants (providers, children, parents, professionals and government).

The desired outcome of system reforms is to substantially and continuously improve the match between what and how services are delivered and the expressed and assessed needs of children, families, or caregivers as well as the efficiency and effectiveness of the delivery system and therapeutic programs. The mechanism by which this is realized is through collaboration among all participants at all levels. This does not require everyone to march in lock-step. Since both constructive and destructive conflict will always occur, conflict resolution must be part of the system of care. I would however suggest that different ideas and practices must be respected and considered at all times. All forms of renewal deemed meritorious by the participants must be considered. While democracy is messy in this regard, I absolutely believe in the efficacy of its results and the inherent initiative, commitment and creativity it nurtures in participants.

Pressures to Integrate Services

What are some of the current pressures affecting the interest in service integration in most jurisdictions?

- With a deep financial and economic recession, there are enormous fiscal pressures on government, the public service and community agencies to do more with less, to accrue administrative, program and professional savings through permanent cutback management processes. However, to do more with less has been the mantra of most governments for the past 30 years.

- Fiscal pressures are reinforcing strategies such as hollowing out government: the process of privatization or creating "agencies" or other autonomous or semi-autonomous organizations to manage and deliver services that were formerly directly operated by government. In this latter strategy, governments maintain control over fiscal and policy and other accountability levers around such providers but only indirect responsibility for programs and services. These strategies may drive some integration models, but other models, which are proffered as a solution to service delivery issues, based on privatization, the creation of markets of services, and expanded consumer choice are far more common in other countries but not in Canada.

- Deep public skepticism about, and frustration with, the current system of service provision and the perception that "nothing works" or that "money goes in but nothing comes out" is often fueled by politicians of a certain ideological bent. This analysis deflects and drives the political agenda toward politically acceptable private or market solutions rather than comprehensive solutions to problems of fragmentation of services, gaps in services, overlapping mandates of agencies and lack of professional cooperation. In this scenario, government presents itself as savior and not as the chief cause of service delivery chaos in the community.

- Parents and client advocacy groups exert enormous pressure on governments to do something about barriers to access, system duplication and fragmentation. Parents and caregivers experience the service systems as chaotically organized, duplicative, or with gaps, and fragmented at the agency and professional levels. It is clearly unacceptable that parents must solve this crisis in addition to their presenting problems. I believe that to most effectively gain the government's attention parents and advocates must come to policy discussions prepared with actual solutions that confront politicians with the fundamental irrationality in the way they do business.

- Multiple integration efforts underway within government sectors cause confusion and exhaustion within communities. This is the phenomenon of integration within departments or ministries but not between them, and within certain parts of ministries but not the whole operation. Communities are required to integrate services within these confusing and partial guidelines, which further fragments the system of community care for children and families and dissipates the energies of community-based professionals.

- More children are presenting with more complex problems. Our understanding of the "unique vulnerabilities of children" and the relation of socioeconomic and psychosocial development to childhood health and wellbeing issues has greatly improved. Therefore there is a widely accepted premise among researchers and practitioners that multiple interventions are often required to meet the needs of children and families. As a consequence, systematic organizational and program linkages are a prerequisite for effective treatment planning and interventions.

- Many communities are very advanced in terms of the integration of children's services agenda and require the organizational, policy and funding changes and other support necessary at the government level to sustain their efforts. I have seen too many excellent community initiated projects simply exhaust themselves for lack of such support. All the effort to create local coordination wastes away from lack of foundational support. How can flexible government organization, policies, funding and enabling legislation provide the proper framework to permit creativity, calculated risk, innovation, experimentation and sustainability at the level of community designed and managed services?
- Other communities are not very advanced on this front. They require an effort by government to reorganize, educate, support and fund processes, as well as a willingness to do whatever it takes, including rule breaking and rule making, to assist these communities to take responsibility for the design and management of their own systems of care.

These issues and others are driving and shaping all efforts in many jurisdictions in Canada and elsewhere to find solutions and permanently place services for children and families on a firm footing. In my opinion, integration at all levels, with collaboration as the process, is a means to provide better services and to better ensure successful outcomes to children and their families.

System Issues Addressed by Integration Reform: A Brief Description of Current Issues

The effects of disorganized, fragmented and turf-protecting provincial government ministries in Canada and other jurisdictions, disjointed legislation, and siloed funding and policy on the viability of integrated community service delivery systems, as well as the issue of the resulting community service fragmentation and its effects on the provision of integrated services for children and families, have been documented and re-documented in the research and descriptive literature over the years. What follows is an outline of general issues documented in the literature.

Legislative, Funding and Policy-Level Problems in Relation to Integration of Services:

Lack of political and civil service leadership is the most pressing of all of the issues in Canada. Provincial government leaders and deputy ministers have failed to step forward to endorse a comprehensive integration of children's and family services in Canada. Admittedly, these leaders have been preoccupied

with models of service delivery that are opposed to the one advocated here. The main reason why they avoid the integration model is that it would necessitate a fundamental change in the way government organizations do business, an option that none of these players seems willing to face. Root and branch reorganization of government ministries to a collaborative model would essentially mean ceding some statutory decision making powers to other government players, or at the very least, sharing these powers with government or other community stakeholders. In the United States and Britain, for example, politicians have taken decisive initial steps to create and evaluate community systems of care for children and their families. Although I fundamentally disagree with the market-like models proffered by some of these jurisdictions, problems are at least recognized and experimental work is proceeding. Many Canadian politicians continue to pursue the fragmented approach to government organization and community service delivery, first because their horizons are limited by their ideological blinders and the limited nature of their tenure as ministers or politicians, and second because of their political craving for self-aggrandizing multiple and fragmented announcements, often making the same announcement numerous times, as well as their record of rejection of evidence-based practice in favour of ideologically driven solutions of dubious value.

Government-Level Barriers to Integration of Services:

The intent of social policy formation and service delivery in relation to inter and intra-governmental and interagency relations is often unclear. Most legislation, policy and funding defines services and programs around a particular configuration of need, but not in relation to how the particular service or program relates in terms of community accountability with other services and programs that are mandated by another division within that ministry, or mandated or funded by another ministry. All these relations, even those within the target agency and related collateral services and programs in the community, require specification. It is often assumed at the level of government ministries and civil servants that integration is essentially a community problem, the details are the responsibility of the community, and the issues will somehow be worked out there.

Categorical mandates of ministries and divisions act as a barrier to the formation of integrated policy responses. To state this issue as directly as possible: government fragmentation, disorganization, and inability to manage complex problems are the primary barriers to community service integration. Although significant

analysis has been done on the types of government reorganization required to manage the complex problems we face in the 21st century, very little has been done to further this solution. The present means of doing government business will surely collapse at some point when problems overwhelm the organizational capacity of government and civil servants to manage them on an ad hoc basis.

Policies developed by separate ministries of government promote separate responses to the interrelated needs and problems within the community. Community needs do not appear in neatly packaged bundles that correspond exactly to the mandates of separate ministries or departments, but rather as complex problems that demand solutions that fall outside the individual mandate of any one ministry, department, community agency or profession. The solution, from my perspective, includes collaboration of all parties who are totally focused on the holistic character of the problem. A wise professor once told me that the world has problems and the university has departments. It is easy to translate this into the world of government and community service provision: people have problems and governments have ministries. A partial solution is no solution at all.

Current practice promotes multiple responses, e.g. the introduction of markets of services, instead of the right response. Each ministry responds within its own limited mandate and rarely in collaboration with other ministries or the community. It follows from all that has been said above that community problems such as the issues related to the provision of child and family services cannot be addressed in piecemeal fashion. These problems require the collaboration of all those involved to find the right response, and not multiple responses, as is more often than not the case now. Conditions necessary for the right response to emerge would include reorganizing government to provide the capacity and flexibility to conceptualize and respond to complex needs as they are presented. Community participation is also required to ensure that the solution actually fits the context. Another essential condition is a movement beyond the political toward pragmatic decision-making processes that are evidence-based or experientially well founded when it comes to the problems of children and families.

Current practice promotes services that are crisis-oriented or address problems that have already occurred, and excludes values and programming around prevention. This is why the planning side of governing seems to have been

neglected. Planning for some politicians, beyond roads, bridges, sewers and tax subsidies for the wealthy, is ideologically incorrect, as the magic of the market is thought to take care of all the rest. When crises occur, such as the death of a child in care, the government responds, and sometimes great ideas are generated. Unfortunately these are only acted upon once they have been politically cleaned and legitimized. To adequately address the complex issues faced by children and families in the modern age demands good collaborative planning, accompanied by careful attention to implementation of the required solutions that will obviate the need for crisis reaction in many, but certainly not all, cases.

Limited funding is, and will likely continue to be, a permanent feature of modern governments. Thus efficiency must be a cardinal rule in all of our proceedings, out of respect for the people who pay the bills. The current approach to the complex problems of children and families is based on categorical funding, which promotes costly, multiple and disconnected responses to need. Governments complain about wastefulness, but rarely consider the source of the problem to be the fact that they are organized for political purposes as opposed to real problem solving.

While programs are carefully crafted at the policy level they are often poorly implemented, particularly as they pass from civil servants to agency boards and management to professionals, who all stamp it with their interests and needs. Furthermore, policy responses do not always include best practices and are not always evidence based, or even experientially based, with respect to service delivery or the appropriate therapeutic regimen. Although it can be stated with some certainty that there are few evidence based practices that are unambiguous at this stage, before adopting a policy some jurisdictions conduct comprehensive literature reviews of available models and other research and then design and test the planned programs or configuration of services or therapeutic regimen in a community over several years. They evaluate all aspects of implementation and operation to determine cost efficiency and program effectiveness. I do not see why such an initiative could not be launched for integration of child and family services in Canada.

Current government practice tends to foster hierarchical accountability, in that community agencies are accountable to their funding ministry, rather than horizontal accountability among community agencies. This is a matter of crucial

importance in terms of democratic governance. Agencies must also be accountable to professionals in the community as well as to community members and clients. New community governance structures must evolve with delegated funding as well as administrative and evaluation authority to hold government-run local or independent agencies to account at the level of the community systems of care.

Organizational and Administrative Level Barriers to Integration of Services:

Organizations at all levels tend to be preoccupied with their own interests and survival. It is a sad but true fact that government-operated and community agencies are mandated by and accountable to government, as was noted above, to be concerned with their internal operations and their own clients. Connections to other agencies often tend to be ad hoc and based on the referral needs of specific clients. In times of fiscal restraint, agencies tend to focus their attention on their own mandate, to ensure that the operation is not over-extended in terms of the allocation and utilization of agency financial resources and professionals' time. Boundary protection tends to take precedence over interagency and interprofessional collaboration during these times. This stance is also legitimized and sometimes demanded by government officials who fund programs. They require hyper accountability from direct-operated or community agencies in terms of their fiscal regimen and deployment of professionals. Clearly when survival is foremost in the minds of community agency managers and professionals, interagency and interprofessional working is not a high priority. I would argue that this is precisely the time when collaboration and horizontal accountability generally is most critical.

Accountability at all levels tends to be inwardly focused rather than transparent and focused around other system participants. As was suggested previously, human service government ministries and their divisions, community branches and community agencies generally focus on internal vertical accountability with ad hoc horizontal accountability in relation to other community providers and professionals. Clearly, if integration of services is a desirable organizing principle, and comprehensive service provision in the cause of excellent outcomes for children and families is the ultimate goal, accountability with transparency must be equally horizontal and vertical. Yes, this makes the system of care more complex to manage, but not necessarily more difficult than the current non-system, "market" solutions or ad hoc systems.

Organizations at all levels tend to be focused on their own mandate regarding client need rather than seeking assistance from other organizations about the clients' related needs as well as the issues of interrelated need. It may just be that success in interventions can only happen if services are cumulative. This requires, among other conditions, that system components include features such as collaborative and comprehensive system-level intake, assessment, case management, treatment planning, implementation and follow-up.

As discussed earlier, there is a general separation and diffusion of responsibility and accountability in relation to service delivery. This begs the often-heard question from parents about who is actually responsible and accountable for their negative experiences with the system of services. Which model of accountability makes more intuitive sense from the point of view of parents and families who want an answer to the question? System accountability must be tied transparently to responsibility, which in fact means that everyone in the system of care is accountable and responsible.

Organizations are structured to deliver a standardized product, and appear somewhat inflexible with respect to matching services with the expressed or assessed multiple needs of children and families. There is a strong inclination for government-run and other community service deliverers to base their services or therapeutic offerings on the preferences of the professionals within the organization or on the therapeutic approach that happens to be in vogue at the time. The needs of the client is primary, and there must be a sound basis for concluding that the techniques and tools used to assist children and families will result in excellent outcomes. If this condition is met, then the organizations that make such important resource choices and the professionals who actually deliver the therapies or services must be focused on the relation between assessed or expressed needs and the range of available techniques and tools (ideally with proven effectiveness) to deal successfully with the specific problem configurations and who in the community can best deliver. The chance of this happening, under current conditions, is at best unknown. Integration of services makes the likelihood greater in that many professionals come to the assessment table to discuss the issues and bring a greater range of diversity of expertise and experience to the table, which in itself may make the match between need and service more successful.

Even when the process is facilitated by favourable circumstances, many organizations seem unable to innovate, risk and experiment in regard to inter-organizational relations. While this might be an internal problem of organizational inflexibility, it may well be that "environmental" factors such as strict government accountability, inflexible funding allocations and vertical accountability relations inhibit the formation of the circumstances under which innovation, calculated risk and program experimentation is viewed as acceptable and even desirable. Whatever the reason, in this age of rapid change and complexity this inflexibility appears regressive. It inhibits the capacity of community organizations and professionals to meet complex presenting needs. Integration of services would build in flexibility through constant monitoring of the success of intervention strategies and implementation at the organizational, program and treatment plan levels and beyond to ensure continuous improvement.

Program Level Barriers to Integration of Services:

Programs tend to exist in relative isolation from one another, not just between community agencies but sometimes even within agencies. Large human service organizations are often afflicted with these problems, particularly if they include multiple programs. Internal integration of services with a single organization, whether government or community, is difficult as each component, through the actions of the individuals within these units, tends to take on its own life and care for and nurture its own needs, sometimes over the needs of the organization as a whole. Integration of services not only considers the relations among organizations and professionals around client needs, but also the internal integration of units in an organization. These internal units would ideally be systemically linked externally as well as internally, vertically and horizontally.

The training and competencies of existing or available program personnel at the mandated community agency often restrict the nature and range of programs that are offered. This issue is often complicated by the lack of funding for professional development, a critical success factor for any effective service system, in my opinion. Professionals should be encouraged to pursue their specializations while acquiring another set of knowledge and skills involving the intricacies of collaborative processes and work relations by providing the funding and time for them to do so. By working collaboratively they are not expected as individual workers to do and know everything. On the other hand, integration of systems of care allows an expansive range of possible responses to child and family issues as

appropriate, and where such a range is limited, documentation of these service gaps. Gaps can be addressed either through linkages to other community service systems, reallocation of existing resources to the need or with new funding.

Services tend to be professionally driven rather than client sensitive (providers negotiate service characteristics with clients) or client driven (services dictated by clients when and if appropriate, e.g. hours of operation, location, demands made on clients, and types of services offered). I believe that there needs to be a respect for and trust in the professional's knowledge and experience with the presenting problem as well respect for and trust in the clients perception of these issues. This is an on-going but still relevant issue, which must be dealt with in an integrated system of services. Once again, in my experience, much professional behavior is driven by their accountability to their own professions' agendas and mandate rather than caused by individual professional intransigence. Integration would see the democratization of decision making at all levels but without alienating the professionals who form the therapeutic foundation of the systems of care. Integration would require unprecedented collaboration among all invested groups and new forms of governance. There would be no space in such a system for one group of interests to dominate others. Concerns would be discussed and decisions made regarding significant issues that affect the system of care.

Program linkages with collateral agencies are often informally negotiated among front-line staff on a case-by-case basis. In an integrated system permanent interorganizational and inter-program linkages, such as a system-level case management process, would be formed in advance, or in anticipation of the need for collaborative relations to implement and evaluate a comprehensive treatment plan, for example.

Families and Children and the Current "System" of Care

Generally parents do not care about such matters as who funds what agency, which piece of legislation or policy governs, what eligibility criteria apply, and so on. Their primary concern is obtaining the necessary assistance to deal with their situation. Everything else is essentially irrelevant. I think we should keep this in mind when considering the following generalizations about parental experiences with systems of care. Clearly the following real examples do not apply to all systems. One would have to undertake an extensive study to determine whether

these features exist in any specific jurisdiction.

- Fragmented: Lack of continuity of service provision, gaps in service, and services and professionals not working together. The research literature on integration is replete with testimonials of families becoming absolutely befuddled by the chaotic organization of non-systems of care. In my experience some families rise to the challenge and either demand that providers and professionals collaborate around their needs or take over the system case management themselves. Others do not feel that they know enough about the various programs, services or professionals and simply careen from referral to referral. Some give up in frustration. None of these options is acceptable. A correctly integrated system of care would ensure these system problems are corrected before children and families have to demand it.

- Inflexible: Children assessed for existing programs or for the clinical orientation of the professionals available rather than for expressed or assessed need. Program personnel are often unresponsive to expressed need and interested only in narrowly conceived assessed need. Options and possibilities are far greater in a collaborative integrated system of community care than in the current models, as we have seen.

- Inaccessible: Unclear eligibility, intake and admissions processes and services are often culturally or geographically inaccessible to many potential clients. With centralized system-wide intake the first three would not be an issue. There would be a need for very specialized assessment and "fine tuning" processes, which could be managed by the specialized agencies and professionals as the nature and extent of needs were revealed. Constant monitoring of the success of the treatment plan and its implementation would lead to assessments and reassessments as required. Families would no longer be required to determine whether they could be serviced by a particular organization or subjected to redundant intake and admissions processes. In small or underserviced communities, where services and professionals are not available, systematic and permanent connection would have to be incorporated into the larger integrated system of care. This could evolve in numerous ways. Models which can be used to fashion an appropriate system of care that includes these communities are available. For example, one model includes transportation, accommodation and recreation for families when they are required to travel to access services. Another involves interprofessional teams travelling to the underserviced communities on a regular basis to do assessment and treatment.

- Overlapping mandates: Programs duplicating effort in many areas or with subtle differences that are unclear and of no importance to the family/client. In my experience there is nothing more infuriating and confusing to clients and families than this type of duplication. An integrated system could be designed to permanently eliminate these problems. For example, a system-wide information

system to service the needs of all providers and professionals can be constructed with the necessary provisos around ethical issues like confidentiality and access.

- Professionally, organizationally or governmentally driven services: Sometimes little or no interest in the families'/clients' participation in the processes that affect them. Democratic collaboration in every aspect is a foundational principle for any integrated system of care. This demands a sea-change in organizational culture, professional attitudes and government leadership. Since some families may not be equipped to fully participate, they would require a level of education from providers and professionals that employ them with the confidence to become appropriately involved. If democratic processes are foundational, then education is the necessary condition for such processes to flourish.

- Lack of Accountability: Families/clients unsure of who should be held accountable for their experiences with the system. When parents become frustrated with providers at all levels and want to know where to turn for answers, those involved frequently point the finger at others. It is often difficult even for those who work in chaotically organized systems of care to determine where ultimate accountability lies. Integrated systems of care make accountability transparent for children and families as a matter of principle.

- Culturally insensitive and/or inappropriate: One clinical approach to clients fits all, necessitating ethnic-specific agencies that further fragment the system of care and stretch scarce resources. This critical problem, which will not be easily overcome, must be addressed. Greater recognition and sensitivity to cultural factors is not simply desirable, it is necessary for successful outcomes. The enormous amount of literature on this subject must be evaluated and implemented into the design of the integrated system of care. Organizational changes will be required at all levels, many professionals and staff will require extensive training in this area, therapeutic regimes will need to be reviewed, adapted or changed if not appropriate, and families will need to understand their rights to access culturally appropriate services. Although this exercise will add complexity to an already complex system of service provision, in certain circumstances it is absolutely essential to successful outcomes and is more manageable, I would argue, than the current system.

What System Outcomes do Most Parents and Caregivers Expect?

- improved access and continuity of service
- participatory decision making at all levels
- flexibility to respond to the expressed and assessed needs of children and families as they enter the system, and as these needs change over time
- the best possible outcome for their situation
- interprofessional collaboration in treatment planning, delivery and follow-up

- reduced gaps, overlaps or duplication in agency mandates, services and information taking
- full participation in those activities that affect their lives
- transparent and effective community accountability and responsibility for the community service delivery system and interprofessional collaboration
- culturally competent, sensitive and appropriate service

What is the Convergence of Expert Opinion on the Guiding Principles of Integrated Services?

These or similar principles can guide the entire integration effort at all levels, from the policy to case level:

- child centered and family/caregiver-focused (an "ecological" perspective for action planning and developmentally sound understanding of children)
- community-based and community controlled governance, funding and strategic planning processes
- family/client sensitive and parental/caregiver partnerships and full participation
- integrated from top to bottom: government, community agencies and professionals
- culturally sensitive, appropriate and competent
- comprehensive and flexible

Integration Reform Features Possible or Currently in Place in Various Jurisdictions: Overcoming Deficiencies and Enhancing Sustainability Through Service Integration at all Levels

Legislative, Policy and Funding Level Integration Reform:

To be successful, integration must exist at all levels, including the organization of government, legislation, funding, and policy. Effort at this level is meant to repair the origin of the problems of fragmented community service delivery. This means organizational support from government in the form of integrated processes to enhance communities' ability to define, create and sustain locally governed, vertically and horizontally accountable and client-appropriate service delivery systems. Very few jurisdictions have developed integrated legislation, funding and policy to shape and/or support integration at the community level, although in some cases interest seems to be increasing due to the economic climate.

Integrated Legislative, Policy and Funding Strategies:

- Development of a centrally coordinated process with the appropriate organizational status and resources to manage complex, multidepartmental policy issues as a prerequisite to producing unified and comprehensive governmental legislative and policy direction for children and families
- Flexible, pooled, or decategorized funding to facilitate innovation and support ongoing integrated service delivery at the local level
- Ongoing interministerial and interdivisional collaboration and evaluation to continuously improve the quality, timing and relevance of integrated policy responses to either community initiated integration activity or policy mandated integration by cabinet and central agencies of government
- Improved policy development, program design and implementation processes that provide for the systematic inclusion of concerned and involved stakeholders, experts and others (bottom-up and top-down policy processes informed by mutual dialogue) as well as provision of the best data and practice experience possible (knowledge-based policy development)

Community Level Integration Reform:

There are numerous excellent examples of locally initiated and developed models of collaborative administrative and work relations among providers and other groups that work under community governance systems which are networked through cooperative interagency operational plans and agreements. As noted, these efforts often have not been supported by the integrative legislative, funding and policy changes, which are necessary to sustain community and program level integration efforts over time. One of the most important innovations is school–based services, which, in my opinion, should be an integral part of the system of integrated care. However, the most significant barrier to such innovation at the community level is the separation of children's education services from community services. Most community people understand the value of such school/community collaboration almost intuitively. When will government rise to meet this challenge?

Possible Community Organizational, Administrative and Program Service Integration Strategies:

- Governance: Community-based governance, leadership and management structures to manage, and be accountable for, the whole local service system including strategic planning, financial planning and coordination and/or consolidation of

programs, budgeting, community service planning, accountability structures and processes, system monitoring and evaluation for system learning and improvement (all accomplished through formal agreements among the participants)

- Self regulated open systems model: all participants have the potential to understand the operational state of the system, use up-to-date information to alert other levels and participants about problems, and have the capacity to change the relations within the system of care when necessary
- Single or lead agency option: one agency takes over delivery of all programs
- Multi-agency integration option: formation of interagency linkages for service delivery and system management, including schools, administered through signed multiagency agreement
- School-based social and mental health services
- Co-location of professional services, where applicable and feasible
- Single point access (intake, screening, assessment, case management and follow-up processes) to the service system
- Comprehensive and integrated administrative and client information systems
- Comprehensive systems case management process at the inter and intra-agency levels
- Ongoing evaluation of the efficiency and effectiveness of the delivery systems for continuous system improvement
- Ongoing evaluation of the efficiency and effectiveness of treatment plans and implementation for continuous improvement of the relation of assessed or expressed need and service provision and successful client outcomes

Professional Level Integration Reforms:

Professional level reforms are well advanced and attempt to bring otherwise historically independent professions into collaborative work arrangements, with the goal of improving client outcomes. Interprofessional teamwork is a foundation for integrated service for children and families. Although it is rapidly becoming the dominant form of professional work at this time, it is not without major contradictions, such as the perplexing conflict between professional autonomy and professional interdependence. At the same time, however, this method of organizing professional work offers obvious and significant advantages for clients and professionals. There are major debates taking place around the notion of

teamwork in all professions, within all governments, and within community agencies. The large body of literature that examines how interprofessional teams work in all settings and conditions can provide guidance for those who want to know more about their efficacy in human services.

Professional Level Service Integration Strategies:

- Interprofessional collaboration and accountability
- Interprofessional teams and team working as the framework within which client work is accomplished
- Interprofessional education and training
- Interprofessional child and family focus
- Interprofessional assessments
- Interprofessional case management and referral planning
- Interprofessional child and family treatment planning
- Interprofessional treatment plan monitoring, evaluation and adjustment
- Interprofessional follow-up

Integration Reforms around Children and Families:

Integration around a family is an attempt to develop various systematic local level client-focused linkages among formal and informal providers. As is often the case now, these efforts are not supported at the legislative, funding, and policy level or sometimes even at the community or professional levels, but are strictly focused around individual client need and established on an ad hoc basis. That is, these arrangements are unsystematic and must be reconstituted for each client. Experience demonstrates that the professional effort expended to reconstitute these therapeutic relations for each client is better spent on the client's needs. The best system is one in which most professional energy is expended to enhance the potential for successful client outcomes.

Child and Family Related Service Integration Strategies:

- System focus on the whole child, including the child's family, social-psychological and other "environmental" contexts
- Developmentally informed and responsive clinical processes
- Clinical and other client-level processes fully informed by evidence-based practices
- Comprehensive system-wide case management and referral
- Discretionary community funds for "hard to service" problems
- Inter-agency client conferencing
- Community-based monitoring and review panels to ensure appropriate services

are offered and received by children and families
- Inter-agency and interprofessional individualized case assessment and service plans
- Inter-agency and interprofessional client monitoring and clinical-level outcome evaluation
- Collaborative outcome and process monitoring around the service system response to the individualized service plan
- Collaborative follow-up services for monitoring clients post-treatment progress

Is This the End or the Beginning of the Discussion? You Decide.

I have offered a very personal and provocative view that there must be integration at all levels if any community is to have a comprehensive and sustainable integrated system of children's services. This is not an argument that you will find in the current literature and my hope is that it will generate interest in the issue. As noted, I have stated my point of view in the strongest possible terms not to be merely offensive but to generate discussion. Also, I positioned this case in direct opposition to those in government who argue and focus their thinking and practice around integration activity occurring only in communities, as if, by some form of magical thinking, everything can be worked out at this level. Over the years, I have participated in and witnessed excellent locally generated projects, which have withered because of the lack of foundational support from provincial governments. I have attempted to show the limitations of this thinking and the unsustainability of the systems of care that result, by presenting an alternative solution to the problem. Communities, agencies, professionals and families cannot enter into sustainable collaborative relations around client needs without the foundations being provided in legislation, policy, and funding mechanisms. This requires collaboration among the government bodies to formulate and execute such collaborative legislation, policy and funding. This last point speaks, in my opinion, to the most important barrier to the creation of community-based and community governed integration of services for children and families.

I have also indirectly challenged those who favour competitive models of service delivery which are based on market-like mechanisms to match need with services. Some of this thinking revolves around the all-purpose solution for every social or personal problem – privatization. The corporation serves as the model and profit is the driver of efficiency and effectiveness. If it works for business then all other forms of social organization should follow this example. In another related

manifestation of this thinking, a model has evolved which imposes relations and processes on providers that mold their interactions into a form of competition. Despite a lack of evidence, the impression is that this creates efficiencies and effectiveness in service delivery through interorganizational competition for clients. This type of thinking can also be focused on providing clients, and not providers, with the means to choose which service fits their needs. Clients then pay for the service, using approved allocated resources. This is viewed as common sense because consumers always know what they need and the market is always right, and furthermore, always self–correcting, provided we do not consider depressions and cyclical recessions. I reject these ideas and related practices. Replicating the ways in which a market economy operates in the realm of health and social services is a failure to think through the uniqueness of providing public services and the specific nature of value in this context. These notions also demonstrate a blind faith in the power of the market. This thinking essentially cedes the power of people's collective ability to think through complex situations and act appropriately to some apparently mystical force, which does things correctly behind our backs. In reality we all know in our hearts that the market is real people with limited knowledge interacting with other people based on their self-interest.

Another difference between the integrative and competitive models is the mode of governance recommended in each. The integrative model uses the principle of democratic participation to effect collaboration among all participants. The competitive model, as noted, favours a market-like form based on individual interests and/or market discipline. I refer to this as the shopping mall model of service delivery. I believe this characterization is fair and in keeping with the minimalist position of the role of government and government-related activity (no need to integrate government activity or collaborate on legislation, policy or funding since the market takes care of that) and the ideological focus on individualism, generally, and the power of individual choice specifically. The role of government in these market-like models is to demand increased organizational control by managers (managerialism), accompanied by hyper levels of financial and program accountability, reduction of professional authority, and the imposition of strict hierarchical organizational forms. In passing, it should be noted that the level of accountability demanded by government of its funded organizations is not necessarily imposed on its own operations with the same degree of fervor.

I have also hinted at what a comprehensive integrated model might involve based on a general critique of the ways in which services for children and families are now organized and what the research and experiential literature teaches us about integration of services for children and families. In an ideally integrated system of care, each level fully supports and depends on the other, with all participants focused on, and collaborating in, matching the assessed and expressed needs of children and families to the appropriate services. The collaborative effort of all participants, at all levels, is required to accomplish such an ambitious agenda. I have been involved in actually designing, implementing and evaluating such systems, researching how they operate and documenting the inherent problems and solutions which inevitably arise in any effort of such magnitude, as well as reading and discussing with experts from all over the world. I remain convinced that such change is necessary and achievable if we have the (iron) will to follow the process through to completion and the tolerance for experimentation, and if we accept the inevitability of mistakes and are willing and ready to correct as required. Collaboration at all levels is the means, not the goal. The goal is to substantially improve successful outcomes for children and families. Are healthy children and families worth the effort to finally do it right? My answer is unequivocal.

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