Building Bridges:
Service Provider Involvement in Better Beginnings, Better Futures

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This report describes activities in seven Better Beginnings communities and is based on individual community reports prepared by the following researchers:

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1.0 INTRODUCTION

There is broad interest in the potential advantages of greater integration between health, social service and educational organizations. Proponents foresee more holistic and beneficial programs as well as substantial cost-savings from more efficient and rationally organized services. Detractors of greater service integration worry about creating more expensive and rigid bureaucracies and question whether greater integration will lead to better programs. Nonetheless, in times of fiscal restraint and increasing dissatisfaction with existing ways of helping disadvantaged children and families, service integration is a topic that persistently remains on the public agenda.

In Better Beginnings, Better Futures, one of the core elements in the original vision of how to improve the lives of disadvantaged children was to cross the traditional boundaries separating health, educational and social services in order to create high-quality prevention programs in local communities. This report examines how this service integration vision was implemented in seven Better Beginnings, Better Futures demonstration communities.

Information in this report is drawn from individual site reports in seven urban communities. These reports describe the ways existing service organizations were involved at the sites during the first two years of project development (January 1991 to March 1993). A multiple case study approach (Yin, 1984) was used in which data were gathered by site researchers in each community. Site researchers gathered information by observing activities in the sites and compiling field notes. The field notes consisted of semi-verbatim accounts of project participants' discussions in meetings, summary descriptions of various project activities, and interpretive comments and reflections by the researchers about what they had observed. The researchers supplemented the field notes by interviewing project participants, both individually and in groups, about specific issues related to the involvement of service providers in the local projects.

Core team members from the Research Coordination Unit, together with the site researchers, developed an outline for the report. Using this outline, site researchers prepared site specific reports about service provider involvement. Information from these seven site reports was then compiled to produce this cross site report. To protect the identities of individuals and organizations in each site, this report refers to the sites by number, and refers to organizations by

generic names. A 25-page summary report and a two-page executive summary have been prepared to supplement this report.

1.1   Service Integration Theory and Research

The first section of the volume summarizes the theory and research on service integration. These concepts and empirical evidence provide a context within which to consider the Better Beginnings, Better Futures experiences. Throughout this literature and research review, ideas and findings with particular relevance to the Better Beginnings initiative are highlighted.

1.2   What Is Service Integration?

The reader looking to the literature for clarity about the nature and the benefits of service integration will be disappointed. There is a lack of agreement about the content of the service integration concept, the best ways to implement integration, and whether the benefits of service integration are worth the effort. This is an important observation for understanding the Better Beginnings, Better Futures prevention project. It means that there was no useful consensus in the integration literature and research upon which the government or the demonstration projects could draw for guidance. Of necessity, many integration challenges in Better Beginnings had to be approached on the basis of participants' best judgements and through practical experiments.

There is no consistency in the service integration literature in the use of basic terminology. For example, the word integration (and variations such as human services integration or service integration) is perhaps the most commonly used term (Adelman, 1993; Deber, Rondeau & Beatty, 1990; Gans & Horton, 1975; Hagebak, 1979; Martin, Chackerian, Imershein & Frumkin, 1983; Maxwell, 1990; Redburn, 1977; Runkle-Hooyman, 1976) to refer to the general idea of combining the efforts of a number of independent organizations. However, other terminology is prevalent and different language is often used interchangeably. While the most common terms used are collaboration (Bruner, 1991; Ellison & Barbour, 1992; Gray, 1985; Melaville & Blank, 1991) and coordination (Aiken, Dewar, DiTomaso, Hage & Zeitz, 1975; Deber et al., 1990; Litwak & Hylton, 1962; Weiss, 1981), there were also other terms to refer to the same basic idea

including social partnerships (Waddock, 1991) and interorganizational relationships (Gray, 1985; Litwak & Hylton, 1962).

Others who have reviewed the evidence have come to the conclusion about a lack of clarity and agreement in the social integration literature after their reviews (Aiken et al., 1975; Deber et al., 1990; Hagebak, 1979; Martin et al., 1983; Redburn, 1977; Weiss, 1981). For example, Weiss (1981, p. 41) decided that:

> The definitional ambiguity which makes coordination [and other similar terms] a handy political device has led to a chasm between rhetoric and operations. Coordination is discussed … as though everyone knows precisely what it means, when in fact it means many inconsistent things, and occasionally means nothing at all.

Some authors (Deber et al., 1990; Martin et al., 1983; Redburn, 1977; Weiss, 1981) have pointed out that there are some generally accepted definitions, but because they are so broad and vague they are not useful in operationalizing the concept.

There is some agreement that integration is best conceived of as a continuum from less to greater degrees of integration (Adelman, 1993; Bruner, 1991; Deber et al., 1990; Ellison & Barbour, 1992; Melaville & Blank, 1991). Bruner (1991, p. 6) provides an illustration of the integration concept as a continuum:

> Collaboration means more than either communication or coordination. Communication can help people do their jobs better by providing more complete information, but it does not require any joint activity. Coordination involves joint activity, but allows individuals to maintain their own sets of goals, expectations, and responsibilities. In contrast, collaboration requires the creation of joint goals to guide the collaborators' actions.

However, there is little agreement in the literature about what the different points along such an integration continuum should be.

A distinction is made in the integration literature between the state of being integrated and the processes of achieving integration. Several authors have explicitly included the notion of process in their understanding of the integration (Bruner, 1991; Ellison & Barbour, 1992; Gans & Horton, 1975). Process refers to the methods through which particular services are brought together (Gans & Horton, 1975), as opposed to the actual framework within which these services are eventually combined. However, Martin (1983, p. 748) and her colleagues criticize most current definitions of integration because ".. they confound intended outcomes with the structural and procedural arrangements for achieving them."

There are several common elements in many definitions of integration:

- Virtually every definition starts with reference to two or more independent organizations working together in some fashion (Adelman, 1993; Aiken et al., 1975; Bruner, 1991; Deber et al., 1990; Ellison & Barbour, 1992; Gans & Horton, 1975; Gray, 1985; Hagebak, 1979; Martin et al., 1983; Maxwell, 1990; Melaville & Blank, 1991; Redburn, 1977; Runkle-Hooyman, 1976; Waddock, 1991).

- Another common element is the idea that organizations share their resources in some way (Adelman, 1993; Aiken et al., 1975; Ellison & Barbour, 1992; Gray, 1985; Hagebak, 1979; Melaville & Blank, 1991). In these definitions, resources included staff, money, information, expertise, space, and equipment.

- Many definitions of integration include a requirement that the focus guiding the process be on a broader spectrum of service user needs than each organization could address separately (Aiken et al., 1975; Bruner, 1991; Deber et al., 1990; Gans & Horton, 1975; Hagebak, 1979; Runkle-Hooyman, 1976) or on common problems no participating organization could solve on its own (Ellison & Barbour, 1992; Gray, 1985; Melaville & Blank, 1991; Waddock, 1991).

- Some authors contend that service integration requires that multiple organizations establish common goals to guide their work (Bruner, 1991; Ellison & Barbour, 1992; Melaville & Blank, 1991).

- Several authors argue that service integration requires the creation of a "common authority structure" (Deber et al., 1990, p. 3). This could mean the creation of new structure to oversee the work of participating organizations or the combining of existing organizations into a new authority structure (Deber et al., 1990; Gans & Horton, 1975; Redburn, 1977; Hagebak, 1979).

For the purposes of describing the Better Beginnings, Better Futures experiences with service organizations, we have developed the following three different points along the service integration continuum:

(1) **Integration:** the consolidation or merger over time of all or part of formally separate service units (Deber et al., 1990). Typically, this would involve the creation of new authority structures, the pooling of staff and other resources and the establishment of common goals and working methods.

(2) **Collaboration:** a set of organizations work together to solve a problem or to create a program (Ellison & Barbour, 1972). This can involve setting common goals that are problem or program specific, the sharing of staff and other resources and participation on joint structures to plan

and monitor common activities or programs. However, each participating organization maintains control over decisions about how it will participate in the joint activities or programs.

(3)   Cooperation: a set of organizations exchange information and discuss problems, activities or programs that are of common interest. Each organization acts autonomously in responding to the common interest either by creating its own independent initiative or by making a contribution under its own auspices to a larger initiative.

1.3   What Is the Rationale for Service Integration?

The most common argument for increased service integration is the perception that existing service networks are excessively fragmented and as a result lack the capability of responding in the flexible, coordinated, or comprehensive ways that people need (Adelman, 1993; Gans & Horton, 1975; Koppich & Kirst, 1993; Martin et al., 1983; Maxwell, 1990; Wharf, 1994). Wharf's (1994, p. 14) conclusion about services for disadvantaged children is representative of this point of view – "…the multiplicity of unrelated services seems to us to be the number one problem." Several authors highlight a range of difficulties that arise from this fragmentation of services – such as inefficient use of resources, needlessly complex networks of bureaucracies, a lack of accessibility of needed, limited service flexibility and responsiveness to people's needs, an inability to coordinate efforts and provide appropriate service packages to people (Adelman, 1993; Martin et al., 1983; Maxwell, 1990).

There is also a perception that there are important service issues which by their very nature do not lend themselves to solutions by organizations acting independently. These problems have been named "indivisible" (Gray, 1985), in that they cannot be divided so that the problem is clearly linked to one particular organization. Waddock (1991, p. 482) has also noted that problems which are "messy, rather than well-defined" are often beyond the ability of single organizations to solve, and therefore lend themselves readily to the establishment of what she calls "social partnerships" to develop solutions.

The claims made about the expected benefits of service integration are ambitious. In general, it is claimed that integration will lead to less waste, better access, more responsiveness,

greater fairness and consistency, and more helpful programs. (Beatrice, 1990; Taylor, Brooks, Phanindis, & Rossmo, 1991) Gans & Horton (1975, p. 34) conclude that:

> The various rationales for integration can be incorporated in the following proposition: The availability and efficiency of services to clients who need the services of more than one service provider are greater if delivery is integrated than if it is fragmented.

However, a number of authors decry the lack of evidence to support such claims (Frumkin, Imershein, Chackerian & Martin, 1983; Weiss, 1981). Frumkin and his colleagues (1983, p. 14) summarized what they found about what integration is likely to accomplish and concluded:

> The integration of human services has been seen in the past as a means for improving the quality of service provision through the creation of more rational service delivery structures. These structures are expected to be able to provide better identification of client needs, solutions, and their match; reducing administrative constraints and improving overall administration; and allowing for most efficient use of resources. The problem is that we are not sure that the performance matches the promise.

There is agreement about the difficulties of providing wholistic responses to the needs of disadvantaged populations. What is not as clear is that these problems are solely the result of a lack of service integration, or what the outcomes of service integration might be.

1.4   General Approaches to Service Integration

There was little precision in the discussion in the literature about which service sectors should participate in a service integration project. Often the implication was that the integration net could be cast quite broadly to include participants from national, provincial/state and municipal governments as well as health, educational and social service organizations, both, public and private. Those who addressed the issue of who should be involved typically identified different levels of integration that would require different types of participation. (Bruner, 1991; Deber et al., 1990; Martin et al., 1983; VanderSchie, Wagenfield & Worchess, 1987). It is possible to abstract four levels of integration from these discussions:

(1)   Integration of legislation, policy and operations between policy-makers, government ministries and public institutions;

(2)   Administrative and management integration between organizations providing services;

(3)   Integration of the provision of direct services both within agencies and across a relevant set of organizations;

(4)   Integration of service providers (managers and frontline workers) and community numbers who use the services.

In Better Beginnings, Better Futures, an emphasis is placed on empowering community participants in the prevention programs, including their active involvement in creating and overseeing the prevention programs themselves. With this in mind, it is worth nothing that the service integration literature makes relatively little reference to the involvement of service users or community residents.

A few authors specifically mention that integration efforts should include the participation of the local community (Aiken et al., 1975; Hagebak, 1979; Soler & Shauffer, 1993; VanderSchie et al., 1987). However, these generally refer to community as the geographic location, not service users, and typically suggest community boards as the way to involve community residents.

There are some discussions of involving service users. For example, Melaville and Blank (1991, p. 37) suggest that "participants should include not only those with the power to negotiate change, but also representatives of the children and families whose lives will be affected by the results". Macallan and Narayan (1994, p. 18) found that community participation and ownership was the most important factor in the success of their project, and that it "enabled active inter-agency collaboration and communication".

Gans and Horton (1975, p. 145) discussed the "client as integrator". They reported that there was some degree of participation by service users in more than 60 percent of the 32 integration projects which they evaluated. They found wide variety in the types of roles played by service users, ranging from token membership on boards or committees because of funding requirements to active involvement in policy and management. They also found that the involvement of service users had observable influences on the integration projects, particularly in shaping decisions about which service providers would be involved, in challenging the opinions of service providers and in promoting "the kinds of attitude changes necessary for providers who were beginning to serve a new kind of clientele" (p.146). They concluded, "in many cases,

unfettered by traditional definitions of feasibility, clients have achieved positive, creative solutions to service delivery problems" (p. 58).

The most common understanding in the literature is that there are at least three different approaches to the process of integrating services (Aiken et al., 1975; Gans & Horton, 1975; Hastings, Roberts, Jodin & Hung, undated):

(1)   <u>Voluntary Integration</u> - a set of organizations are connected loosely and on a voluntary basis. There is no independent structure to provide coordination and each agency retains its own autonomy. Each organizations controls its own services.

(2)   <u>Mediated Integration</u> - a set of organizations is linked through the efforts of one organization. The coordinating organization takes primary responsibility for guiding the integration but may also provide direct services. The participating organizations are involved on a voluntary basis.

(3)   <u>Directed Integration</u> - One organization has a mandate, often including legal and funding authority, to direct the integration of a set of organizations and to impose decisions on participating organizations. Typically, the coordinating organization does not provide services but is devoted exclusively to coordinating activities.

Deber et al. (1990), in their review of potentially useful models for the integration of health, found that several theorists have used the dimensions of the degree organizational autonomy and the degree of system formality (i.e., the use of explicit contracts to specify roles, relationships and activities) to classify general approaches to service integration. For example, Goering and Rogers (1986, as cited in Deber et al., 1990) identified four primary models for service integration:

(1)   <u>Entrepreneurial Model</u> includes minimal structuring of interorganizational relations. Organizations act primarily in their own interests, competing with each other for funds and influence and interact only in a voluntary and an ad hoc fashion. Power and authority remain with the individual organization.

(2)   <u>Coalition Model</u> involves the voluntary interaction of organizations with limited degrees of commitment to the coordinating structure.

(3)   <u>Federation Model</u> requires a mandated interaction of organizations in a more formal arrangement with a coordinating structure.

(4)   <u>Integrational Model</u> involves the formation of a new supra-organization which governs the other member organizations and has the power to make binding decisions on these member organizations.

Deber et. al (1990) draw some conclusions about the relative effectiveness of these integration models. The coalitional model is well-suited for the development of common goals but the additional function of adjudicating between competing agencies with different goals often requires more integrating authority. The absence of a clear mandate from an external authority and the completely voluntary nature of agency participation limit the effectiveness of the coalition model. Integrational models appear to be more effective for the coordination of direct services and administration. However, they are difficult to establish because they require dramatic changes to existing power relationships. The coordination of resources seems to be best achieved through integrational models because the supragency structure can achieve compliance through the use of legal and resource incentives. Federations are promising models for creating stronger relationships between service organizations without setting up a separate organization. For federations to work, member organizations must designate representatives to the federation, support their participation and tolerate certain amount of uncertainty and loss of control. Deber et al. (1990) conclude that the greater the degree of formalized relationships and the more relationships are mandated, the greater the cost in coordinating service delivery. Thus, although integrational models are often more effective at achieving service integration, they require that more resources be invested in system coordination. In addition, Deber et al. (1990, p. 38) argue that:

> The literature suggests that no one model is intrinsically better than any other. The choice of model depends upon the political, social, and economic realities of the would be-integrating organization and its agencies.

Gray (1985, pp. 916-917) suggested three phases in the process of integration. The first phase is problem-setting, during which stakeholders are identified and there is "mutual acknowledgement of the issue which joins them". This is important because "unless some consensus is reached about who has a legitimate stake in an issue and exactly what the joint issue is, further attempts at collaboration will be thwarted". The second phase is direction-setting, where "…stakeholders articulate the values which guide their individual pursuits and begin to identify and appreciate a sense of common purpose". Structuring is the third phase and involves the creation of structures to "support and sustain their collective appreciation and problem-solving activities…" and undertaking "…negotiations to create a mutually acceptable regulative framework for the domain".

Most schemes for service integration focus on linking service organizations and direct service programs. However, Bruner (1991) proposes a process for implementing service integration through state/provincial governments. His plan describes collaboration moving through three phases, each of which necessitates different activities and mechanisms. In the first phase, the government brings together people from different organizations with expertise in many areas to develop guidelines and a plan for meeting multiple needs in an integrated way. The second phase involves the selection of a number of communities to develop models to try out the plan. In the third phase, the experiences and lessons from these communities are used to design ways to implement integrated projects on a greater scale.

There is little guidance in the literature about the specific methods that can be used to achieve service integration. Adelman (1993) postulated that there are three key mechanisms: (1) the identification and establishment of a planning and governance body (ie., a steering committee or board), (2) a designated person to facilitate and guide the process, and (3) ongoing monitoring by the governance body and an external support body. Gans and Horton (1975, as cited in Hastings, undated, p. 6) distinguished between methods appropriate for administrative linkages (such as joint budgeting, joint funding, purchase of service, joint use of staff, joint planning, joint policy development, joint programming, information sharing, common record keeping) and for direct service linkages (such as case conferencing, common outreach, coordinated assessment, referral, diagnosis and follow-up services, case coordination).

1.5 Obstacles to Service Integration

There is quite a bit of discussion in the literature about the difficulties of achieving effective service integration. Clearly, the challenge of moving from a fragmented to an appropriately integrated service delivery system is not straightforward. From our review, it is possible to identify six groupings of obstacles to service integration:

(1) conflicts based on professional specialization (Aiken et al., 1975; Bruner, 1991; Koppich & Kirst, 1993; Weiss, 1981);

(2) lack of a clear vision about integration (Hagebak, 1979; Hastings et al., undated; Karp, 1990; Weiss, 1981);

(3)   difficulties in building relationships, developing trust, conflicts in values (Beatrice, 1990; Bloomberg, 1994; Hagebak, 1979; VanderSchie et al., 1987);

(4)   the resistance of existing organizational, administrative, financial, legislative structures (Beatrice, 1990; Bruner, 1991; Deber et al., 1990; Hagebak, 1979; Koppich & Kirst, 1993; Weiss, 1981);

(5)   the amount of time and effort integration processes take, and the need to develop an appropriate process (Bloomberg, 1994; Bruner, 1991);

(6)   issues around control and roles (Byles, 1985; Karp, 1990; Koppich & Kirst, 1993; Weiss, 1981).

Increased professionalization and specialized agency mandates make connections between service organizations more difficult. Each group of professionals has its own set of values, assumptions, and ideologies which may not be congruent with other professional groups (Aiken et al., 1975; Bruner, 1991). In addition, the training of different professional groups makes it hard to do the generalist work often required in integration:

> Each professional group has been trained to understand and treat problems in its own way, and each specializes in certain kinds of clients and certain kinds of problems. Calls for generalist coordinators or for closer cooperation among groups of different professionals directly threaten the structure of specialization and indirectly threaten professional expertise within each area of specialization (Weiss, 1981, pp. 26-27).

Perspectives on the delivery system are coloured by organizational as well as professional vantage points. Hagebak (1979, p. 580) argues that these agency and professional blinders make it difficult to conceptualize anything as comprehensive as an integrated local delivery system. Barriers of vision occur at all levels including all government levels:

> The self interest of more powerful forces has led to a limited vision which, in turn, restricts the resources necessary to do the job.

Several authors noted that differences in the circumstances of individual participants in an integration process create obstacles as well (Beatrice, 1990; Hagebak, 1979; VanderSchie et al., 1987). Divergent pressures and self-interests make positive relationships and trust between participants difficult to achieve (Hagebak, 1979). For example, special interest groups (e.g., children with special needs) have an interest in maintaining programs focused on their unique circumstances. Program managers are assessed on the basis of how well their agency delivers their

particular services. Frontline workers' sense of security and accomplishment are directly tied to the type of work that they do. Service users usually are far removed from the political and personal pressures that maintain these categorical service delivery systems.

Many authors recognized that differences in agency legal mandates, management structures, policies, and service delivery methods pose formidable obstacles to greater service integration (Beatrice, 1990; Bruner, 1991; Deber et al., 1990; Hagebak, 1979; Koppich & Kirst, 1993; Weiss, 1981). In addition, several authors commented that the lack of funding to support integration processes or financial incentives for agencies to integrate are significant barriers (Bruner, 1991; Hagebak, 1979; Koppich & Kirst, 1993; Weiss, 1981). The need to respect service user confidentiality often makes it difficult for organizations to share information with one another and work together to provide comprehensive services, particularly to persons or families who have multiple needs (Byles, 1985; Koppich & Kirst, 1993; Melaville & Blank, 1991). The bind, as noted by Melaville and Blank (1991, p. 31), is that sharing information helps organizations to work together, but may compromise effective service delivery:

> Arrangements that guarantee confidentiality while allowing multiple agencies to work together on behalf of the same client are possible, but they require sensitivity, patience, and, often, legal assistance to create ... protection of privileged information is essential to effective service delivery.

Some authors have pointed out that achieving integration is difficult simply because it requires a great deal of time for systems to change, and to develop relationships between people and organizations (Bloomberg, 1994; Bruner, 1991). An overemphasis on the task and outcome at the expense of the way things are done can create problems.

A final obstacle described was the difficulty sorting out issues of power and control. Integration invariably involves the shifting of power and control among organizations. Resistance to giving up control (Byles, 1985; Koppich & Kirst, 1993), protection of traditional areas of service (Weiss, 1981), and clarifying and defining roles for participating organizations (Karp, 1990) all present substantial barriers to achieving integration:

> Barriers also arise when agencies assume a "Zero sum Game" mentality. This mentality says that if one agency wins, another agency loses. Turf concerns, a history of conflict, and residual negative attitudes can get in the way of new patterns of cooperation" (Beatrice, 1990, p. 51).

1.6   Lessons from Service Integration Projects

Interpreting the conclusions drawn in the literature about what worked well in various service integration projects requires caution. The great diversity in types of service integration initiatives limits our capacity to identify general patterns and to draw lessons for future service integration efforts. Also, the projects reviewed were largely in the United States and may not generalize well into the Canadian context. In particular, there was little discussion of large scale government-invited service integration projects, such as the re-organization of health and social services in Quebec. Nonetheless, with these limitations in mind, it is possible to abstract some lessons for service integration projects from the literature reviewed.

Greenley (1992) found integration was most successful when those who were primarily responsible for implementation had access to sufficient resources, as well as the control and authority to influence organizational decision-making. Some authors concluded that service integration was more successful when control and resources were in the hands of a suitable set of local organizations (Agranoff, 1985; Deber et al., 1990; Gray, 1985; VanderSchie et al., 1987). Bloomberg (1994, p. 29) added service integration efforts were most successful with the support and active participation of frontline service providers:

> A significant component of this finding is the role of direct line staff workers in service integration. Professionals who work directly with clients are trained to have a positive impact on individuals first and foremost, and an impact on systems only to the extent that it serves a direct purpose. Yet, a school-linked services initiative that does not have the positive support of direct service employees may be seriously compromised.

Deber et al. (1990, pp. 41-43), in their review of the integration of health and social services, suggested the following requirements for successful integration projects.

(1)   Concentration on the integration of clients, programs and services, resources and information at various levels is essential. Clients are best coordinated at the direct service level. Program and service coordination needs to happen at the organizational level. Resources need to be coordinated at the institutional or delivery system level. Information needs to be coordinated at all levels.

(2)   Sufficient inducements are made available to insure the compliance of participants in the integration project. Integration is generally more successful when there are benefits to be achieved by all the parties.

(3) Integration projects that concentrate on a single political and administrative jurisdiction and which concentrate on more narrowly defined target populations are more likely to be successful than projects that attempt to coordinate broadly based populations over several political and administrative jurisdictions.

(4) Integration projects are more likely to be successful when agencies and organizations receive funding from a common source and are accountable directly to that source for the services provided.

(5) Integration can be more effectively attained within a single organization or mandated federation than between a number of autonomous or semi-autonomous organizations. Duplication can be eradicated more readily when all services are directly managed and funded from a single source. Unitary management thus provides opportunities for easier facilitation of change to meet the needs of changing or diverse clientele. However, flexibility and sensitivity to less powerful target groups are more likely to be sacrificed.

(6) Integration projects in which participants have common values, ideologies, assumptions, and goals; complementary technologies; and common modes of communication and interaction are more likely to be successful than projects that do not.

(7) Integration projects are more likely to be successful at the local level when local (authorities) have sufficient resources and expertise to coordinate activities, and sufficient control over how these resources are allocated.

(8) Coordination models that rely strictly on ad hoc, informal, voluntary compliance tend to achieve a more weakly coordinated action than more structured, formal, and mandatory mechanisms.

(9) Integration projects are less likely to be successful when "blanket solutions" or programs are used for all programs in all geographic locales. Sensitivity to local conditions instead implies enabling each locality to select from a number of potential models and adapt it to local needs, within the context of provincial priorities and standards.

(10) Integration is not without cost. Careful attention will have to be paid to the goals of integration and to the cost-effectiveness of planned models in meeting those goals. There are circumstances for which greater coordination is essential, and others for which it may not be worth the additional organizational and financial cost.

Taylor and colleagues (1991) found in their project for street youth that limiting the focus to street youth was important in making the integration manageable. Others have found that there

has been greater success when organizations have managed to develop common goals (Gray, 1985; Greenley, 1992; Hastings et al., undated). Other authors thought that integration was more productive when participating organizations maintained an interdependence but did not completely relinquish their autonomy (Gray, 1985; Hagebak, 1979; Hastings et al., undated).

Bloomberg (1994, pp. 8-9) cited evidence that integration efforts focused on a limited set of services were often more manageable and produced positive results more often then broader projects focusing on service delivery systems:

> The US General Accounting Office (GAO) (1992) divided service integration efforts into categories: system-oriented efforts, and service-oriented efforts. System oriented integration efforts strive to create new service-delivery structures and approaches, offer new services and eliminate conflicting program requirements. Service-oriented efforts link clients and services through co-location and case management. The GAO found that service-oriented efforts tended to be much more successful in terms of increasing communication and getting all collaborating parties to participate actively, especially at the service delivery level. System-oriented efforts were limited in their success because of lack of consensus among the various players, agencies' reluctance to merge and lose their identities and resources, and lack of political support. Service-oriented efforts, were easier to achieve because they did not attempt to change state and local organizational structures.

Ellison and Barbour (1992) concur that the impacts of system-oriented integration efforts usually are more abstract and often take longer to achieve.

VanderSchie and his colleagues (1987) described their integration of five major programs in Kalamazoo County, Michigan as an "evolution model". This model was considered appropriate because it allowed for an incremental approach where progress was made step-by-step, allowing participants to deal with the changes in a more positive manner. Gans and Horton (1975, p. 10) investigated thirty projects identified by the United States Department of Health, Education and Welfare as services integration projects, and found that:

> … services integration is an evolutionary process. It takes time for services integration to occur – time for organization and implementation of a project, time for a project to attain legitimacy in the eyes of service providers, and time for participating agencies to develop a comfortable working relationship, often a necessary prerequisite to the coordination or consolidation of agencies' functions.

Finally, some authors found that integration success depends on the inclusion of ongoing monitoring and evaluation. This is important because it allows participants to get feedback on how

they are doing and what changes or adjustments can be made (Greenley, 1992). It also provides the participants with information that can be shared with others outside the project, particularly to demonstrate the successes of the project (Soler & Schauffer, 1993).

1.7   Outcomes of Service Integration Projects

The rationale for service integration is appealing to politicians, funders, administrators, service providers and service uses because of the extensive benefits promised. Unfortunately, as Pandiani and Maynard (1993, p. 87) concluded, "despite the intuitive and common sense appeal of interagency collaboration, the results reported in the literature on its effectiveness are checkered at best". The most obvious conclusion from the literature is that there is insufficient evidence to judge to what extent integration can improve service outcomes, reduce costs, lessen service fragmentation, and improve service accessibility. Many others who have reviewed the literature on service integration have come to the same conclusion (Deber et al., 1990; Frumkin et al., 1983; Martin et al., 1983; Oliver, 1990; Pandiani & Maynard, 1993; Runkle-Hooyman, 1976; Wharf, 1994).

Despite this general conclusion, there are a few studies which suggest that integration may have positive effects on service delivery and costs. Bruner (1991) used the Perry Preschool Project as an example of service integration which had a number of positive impacts including improved school performance and reduced involvement in the court system for children, and reduced use of welfare and increased employment for mothers. The project also reported that three dollars were saved in later costs for every dollar spent on the program. However, it is not clear that these results demonstrate the effectiveness of service integration rather than the effectiveness of program variables such as comprehensive and intensive programming.

VanderSchie and his associates (1987) reported that the Kalamazoo County project to consolidate five human service departments resulted in annual cost reductions of more than $100,000. Taylor and his colleagues (1991) described a project in Vancouver to integrate services for street youth. They said that all of the sponsoring agencies regard the project as cost effective, however, they do not give further evidence for this. Weiss (1981) argued that integration can have positive impacts if it is small enough to be targeted easily, and if it is more informal.

There is some evidence that integration efforts have not lived up to expectations. For example, Redburn's (1977, p. 267) review of the literature found that consolidation of services under one authority resulted in alienated service users, increased administrative costs, more difficulty in planning and coordinating, and decreased service effectiveness. He concluded that there is "…some reason to believe that centralizing authority over services is either unrelated to or negatively associated with improved services delivery". Similarly, Weiss (1981) noted that some kinds of integration efforts might result in the elimination of diversity and increased homogenization of services, thus decreasing the ability of the service system to respond flexibly to people with many different needs. Some authors have also found evidence to suggest that integration projects actually increase, rather than reduce, costs (Deber et al., 1990; Gans & Horton, 1975; Weiss, 1981), or, at best, make no significant differences in costs (Aiken et al., 1975). According to Weiss (1981, pp. 33-34), the objectives of integration projects are often contradictory – to improve services and to decrease costs:

> According to data from existing programs, those who expect cost reductions are engaging in delusionary fantasies. In many cases efforts to implement changes result in increased rather than decreased costs.… Most coordination projects aim, at least in part, at service objectives incompatible with reduced costs. Successful attempts to increase accessibility, to centralize intake, to identify and refer multiproblem clients, or to improve comprehensiveness of available services all eventually result in increased caseloads. Even if such successful programs also succeeded in eliminating duplication and increasing administrative efficiency, it is far from clear that the net result would be lower budgets.

Most of important questions about the nature and the effectiveness of service integration cannot be answered based on the current research evidence. Several authors plead for much more systematic investigations of service integration.

1.8   Implications for Better Beginnings, Better Futures

The basic message from this review for understanding the Better Beginnings, Better Futures prevention project's efforts at service integration is that service integration has proved to be a very complicated and quite ambiguous undertaking in many settings. The benefits from previous service integration efforts have varied a great deal from project to project. There is a lack of clarity about the elements of service integration as well as the mechanisms and processes of

carrying it out. This literature would be very frustrating for those looking for practical guidance about how to proceed.

The literature is somewhat clearer about the obstacles that service integration projects are likely to confront and some of the factors that are likely to make meaningful progress on service integration more probable. This information will be helpful in understanding the Better Beginnings, Better Futures experience. In particular, this review may lead to insights into the reasons why Better Beginnings service integration processes took on the characteristics that they did and what should be considered reasonable expectations for service integration given the parameters within which Better Beginnings, Better Futures operated. Finally, given the limited state of knowledge about the nature and effectiveness of service integration, this investigation of Better Beginnings, Better Futures has the potential of making a useful and original contribution to our understanding of service integration.

2.0 VISION FOR SERVICE PROVIDER PARTICIPATION IN BETTER BEGINNINGS, BETTER FUTURES

In the original Better Beginnings, Better Futures literature review of prevention programs with disadvantaged children (Ontario Ministry of Community and Social Services, 1989) and in the subsequent Request for Proposals (Ontario Ministry of Community and Social Services, 1990), improved service integration was identified as one of the important elements of the demonstration project. As a result, each of the proposals requesting funding described their vision for how service integration would be realized in their community. In addition, there were ongoing discussions at the seven demonstration sites about what service integration should be and, in several instances, the original vision was modified over time. This section explores the original idea of service integration at the seven sites and how this vision changed between 1990 and March, 1993. The focus will be on what participants wanted service provider participation to be. What actually transpired is discussed later on in the report.

2.1 Roles of Service Providers

Two general roles were identified for service providers in Better Beginnings, Better Futures in the seven original proposals. These two roles were clearly articulated in four proposals (2, 3, 5, 6) and suggested in three others (1, 4, 7). First, service providers were to participate in the administration and management of each Better Beginnings project. Second, service providers were to be active in the development and delivery of the prevention programs. For example:

> There are two primary ways that service provider involvement … was envisioned. One way has to do with the actual provision of service and the other has to do with planning and decision making about how services would be developed, delivered, monitored, evaluated, etc. (site 5)

> The vision included service provider participation in governing the project and in planning the delivery of new and existing services… (site 6)

Proposals writers felt that service integration would be advanced if the prevention projects were not new creations run by one agency but were cooperatively owned. Thus, shared project administration and management responsibilities were foreseen:

> According to the original proposal, service providers were to be … involved in the Project's overall direction, planning and integrated service delivery. (site 2)

> According to the original proposal, these five integrating agencies would provide a flexible combination of services and support to help plan, manage and administer the project…. [These] five agencies … would have a direct role in the management of the project…. (site 3)

> The … vision for service provider involvement has to do with being involved in the planning and decision making about the project's operation, including program planning. (site 5)

> The vision included service provider participation in governing the project and in planning the delivery of new and existing services/programs in a coordinated and integrated way. (site 6)

Proposal writers also described agencies in the role of providing services to the community. However, in some sites, it was stated that these services were not to be provided in the same way that the agency typically provided their services. Rather, it seemed that these services should be offered in ways that improved upon some of the perceived flaws with which these services were typically offered. For example:

> …it was not enough that the agencies just offer their traditional services. Rather, the proposal stated that they would provide their services "…in a way which is most supportive of the goals and objectives of the Better Beginnings, Better Futures program." It was expected therefore, that there be some adjustment to the services to make them compatible with the goals of the project. (site 3)

At two sites (1, 6), the focus was on expanding access to existing services and improving the efficiency of the service delivery system rather than on creating new programs:

> The original proposal highlights that existing local programs are of high quality and staffed by competent professionals… One of the characteristics of the local philosophy is the maximum efficient use of existing resources…

> In the majority of cases new creations are not needed, but rather new organizational structures and incentives to foster a better use of existing resources. (site 1)

In other sites, however, the idea was that the service providers would provide the services in essentially the same way that they were normally provided, but they would be more readily available to the community. For example, one site (5) spoke of bringing a number of service

providers in the community together to offer their services from neighbourhood-based centres. Another site's (2) vision was that existing services would be available to the site on a fee-for-service basis.

2.2 Structures for Service Provider Involvement

Most of the original proposals articulated clearly the types of structures that would facilitate service provider participation in project administration and management. Most planned for agency representation as members of projects' boards of directors/steering committees or on sub-committees of these governing bodies:

> … service providers were to be "…involved in the Project's overall direction, planning … [as m]embers of the Board of Directors … [and] will provide overall direction for the project [and] serve on Committees… (site 2)

> Agencies … would have a direct role in the management of the project by having a representative on the board.… [A]gencies and neighbourhood residents [would] participate together in the management, decision-making and administration of the project through participation on the board and committees... (site 3)

> The other vision for service provider involvement has to do with being involved in the planning and decision making about the project's operation, including program planning. In the "Personnel" section of the original proposal it states that: "a volunteer board comprised of members of agencies involved in the project, and community members who live in the project site area" will be established. (site 5)

> The S[teering] C[ommittee] envisioned forming an incorporated Integrated Management Team to govern the project and deliver the "integrated model". The Integrated Management Team would consist of 9 service providers from both locally-based and city-wide agencies/organizations, 2 political institutions representatives, and residents. The team would be responsible for managing the project... (site 6)

The original proposals did not discuss the nature of agency representation on project boards and committees. There was no consideration of the types of agency representatives desired (e.g., executive directors, managers, frontline personnel) or the mandates from their agencies that representatives would need to participate meaningfully in Better Beginnings administration and

management. As we shall see, these became issues participants struggled with as the prevention projects were implemented.

Joint project management through a representative board of directors was the most common way in which the proposals foresaw service integration. For service provider involvement in prevention program development and delivery, the challenge seemed more complex and there was greater variety in how this undertaking was envisioned.

Two of the sites proposed similar schemes involving primary and secondary levels of agency involvement. One site (5) proposed the establishment of neighbourhood centres in which the services of five agencies would be available. In addition to the five agencies providing services out of these neighbourhood centres, there was to be secondary agencies that would not be directly involved in the neighbourhood centres, but would "coordinate their services" so as to allow the project to "…identify … children and families who require services beyond their scope". Another site (3) proposed "integrating" and "coordinating" service providers:

> [Integrating agencies] … have a prominent role in the project's programs, by providing a combination of staffing, consultation, and specific services .. . [which] were seen as directly related to, and central, to the objectives of the project". (site 3)

> [coordinating agencies] … were all the other agencies … whose services directly or indirectly contributed to the goals of the project. These agencies would provide a combination of services on and off site, but would not play a prominent role in the management of the project". (site 3)

One site (6) stated clearly what the service delivery problems to be addressed were:

> The vision of service provider involvement in Better Beginnings was based on the observation that a great number of services were available in the … community but were not known to the community. The area was described as being "overserviced" and the services were described as being underused and as not being coordinated.

Their proposal stated that one of the goals of integration would be to "fill the gaps" by creating a "one-stop access" program to help people gain access to the many services available. To accomplish this,

> The S[teering] C[ommittee] envisioned forming an incorporated Integrated Management Team to govern the project and deliver the "integrated model". The Integrated Management Team would consist of 9 service providers from both locally-based and city-wide agencies/organizations, 2 political institutions

representatives, and residents. The team would be responsible for managing the project and hiring staff to deliver programs.

At sites two and six, the vision was that the agencies would all continue to offer their services as they normally would and integration would occur by the project bringing each agency's services into the community on a fee-for-service basis:

> … the main service organizations involved with the project would provide employees' time to the project for program model development and delivery on a fee-for-service basis (site 2).

2.3   Role of Neighbourhood Residents

Integration as originally described by the Ontario Ministry of Community and Social Services stressed organizational integration:

> The program should be based on collaborative networks of service providers across public health, education, childcare, mental health and recreation sectors to ensure holistic and consistent support for children and their families (Ontario Ministry of Community and Social Services, 1989, p. 3).

> The Integrated Model of Primary Prevention means that services to children must blend and unite.… Integration means that educators and service providers will adopt common goals and objectives (Ontario Ministry of Community and Social Services, 1990, p.10).

The Request for Proposals listed examples of a "locally appropriate plan for integration" which included joint personnel, common facilities, collective training and improved allocation of financial resources.

However, five sites' (1, 3, 4, 5, 6) proposals broadened the government guidelines to include neighbourhood residents in their vision of integration. At these sites, integration meant not only linking service providers with each other but also combining the efforts of service providers and community residents. For example, at site four, the principles for service integration included, "…participant empowerment and a community practice/community development approach". At site one, community participation in all aspects of the project was seen as an important complement to the participation of service providers. At site three, integration was described as, among other things, "…agencies and neighbourhood residents participating together in the management, decision-making and administration of the project". In site five, the proposal

called for "a volunteer board comprised of members of agencies involved in the project, and community member who live in the project area", in which community residents would outnumber agency representatives by a ratio of two to one. Two of the original proposals did not see resident participation in the prevention projects as part of the integration challenge but rather considered the requirements of service integration and resident involvement separately. In practice, as the *Better Beginnings, Better Futures Resident Participation Report* (Pancer & Cameron, 1993) illustrated, balancing the demands of agency participation and community resident involvement in the demonstration projects was a difficult and ongoing challenge.

2.4   Confusion about the Nature of Service Integration

It was quite evident from the site reports that proposers were confused about Better Beginnings, Better Futures service integration expectations. Four site reports included clear statements about their confusion and lack of clarity around the concept. One identified a lack of clarity between the concepts of integration and coordination. Another said the concept was "ill-defined", while a third suggested that the lack of time to complete the proposal contributed to difficulties understanding the concept.

At two sites, this difficulty seriously hampered their ability to produce any kind of clear idea about what service provider involvement would look like. In site four, only broad principles were identified, with no information about roles or structures. At site seven, there were descriptions of numerous meetings, discussions and disagreements about the concept of integration, and there were lists of project participants' values, ideas, and thoughts. However, there was no evidence in the site report of any organized statements of principles, roles, or structures.

2.5   Evolving Vision about Service Provider Involvement

As the seven demonstration projects developed between 1990 and 1993, there were refinements and additions to the vision of service integration presented in the original proposals. More sites began to try to incorporate the concept of community resident involvement into their

idea of service integration. A few sites maintained their emphasis upon integrating service providers but added new considerations to their original visions.

Two sites focussed on service provider activities. At site six, integration was defined as "… making 'shifts' in how agencies operate, as using existing resources in the community, and as sharing the responsibility and resources with [the project] for meeting the needs of families". Site five suggested that integration was when, "two or more agencies or services come together to work toward a common goal … [in order to] complement and enhance what each agency does well, to provide better service and to avoid duplication of service".

As demonstration projects became established organizations with their own identities, this added the need to consider not just linkages between existing service organizations but also relations with the project as another service organization in the community. For example, site one report commented:

> One of the changes observed was that … the presence of the project was clearer in the creation of new programs rather than in programs that existed prior to the project's arrival.

In addition, at two sites, integration was viewed not as a definable concept, but as a process that was much more elusive. For example, one report indicated that the "concept of integration is still evolving. Participants prefer to see this as a process rather than a static definition" (site 3). Another report stated that the project's concept of integration "…could be described as processual" (site 4).

At the proposal stage, three of the sites did not include any mention of the resident involvement in their concept of integration. Once they were into development and implementation stages, five sites (1, 3, 4, 5, 7) explicitly included the neighbourhood as a player in their expanding understanding of integration. Site four "…saw integration as a broad community development outcome.… To this way of thinking, real examples of integration would be generated at the grassroots level". Further to this, for site four, integration also "…involves networking and communication across groups who might not customarily connect", with one example being residents as members of committees and agency boards. At site five, integration was described as:

> … a once in a lifetime opportunity for agency people and community people to join forces to make things better for kids. Combined efforts of integrated services makes [sic] it easier for both the staff and the residents. It is an opportunity for

integrated agencies and the community to speak with one voice to address problems
as we see them.

Site seven also spoke explicitly about the involvement of neighbourhood residents in developing the concept of integration. In the course of struggling with clarifying the meaning of integration, the word partnership was used to describe the relationship between agencies and the community: "These new ideas only serve to illustrate the desire to solidify the partnership with the community and to render this partnership more effective".

Site one report viewed integration as a process that would create partnerships between service providers, project personnel and community residents. It was also seen as a community empowerment enterprise:

> [the project is] a community development agent with a purpose of the community
> taken charge [of the project] in the medium and the long term.

Finally, site three stated that its definition of integration not only includes the community, but starts with it:

> Integration is understood to include more than just the activities and behaviour of service providers. In keeping with the strong community participation in this project, and with the ecological and holistic focus, integration is understood to be broad and multi-faceted. An important part of the project's understanding of integration is the way in which community residents and agency representatives work together for a common purpose. Indeed, according to Schedule A, the first example of integration is that "…the [board] reflects the partnership between parents and professionals".… Integration is not mentioned or understood without reference to the community and to neighbourhood residents. It is not an abstract arrangement between service providers, but rather, starts with the people of the community. As one agency representative said, "…what's unique here is that we're really trying to include and be responsive to community people, and not just tinkering with the system without hearing from people who use it".… The first level of integration, then, is the coming together of community residents and the "professionals" who come from outside the community to provide services to the neighbourhood.

Another aspect of including residents in this definition of integration is the notion that integration can only be achieved when the services are offered in a way which meets the needs of families and children, and are planned in a way which emphasizes the needs and perspective of those who will use them:

> The project's understanding of integration also includes the way services are planned and offered from the perspective of those who receive the services. For the community, this starts with the child and the family. The community does not recognize the differences and barriers that exist between service providers, but rather sees a service or program in terms of how it meets the needs of families in the community. For that reason, as part of the way to develop integration, the project started first with the community identifying its needs, and not with abstract ways in which to bridge service providers' fragmented services. Rather than saying, "we need to find a way to integrate services for infants with services for preschoolers", the project instead asked, "what do neighbourhood residents need to support their families?" This process took integration from an abstract concept to a concrete and community-identified reality.... Of the two major criteria of Better Beginnings, community participation and service provider integration, this project has chosen to prioritize the former, trusting that doing so will result in better achievement of both. (site 3)

This focus suggests using community needs and considerations of better program outcomes as the pivotal considerations in making service integration decisions. This was portrayed as being more consistent with the perspectives of neighbourhood residents. For example, at site four, it was reported that:

> (integration has) … not been a priority in the minds of many people. What is a priority is the quest for programs or services that will produce better outcomes and make a difference in the lives of people.

At site seven, the community residents' concerns about service integration stressed tangible improvements in the services were received:

> For the residents, the vision of integration has not changed. They would like to see concrete objectives be reached in the years to come: a more effective familiarity with the services offered by the agencies as well as better accessibility.

2.6   Two Visions of Service Integration

It is possible to group the various visions of service integration at the Better Beginnings, Better Futures sites into two types: (1) a hub and spokes vision and (2) a web vision. The dominant vision in Better Beginnings is the hub and spokes view, but the web vision is clearly articulated at one site and suggested at another.

All the sites are similar in that their funding is used to establish a new organization which in many ways is similar to other agencies. However, since agency integration is a funding

criterion in Better Beginnings, all the projects have established organizations in which there is substantial involvement of service providers, together with project employees, in the project administration as well as in the planning and delivery of services. Nonetheless, regardless of which vision is guiding integration efforts, the preferred approach is one in which the staff of the new organization are the most active in creating the programs of the project.

Hub and Spokes Vision. The hub and spokes vision is one in which the primary context for the integration to occur is in the project itself. The project, its programs and its activities are the places where integration happens. The integration element of this scenario is where various agencies and service providers also participate – together with project staff persons – in the planning and implementation of the programs. Integration in this vision is different service providers linking within the Better Beginnings context, but not in any other context. The Better Beginnings, Better Futures project is the hub of integration activities. Connected as spokes into this hub are a variety of organizations which participate in different project activities. The key part of this model is that there are few intentional connections between the agencies independent of the project context.

Five site reports (1, 2, 3, 5, 6) described their site's understanding of integration as hub and spokes vision. The hub and spokes concept was most evident from the descriptions in two site reports (2, 6). The site six report observed that:

> … there has been more of an emphasis on how [the project] can integrate with other services than on how agencies can work with each other to benefit the community. [The project] has taken the leadership role in bringing numerous agencies to the table. [The project] has the potential for continuing to act as the catalyst in breaking new ground in program delivery for children and families (site 6).

At site two, integration "… was described in terms of the relationships that have developed at the Project". This statement was then followed with a series of separate examples of the project connecting with various organizations, but no examples of organizations connecting with one another independent of the project. Site one report specified:

> People wished the project to become a "central hub" through which other organizations could regroup over the years. This vision was that [Better Beginnings] would become a program and organization coordinating and grouping mechanism… [Better Beginnings] would not become an independent organization.

It would instead be a place for interactions between organizations [themselves and between organizations and the Better Beginnings project]. These interactions would permit the organizations to participate better in the management of [Better Beginnings] as well as the creation of programs.

In the other two sites (3, 5) the hub and spokes ideal is not as explicit. For example, site three provided a detailed list of all the activities in which service providers are involved with the project as examples of integration in the project. Thirteen separate examples are given, and in all but one of them, the project is included as a major player. In these examples, there are cases where more than one agency is involved in a specific activity, but the context is always within the project, and the project is always included as a participant. The only exception is the final example in which a number of interagency relationships are described under the title of "Integration Spinoffs Among Agencies Outside Better Beginnings, Better Futures". The emphasis on these independent interagency linkages as spinoffs and not central to the concept of integration is evident in one of this:

> Although these two agencies had similar mandates and served a similar group, they had rarely worked closely together prior to Better Beginnings. As a result of their work together with the project however, these two agencies have begun to develop a relationship and held discussions around ways in which their ... services can be offered in a more complementary way.

At site five, the vision seems to be the hub and spokes model but is complicated by the fact that a major part of this site's vision is in its use of multiple neighbourhood centres as locations out of which a variety of integrated services are offered. As well, these centres are not all exclusively project based. Some of the locations are in other service organizations, suggesting that the hub and spokes vision might not fit this site completely because the project is not the sole context for integration activities. However, since the project is the one consistent player in all of the four neighbourhood locations, and since the programming which occurs in these four locations is all part of the project's program plan, it seems best to include it under this category. Indeed, this seems to be affirmed in the site report itself, where one project participant observed that:

> In order for integration to happen people looked to the Better Beginnings budget for things like space, childcare, food and staff support. We have supplied that in many cases. Most agencies look to the [project's] budget for money.

Web Vision. Two sites described their vision of integration in such a way that it is clearly different from the hub and spokes vision. In what can be called the web vision, Better Beginnings activities are still operated primarily under the auspices of a new Better Beginnings organization. However, the project is viewed as one among many different organizations providing resources to the community. In this vision, integration is perceived as the increased connectedness between all of these organizations, both within and outside the context of the project. All of the various organizations make up a web of programs and resources which are available to the community.

In this vision of integration, the project does not have sole responsibility for meeting all the needs of the community, or for making all the other organizations integrate. However, it does have a role in facilitating connections between itself and other organizations, and also facilitating connections between outside organizations and groups. Thus, relationships and contacts between organizations outside of the project are not seen as spinoffs, but as an expected outcome of integration.

Only two sites (4, 7) described their perception of integration in a way which readily suggests a web vision of integration. At site four, integration was defined as not only connections or relationships between the project and other organizations, but rather as a variety of relationships in which the project may or may not be a participant:

> [I]ntegration is seen as actions between agencies from all sectors, between agencies and Community Associations, between Community Associations, between Better Beginnings staff and all types of agencies, between smaller neighbourhoods within the Better Beginnings area (even across streets and between those in subsidized housing and those not) and between ethnic groups. Integration involves networking and communication across groups who might not customarily connect.… The actions of one group (or a representative of a group) which stimulate the action/commitment/attitude change of another in working towards Better Beginnings goals can be described as integration.

The last part of this definition suggests that the common denominator in all of these various activities is the pursuit of common goals, regardless of the context of the activities, or of the participating organizations or groups.

The site seven report described many discussions among project participants demonstrating their struggle to articulate a vision for integration. Some of the comments from these discussions suggest that the web vision may have been more relevant in this site than the hub and spokes ideal.

For example, the report described one process in which participants were encouraged to give examples from their experiences of what they meant by integration:

> Many people tried to use examples of cases where two or three agencies had managed to collaborate on specific projects. The examples which were cited most often, were the collaborative efforts of the public school board and children's mental health services with the [...] program. Another cited case was that of a shared project between [one agency] and [another].

In another example from this site, project participants compiled a list of ideas about what integration meant in order to help them define the concept. Included in this list were the statements about integration such as:

> Persons from different agencies working together to meet needs.
>
> Seen as process of trying to "web" agencies for the individual clients....

Finally, when participants in this site looked at what had been accomplished so far in terms of integration, it was noted that,

> If it [i.e., integration] has not been beneficial for the [Better Beginnings] project, it has been a successful process in terms of the collaboration which has emerged amongst the agencies. (site 7)

This conclusion suggests that participants from this site view integration as being something which occurs not only within the project, but also among outside agencies independent of the project.

2.7   Comments on the Visions of Service Integration

The process of implementing their original visions of service provider involvement revealed some ways in which the vision at the sites continued to evolve. In the beginning, most sites saw integration in terms of formal arrangements between service providers. However, as program development and implementation began, the definition of integration expanded. This expansion included the addition of community residents as participants in integration, as well as the idea that integration was not just formal arrangements, but an evolving process as well.

The hub and spokes and the web visions of service integration represent different ways of looking at a complex concept. The hub and spokes vision may be more consistent with the *Request for Proposals* (Ontario Ministry of Community and Social Services, 1990, p. 10) which states that projects must "adapt or circumvent traditional professional or bureaucratic limitations to meet the

needs of children and families". Although this may be the ideal, it may be unrealistic for small demonstration projects to be expected to eliminate such large barriers. As one site report states:

> The expectation that a neighbourhood based project can reduce or eliminate traditional, professional or bureaucratic limitations is a lofty one. Service providers often see each other more as competitors than partners, and the social and health services system is often entrenched and slow to change in many communities.... Given the obstacles, one might wonder how realistic it is to ask projects to change entire local service systems, and empower and strengthen the community at the same time. (site 3)

The hub and spokes vision may be a more manageable way to approach service integration because the number of relationships is limited and because the connections can be centralized in one context. It also may be easier politically because it is more controllable and less confrontational, perhaps, to pursue integration in a bounded context such as a demonstration project.

The hub and spokes vision may not, however, have the most potential for long term impact. Since there is no intent to build relationships between agencies outside of the demonstration project, it is more likely that when the Better Beginnings, Better Futures demonstration project ends, the integration would end as well. There would be fewer term relationships on which to build future efforts at service integration. The fact that most sites appeared to be pursuing a hub and spokes vision suggests that the long term effect of integration may be less than what could be expected if a web vision was followed.

3.0 TYPES OF SERVICE PROVIDERS INVOLVED IN BETTER BEGINNINGS, BETTER FUTURES

Ideally, prevention programs should be comprehensive in their approach and consider children in the context of their families and the surrounding community (Ontario Ministry of Community and Social Services, 1989). The goals of Better Beginnings, Better Futures reflect this holistic approach by addressing children's cognitive, emotional, social, physical and behavioural development. This broad focus has necessitated the inclusion of expertise from various disciplines. At the local project level, this has meant the involvement of service providers from many different organizations to develop inclusive prevention programs for children and their families.

This section looks at the different organizations that were involved in the local projects from the time the sites received funding up until the end of March 1993. Since there were no specific guidelines about which service sectors should be involved, the complement of service providers varied greatly at the seven demonstration sites. This section identifies the different organizations considered to be primary participants as well as those service organizations which were involved less heavily. The types of agency representatives from various service sectors will also be described, as well as any changes in the nature of this representation over time. Finally this section will summarize the motivation which service providers had for becoming involved, and other factors which were thought to contribute to their becoming involved.

3.1 Primary Service Provider Involvement

As described in the earlier Better Beginnings, Better Futures report *Communities Coming Together* (Cameron et al., 1993), most of the sites established loosely organized groups of service providers to develop their proposals for funding. At that stage, there were rarely any specific stipulations about who should be involved, with most sites welcoming the involvement of any organization with a desire to participate. In most sites, these organizations formed the core group of organizations once program development began. For example, one site report noted that:

> … representatives of [six key organizations] have all been consistently highly involved. It is important to note that these same groups were also highly active at the proposal development stage… Service providers who are now involved in Better Beginnings began their participation during the proposal development stage (site 4).

This identification of core groups of service providers in each site is undertaken with a caution. It is difficult to conclusively label an organization's participation as core involvement or not. For this report, primary or core service provider involvement has been identified as: (1) membership on the sites' major decision-making body; (2) significant involvement in the planning and delivery of two or more components of the overall program; and/or (3) a role as a host agency for the project.

Table 3.1 lists the core involvement from various service organizations in each of the seven urban sites. According to our definition of primary involvement, there are on average about seven organizations involved in each site. In nearly every site, there are additional service providers involved that are not considered core, but are nevertheless important participants in the projects. In addition, in most of the sites, there is significant participation of community residents, resulting in a complex set of individuals and organizations to manage at each site.

The greatest primary participation is by organizations funded by the major funders of Better Beginnings. Five sectors primarily funded by the Ministry of Community and Social Services are represented in the sites. Two sectors funded by the Ministry of Health are involved, although this involvement is mostly in the younger cohort sites. Finally, Ministry of Education funded public and separate schools are involved mostly in the older cohort sites. Finally, all but one of the sites have core involvement from other sectors, which included housing services, literacy, multicultural or ethnic services and recreation services.

In the younger cohort demonstration sites (0-4 years of age) there was a funding requirement that there be involvement of a preschool or daycare centre or similar service which had been operating for a minimum of one year prior to the proposal being submitted (Ontario Ministry of Community and Social Services, 1990).

Table 3.1 Primary Agency Involvement by Site in Better Beginnings

*	Agency	younger cohort sites				older cohort sites		
		6	4	5	3	2	7	1
M	childcare centre; nursery school; childcare services or resource centre	✓✓	✓✓✓	✓✓				✓
	community services/development	✓	✓	✓		✓		
C	children's aid society	✓			✓	✓		
S	children's mental health	✓		✓			✓✓	✓
S	youth services						✓	
M	public health department	✓	✓		✓	✓	✓	
o H	community health centre	✓		✓	✓			✓
M	school board (public)			✓	✓	✓	✓	✓
E	school board (separate)			✓		✓		✓
T	university						✓	
O	public housing / housing services				✓		✓✓	
	literacy			✓	✓			
	multicultural or ethnic specific services/centre						✓	
	community services							✓
	municipal recreation		✓		✓		✓	✓
	Total number of agencies	7	6	8	7	5	9	7

LEGEND				
*	=	primary funding source		
MCSS	=	Ministry of Community and Social Services	▨ =	host/umbrella/sponsoring agency
MoH	=	Ministry of Health		
MET	=	Ministry of Education and Training	✓ =	one agency
O	=	Other		

As a result, different organizations offering childcare, daycare and preschool services were involved in the younger cohort sites. In three of the four younger cohort sites, there were two or more such organizations actively involved as core participants in the project. However, at site three, there was no primary involvement from this sector.

Each site reported the involvement of an existing service organization which served as the sponsoring organization for the project. This role typically began with the organization being designated as the host organization under which the proposal was submitted. This was followed by a responsibility to manage the flow of funds from the ministry to the projects.

3.2 Secondary Service Provider Involvement

There was also significant involvement reported in most sites of organizations that were considered to be of secondary relevance, but nevertheless important to the projects. These included a variety of cultural and ethnic services, specialized clinical and treatment services, a variety of community groups such as tenants associations, support groups and advocacy groups as well as other organizations including housing services and public housing departments, police services, employment organizations, and public recreation departments.

Site seven had a unique structure for accommodating the involvement of service providers as well as public officials. At this site, a group was established to support the project during the proposal development stage. The group included high-level representatives from the larger metropolitan area in which the specific Better Beginnings community was located. As described in the site report:

> The group recommended the creation of a Community Advisory Committee which would be composed of affluent community members…. The Advisory Committee was comprised of people with relative influence within the [city]. They are listed as followed [sic]: the Mayor…, the Executive Director of the Children's Mental Health Services, a superintendent with the … Separate School Board (French Section), the Director of the Children's Aid Society, the Supervisor of the Ministry of Community and Social Services Programs, the Director of Education for the … Public School Board, a Pastor, the Chair of the … District Housing Authority, the Dean of Professional Schools of … University, University Professors, the Chief of Police for the … region. (site 7)

The report also noted that the advisory group continued to be involved in the project after the proposal was submitted:

> The Advisory Committee meets bi-annually to listen and to discuss means in which to bring support to the project.

3.3   Relevant Service Providers Not Involved

Participants in some sites identified organizations which were not involved but which they felt should be involved. This sentiment was specifically expressed by project staff at two sites:

> … in an ideal sense I think Parks and Rec should be involved since we're talking about children's programs and we've advocated with them and had a number of meetings … and then I think the whole mental health sector… And we need to have … more representation probably from agencies that are solely dedicated to women's issues … and we should have representation from agencies that are dedicated to ethnic issues (site 2).

> … what I regret is that no more service providers became involved in Better Beginnings because there are all kinds of services in [the city], all kinds of people who could have been closer partners (site 4).

The original Request for Proposals stated that the local projects "… should promote and facilitate cooperation and coordination within and between ministries, at both the corporate and local levels" (Ontario Ministry of Community and Social Services, 1990, p. 3). None of the sites reported any direct involvement by local representatives from any of the three funding ministries in the demonstration projects. Three reports specifically mentioned that involvement from ministry-funded agencies was the only involvement from the three ministries:

> There has been little involvement from the local provincial government ministries in the [project]. There are no representatives from the local ministries who are actively involved in the Project or who sit on any of the committees…. However, there is indirect involvement of the Ministries, by representation from the agencies that they fund. That is, the Ministry of Health, the Ministry of Education, and the Ministry of Community and Social Services provide funding for agencies and organizations that are actively involved with the Project (site 2).

> … collaboration between local Provincial Government Ministries for Better Beginnings has not become evident. One can only say that organizations which are partially funded by different Ministries collaborate in providing responsive programming (site 4).

Amongst the agency members which are involved … the majority work for the ministries of Health, Education and Social Services. (site 7)

3.4   Characteristics of Service Provider Representatives

At several sites, it was reported that there were more management staff involved than frontline personnel, particularly during the earlier stages of the project. Two sites specifically indicated that there was a shift over time to involve more frontline representatives:

> It became apparent … that many frontline agency staff were not well informed about the project. This was surprising to project staff because many of these agency staff were from agencies which had representation on the board. Project staff found in some cases that frontline agency workers were not only unaware of the project and its goals and philosophies, but at times uncooperative.… It became clear to project participants that a way had to be found to improve the link between the project's programs and relevant frontline agency staff other than having middle and upper management on the project's board and program teams.… The problem was not the middle and upper management agency participants, but the lack of a link between them, their frontline staff, and the project. Since the agency representatives were highly committed, had a history with the project, and had developed close relationships with neighbourhood participants and project staff, no one wanted to see them step out of the project. The solution was to change the representation of agencies on the program teams to include frontline agency staff (site 3).

> … a shift over the two year period toward greater involvement of the workers who are active in the Better Beginnings neighbourhoods" (site 4).

Several site reports expressed support for agency managers' participation in the projects. This type of representation was seen as allowing for better decision-making and for increasing credibility amongst service providers for the work of the project:

> The commitment and participation of management level staff was important in bringing credibility to the agency about the project and the practice of primary prevention. (site 3)

> … it was seen as important to have people at a level in the organization attend who were in a position to make decisions. (site 4)

> Staff have commented that having only front-line staff sometimes slows down decision-making, and that administrators, with greater influence in their agency, might be more effective in bringing about changes in their own agencies. (site 6)

The general trend seemed to be towards a mix of representation from management to frontline staff with initially greater management representation and gradually increased frontline representation. However, site seven clearly did not follow this trend. Here, the group of service providers who developed the original proposal were mostly frontline staff, with only a minority of management level representatives. All of the invited agencies save one-half day a week in front-line worker's time to represent them in the project. In order to get support for this project, this site formed an advisory group of prominent representatives from across the wider community.

3.5   Motivation for Service Provider Involvement

An earlier Better Beginnings, Better Futures report on the development of the original proposals, *Communities Coming Together* (Cameron et al., 1993), identified several reasons why service providers become involved. These included shared values and philosophies, personal commitment, the availability of resources, and the congruency between agency and Better Beginnings mandates. These reasons have remained constant for service provider involvement since the projects received their funding in January 1991.

An important factor described in the site reports for service provider involvement is the powerful sense of commitment which agency representatives had towards the Better Beginnings project. This commitment was rooted in individuals' personal convictions and in the fit between Better Beginnings and agency mandates and priorities:

> … all of the individuals involved see value in the Project and have an interest in promoting healthy child, family and community development… (site 2)

> Many of the participants had been attracted to Better Beginnings because it meshed with some of their own ideas about how things could be done better… (site 3)

> A broad invitation was extended to agencies throughout the city and the county, and those that responded chose to participate because they shared the vision and philosophy of the project. (site 3)

> … the … organizations that have become highly involved seem to be those that, consistent with the perspective of Better Beginnings, Better Futures, focus on the child in the context of the whole family, rather than on some aspect of the child. Thus the holistic requirements of creating a prevention program within a framework of collaboration seem to have attracted the agencies who are already

focused on the wider family concerns and who see the importance of a collective way of working. (site 4)

It was the concept... [We] always felt whatever we do is a form of prevention... it's my own personal philosophy and I think [the organization's]. (site 4)

I like Better Beginning's stand on safety issues... I have particular concern about child safety once children leave school. (site 5)

The primary reasons which prompted the agencies and organizations to become involved with the project are almost identical: interest in prevention, community development and integration of services. Some agencies had already embarked on prevention programs of their own. (site 7)

... the philosophy of Better Beginnings corresponded with a new approach which the agencies themselves were attempting to develop. (site 7)

For some service providers, their commitment was to something more specific about the Better Beginnings project. For example, some service providers became involved because a specific type of service was being offered in the project:

> ... the P[ublic] H[ealth] D[epartment]'s extensive participation revolved mainly around the home visiting component. The PHD was operating the ... home visiting program, which was held up as an effective but underfunded prevention program. The PHD wanted to extend home visiting in the ... community. Community visiting, therefore, received a great deal of support and impetus from this agency. (site 6)

Service providers also expressed a commitment to the people of the neighbourhood themselves. A number of service providers expressed a strong concern for the community:

> ... I saw it as an opportunity to develop this community ... my strong sense is that we needed to have that. (site 2)

> ...the main reason [for getting involved with the Project] ... is because I would say all the teachers, certainly at the Kindergarten level, are very committed to the welfare of the children, and we can see a lot of good things coming out of this program. (site 2)

> I am concerned about issues in [this community] and am interested in support for young children and families. (site 5)

…because [our local agency] has a presence in the community, we try to get involved … we're also concerned that residents' needs [are] being heard…. (site 6)

The point was made that the commitment was on the part of individuals within organizations. Several site reports emphasized that it was the characteristics of the individual within the organization which was important:

… the involvement of those agencies may be dependent upon the particular individuals who have become involved with the Project. (site 2)

The particular service providers [i.e., individuals] from the larger organizations appear to be involved because of their own commitment and interest in the Project. (site 2)

These agencies were involved because they had staff persons who had a strong interest in the goals and ideas of the project. (site 3)

Most agency participants were highly committed to the goals and philosophy of the project. In fact, many became involved more because of their personal commitment than because it was part of their job. (site 3)

… the particular person chosen to participate was important. The willingness and ability to work as a team member with Better Beginnings and the status of that person within his/her organization influenced the part that organization played. (site 4)

In several cases, it appeared that the agency was involved primarily because of the commitment of a particular individual. For example:

The service providers also recognized that the agencies currently involved with the Project also may lack a formal mechanism or procedure for maintaining involvement with the Project. That is, the involvement of those agencies may be dependent upon the particular individuals who have become involved with the Project; thus, this arrangement may be jeopardized if that individual leaves the position or agency:
    "… let's say … you leave and another community developer from your agency comes in and it's important, it's high profile, but it's just not their thing, right. If you're the only one maintaining an involvement and commitment from your agency… then that [involvement and commitment] disappears when the staff person leaves…" (site 2)

Service providers in at least four sites were described as being attracted to the project because of perceived advantages to their organization. These opportunities included access to increased funding and expansion of programs:

Sometimes it feels as if agencies see the project as a way of gaining a beachhead in the community merely so they can offer programs in areas where they have had difficulty gaining access, without making any changes to their program, or consulting with the community. (site 3)

The expectation of receiving monies from Better Beginnings was … a further important factor influencing agencies' involvement. (site 4)

… service providers who participated … were organizations who would likely gain paid staff by way of their participation or whose services may be included by way of contract. (site 5)

Some said they were involved because they saw [the project] as an extension of their programs in the area. The impetus for several of these agencies offering prevention or "special needs" services was the expectation of [project] funding to enhance these services. (site 6)

In one site (5), discussions arose around what constituted conflicts of interest. It was presumed that agencies who stood to gain something from the project were in a conflict of interest and therefore may not be appropriately involved in the project. As described in the site report:

The "conflict of interest" issue challenged members of the community, both residents and service providers to look at their motivation for participation. In doing so there was a recognition that everyone involved had a "vested" interest and that this was not necessarily a "bad" thing, just one that needed to be openly discussed and acknowledged. (site 5)

A final factor in fostering service providers' involvement was the recruiting efforts of project participants. In at least three sites, project staff or other project participants not only identified service providers that should be involved, but actively solicited the involvement of these service providers:

Service providers and project staff have also tried to recruit other agencies that they believe could also provide resources, support, and expertise to the project. (site 2)

The project coordinator has played a very important role in facilitating service provider involvement. One example was when she made it a priority to include the city's recreation department in the project.… As a result of the coordinator's efforts, a representative of the city's recreation department became involved in the project as a member of the board. (site 3)

The representative explained that he was invited to participate on behalf of his agency because of his community work experience. (site 6)

The group successfully reached out to and encouraged many other agencies and organizations to join [the project]. (site 7)

4.0 SERVICE PROVIDER INVOLVEMENT IN THE DESIGN AND DELIVERY OF BETTER BEGINNINGS, BETTER FUTURES PROGRAMS

One of the objectives of Better Beginnings, Better Futures was to increase collaboration between health, educational and social service organizations in finding better ways to help disadvantaged children and families (Ontario Ministry of Community and Social Services, 1989; Peters, 1994; Sylvestre, et al., 1994). It was anticipated that these cross-organization collaborations would become manifest through activities such as the joint planning of programs, the assignment of personnel to collaborative programs, and the combining of expertise and information in new initiatives. The desire was that services would be delivered more efficiently and, because of these collaborations and partnerships with community residents, would be more responsive to community realities and produce clearer benefits for children, families and communities.

In this part of the report, the ways that service providers participated in the design and the delivery of prevention programs in the Better Beginnings, Better Futures demonstration projects will be described.

4.1 Service Provider Participation in the Design of Better Beginnings Prevention Programs

Almost all of the demonstration sites reported that personnel from existing service organizations played an active role as consultants and advisors in the design of Better Beginnings, Better Futures prevention programs. Acting as expert advisors was probably the most common way existing service providers were involved with Better Beginnings. Most sites created special working groups or committees to develop particular components of their prevention programming and participation on these working groups was seen as an important contribution of service providers to Better Beginnings:

> … 1991-1992 saw the creation of four program workgroups (health, childcare, nutrition, prevention of school difficulties). Although these work groups were composed entirely of "parents", representatives of service agencies participated in order to bring specialized expertise to the development and implementation of programs… For example… during a meeting of the child care workgroup… [(a representative of the family resource centre presented information about their work along with supporting] documents. As a result, this

workgroup was able to review and adapt this information to accommodate existing needs in their programming. (site 1)

It appears that stakeholders in the project recognize that both service providers and staff should be active participants in program model development. The active participation of service providers includes involvement on the Steering Committee and/or a sub-committee in which they offer advice and act as consultants/ resources to the staff. To be effective consultants/resources, staff believe that service providers should be familiar with program activities and have some first hand knowledge of these activities. (site 2)

As the project grew more complex, it also became easier to handle the information and demands of just one program area, rather than attempting to be on top of everything that was going on in the project. Program teams also allowed agency participants to involve themselves in an area of the project where they had the most interest, experience and expertise (for example, the health agency participants joined the health team and the child care participants joined the child care team)... Small, program-focussed teams provide an excellent context for neighbourhood and agency partnerships to develop. The project's program teams provided a context which legitimized the roles of both neighbourhood and agency participants. It also gave participants more flexibility, opportunities to develop relationships, and the chance to use their own expertise. (site 3)

In order to further the development of Better Beginnings programming in November of 1991, the Steering Committee decided to organize into seven working groups. Forty-three meetings altogether were held of these working groups throughout this period. Service providers have been active on these subcommittees as well as on the six hiring committees. (site 4)

There are service providers on all of the committees and subcommittees of the Action Group. The diversity of representation has increased since the development of the subcommittees. These sub committees include: Prenatal-Infant Development, Family Support and Childcare. The largest number of service provider participants are on the Childcare subcommittee, where almost all of the members are persons who work in childcare within the site. Other representatives on other subcommittees include: a social worker from the local hospital; a midwife who works with women in the site; someone from the Childbirth Education Association; a Parent Aide from the program with the local CAS; a support worker with the women's support centre; and, a person from the clothing drop-in. (site 5)

The resource groups were formed to plan, develop and monitor programs and to ensure integration of resources. There was a resource group for each of the proposed program components, prenatal/early childhood, child care/parent relief, and community support. The membership of each Resource Group consisted of 10-15 agency representatives and one to four residents at any point in time. (site 6)

One site (7) report did not mention the formation of program advisory groups that included existing service providers. Rather they described a general group which included front-line workers from various agencies that participated in program development discussions. They also had an agency working group that was struggling at that time to define "an integrator model" for the site.

Several reports suggested that service provider involvement in program development declined at their sites after the Better Beginnings project hired its own program personnel:

> Thus, before staff were hired for the Project -- a period of many months -- the service providers assumed a great deal of responsibility for program development. (site 2)

> Service providers see their role as consultants to Better Beginnings programming and to management. Staff, in conjunction with residents, seem to be primarily involved in designing the details of programs; some service providers attest to insufficient involvement from service provider partners. (site 4)

> The membership and participation by service providers on this volunteer board, called the Action Group, is described in detail above and throughout this report. All decisions about program development and project operation were discussed/made by this group, particularly before staff were hired. (site 5)

> The Resource Groups were the main vehicles for program development in the first year. In 1992, however, there was a shift in the responsibility of guiding program development from the Resource Groups to the supervisory program staff that were hired. The Resource Group became more of a "resource" or "advisory group" to staff than a working group. (site 6)

Several site reports also commented on a lack of familiarity with Better Beginnings programs by service providers in agencies affiliated with the project:

> … staff did maintain that to be effective "idea people" or resources, the service providers need to be more familiar with the Project activities:

> "… they're the idea people and we're more or less the ones that do the day-to-day things.… I wouldn't mind a little bit more involvement when it comes to programs… just to see how it's going so that … when I go back to a committee meeting, they understand what I'm talking about…" (site 2)

> It became apparent to the program teams, and to the project staff who were involved daily in running the project's programs, that many frontline agency staff were not well informed about the project. This was surprising to project staff because many of these agency staff were from agencies which had representation on the board. Project staff found in some

cases that frontline agency workers were not only unaware of the project and its goals and philosophies, but at times uncooperative. The program teams provided an excellent context to address these concerns. (site 3)

It was also recommended that the agency members spend more time in familiarizing themselves with the project and it's programs. It was also felt that the agencies must change their approach,… (site 7)

4.2 Service Provider Involvement in the Delivery of Better Beginnings Prevention Programs

No common pattern emerged for service provider involvements in prevention program delivery across the seven Better Beginnings, Better Futures demonstration sites. Involvement patterns ranged from multiple ways of collaborating to one or two dominant methods of collaboration to minimal levels of cross-organizational collaboration. In addition, these collaborations were almost exclusively created around specific prevention program elements rather than a general collaboration between organizations to deliver integrated prevention programs in a community. There is ample evidence, in four demonstration sites at least, of many collaborative activities and programs being created through the Better Beginnings, Better Futures project. However, these are clearly circumscribed cooperations. There were few examples of existing service organizations relinquishing control over their own resources in favour of integrated service delivery. Indeed, respect for organizational autonomy was a guiding principle at several demonstration sites.

4.2.1 Bringing Existing Programs Into the Demonstration Community

At four demonstration sites, a major contribution of Better Beginnings, Better Futures was to bring programs and services already offered by other organizations into the Better Beginnings community. Typically, this was accomplished by offering Better Beginnings' space for these new activities or by allowing the use the auspices of the Better Beginnings project to attract program participants to the existing program. For example:

The health bureau … and the development services centre used the Project offices for the "Look, I'm Growing Up" program. (site 1)

The health clinic represents … the only example where the Project tried to extend the outreach of a program that existed before the arrival of Better Beginnings. (site 1)

[A local grassroots organization] collaborates with the Project in providing summer programming to community children. The partnership … allows [this organization] to have access to [Better Beginnings] facilities, which is advantageous to this small local agency. (site 2)

At the initiative of the project, particularly through the work of the community development worker, both school boards were invited to negotiate an arrangement to offer English as a Second Language (ESL) courses to families in the neighbourhood. The project provided space, resources, quality child care, and recruitment and outreach, while the two school boards provided ESL teachers and curriculum. Since October 1991 ESL classes have run at the project's two neighbourhood centres and a local church. (site 3)

The public health unit and the project collaborated to provide three sessions of the "Nobody's Perfect" program for parents in the neighbourhood who have babies and young children. The public health unit provided the instructors and the materials, while the project supplied child care (including programming, materials, and snacks for the children), outreach, and space. The public health unit has also collaborated with the project to run smoking cessation groups, and has begun discussions with the project around providing its three and a half year screening at the neighbourhood centre. (site 3)

A local community health centre became involved early in the project. Initially involved as a member of the original steering group and then on the project's board, the centre eventually collaborated with the project to provide primary health services in the neighbourhood. The health centre provided physicians, nurses, appointment bookings, and shared the cost of space, while the project provided reception, and shared the cost of space. (site 3)

A community literacy agency developed and ran a weekly drop-in program for parents and their young children. A variety of activities were offered, particularly opportunities for parents and their children to read and play together. (site 3)

The public school board has negotiated with the project, through the initiative of one parent in the neighbourhood, to offer weekly, evening education classes for adults in the neighbourhood who wish to upgrade their education or complete a highschool diploma. (site 3)

One to two PHNs offer a Well-Baby Clinic once a week in the Better Beginnings Playgroup [and] offered a Nobody's Perfect group in the autumn of 1990-91 at Better Beginnings community house. (site 4)

An example of this is an agreement with the …. Literacy Project in which several of the programs that they developed have been part of Better Beginnings programs and will, in the future, be delivered by Better Beginnings staff. These include things like a "Reading and Parents Program" and the "Story Centre Program".   A similar agreement has been made with the Literacy Program sponsored by the Separate School Board called the "Open Book Project". (site 5)

Another example of this is the provision of the "Nobody's Perfect" parenting program provided by the Public Health Unit. (site 5)

There is a playgroup offered which is run by staff from the Community Council. Better Beginnings provides staff support, snacks, space, crafts and equipment for the playgroup. The .… program of …. Literacy are involved with the playgroup offering their Reading and Parents Program at least every month. A parenting program is offered which is run by staff from Children's Centre (a local children's mental health agency). The Read Write program is involved with this program as well. Better Beginnings provides snacks, childcare, space and staff resources. (site 5)

One of the demonstration sites emphasized the use of purchase of service agreements using

Better Beginnings funding to attract existing services into the demonstration community:

… Child Care Services
parenting workshops purchased 3 times a year
… Preschool Resource Centre
0.5 Playgroup worker--purchase of service arrangement whereby …hired and supervised worker. As of April 1, 1993, arrangement has altered to a direct purchase of service by Better Beginnings.
… Nursery School
1 FTE Headstart teacher--purchase of service agreement.
… Day Care Services
1 FTE Headstart teacher--purchase of service agreement. This was cancelled after one year.
… Department of Recreation and Culture
Better Beginnings invoices an infant care worker for childcare supporting five mornings a week (site 4)

Another site reported buying release time for teachers to consult with the program around

its in-school programming:

The (Better Beginnings Project) has allocated funds toward release time for teachers to provide them with the opportunity to become more involved in program model development. Thus, the Project has improved the ability of the school to provide resources to the development of the program model. (site 2)

4.2.2 Existing Organization Enhanced to Deliver Core Better Beginnings Program

The most common program delivery model across these seven demonstration sites was Better Beginnings directly providing the core prevention programs. However, site five deviated markedly by having some of its core prevention programs housed in existing community service organizations. These existing agencies received Better Beginnings, Better Futures funding to deliver these prevention programs. It seems that this delivery strategy was developed in the hope that these existing organizations would be able to continue these prevention initiatives after the Better Beginnings, Better Futures demonstration project ends.

> The Health Centre sponsors the Parent Visitor Program which includes 8 parent visitors as well as the Parent Visitor Coordinator. The Health Educator for the project is also an enhancement to that agency.

> The Community Development Worker and the Community Programs Worker are staff enhancements to the ... Community Council. (site 5)

4.2.3 Existing Programs Enriched By Better Beginnings Resources

Four of the demonstration sites reported efforts to supplement existing programs by providing Better Beginnings resources or personnel:

> … since January, 1993, the project contributes also to the maintenance of a full-time child behaviour technician in the schools affiliated with the project. (site 1)

> initial purchase of toys for the Mobile Toy Lending Library by Better Beginnings ... toys bought for childcare … Better Beginnings paid for the cost of an air conditioner and upgrading to the … Community Centre.

> In two cases these changes have been facilitated by the additional funding available through Better Beginnings. One agency whose "life is dictated by the Day Nursery's Act" was able to access funding for fencing and outdoor play equipment from the Better Beginnings surplus budget. According to one service provider, outdoor play is not necessitated by the DNA and therefore they cannot use their normal funding source for that type of equipment. In a similar way, with Better Beginnings funding to fully cost the program, [this resource centre] has been able to enhance its Mobile Toy Lending Library service for the residents of the Better Beginnings area. Participants there pay no user fees, receive the newsletter free and the service is available to any family, not only to caregivers... [There

is also] purchase of toys and outdoor fencing for the nursery school by Better Beginnings out of surplus… [and] Better Beginnings runs bus to bring parents to ESL classes. (site 4)

A program located at this school is the Open Book project. It is a literacy and family support project which is sponsored by the Separate School Board. Better Beginnings … provides space for meetings and childcare as well as staff support for childcare. Better Beginnings has also helped with a multicultural social event.…

The … County Board of Education has a program offered at this secondary school called Parents at Secondary School. The Health Unit was already involved with this program. Since Better Beginnings has located a centre at this school, it has provided space, staff support for prenatal education and snacks. (site 5)

[Better Beginnings] and the Parks and Recreation Department have worked collaboratively on improving the child care facility in the … Community Centre. [Better Beginnings] was granted permission from Parks & Recreation to use [Better Beginnings] staff and money to build on and improve the nursery space to make it more safe and accessible to the community. [Better Beginnings] and Parks and Recreation have been negotiating use, maintenance, the security, and the an ongoing development of this space.…
working with the [Board of Education] to produce and distribute a pre-kindergarten package.…
using [Better Beginnings] surplus funds to maintain a [multiservice agency] parenting program for young mothers that was going to cease due to budget cuts.… financing an educational trip for a Youth Group …. (site 6)

4.2.4 New Programs Created by Cooperation Between Better Beginnings and Other Organizations

Perhaps the most dramatic impact of Better Beginnings, Better Futures in these demonstration communities has been in increasing the level of programming available to residents. Besides delivering programs directly through the Better Beginnings projects, Better Beginnings' space, resources and auspices were used to draw more programs offered by other agencies into the community as well as to enhance existing community programs. In addition, many new prevention programs have been created through active partnerships between Better Beginnings and other service organizations:

The toy library, the idea for which came from the Family Resource Centre, occupies space within this organization. (site 1)

The conception and realization of [the summer recreation] program required the active participation of the family resource centre, the separate school board and the municipal leisure services. The latter brings expertise in coordinating recreational activities. The family resource centre furnishes material as well as supervision of daily activities and staff. The Separate School Board lends interior space as well as outdoor facilities. The project participates in the hiring of personnel. (site 1)

… [local agency] in collaboration with the [Better Beginnings] Project, offers summer programming to children in the community. Summer staff are provided jointly by the Project and [a community organization]. For the summer of 1993, [the housing authority] also paid for two summer staff persons, in exchange for free admission of [the housing authority] residents into the summer program. (site 2)

Under the umbrella of the Better Beginnings project, [one agency] participated, along with two employment agencies, the school boards, and neighbourhood residents, on a committee which successfully received funding from another source to offer comprehensive programs for teens and preteens aimed at increasing the likelihood that they would stay in school. (site 3)

Both the local housing authority, and the city's recreation departments, have offered summer daycamps for school-aged children. However, parents from the neighbourhood have expressed dissatisfaction with these camps because of problems with access, cost, supervision, and transportation. In the summer of 1992, the project initiated discussions with both housing and the city to arrange for a suitable alternative. As a result, the three formed a partnership and offered a camp for the neighbourhood which had more than ninety children attending in the first summer. The housing authority provided funding for materials, resources and staffing, the city provided staffing, hiring and supervision, and the project supplied consultation, planning, recruitment and outreach, and evaluation. The first camp was a huge success, with many participating parents attesting to the improvement over previous camps. Plans for a camp in 1993 are well underway, with both housing and the city ready to continue the partnership with the project which was begun in 1992. (site 3)

This came about partly because of several incidents in which children seemed to be unsupervised and uncared for, and were seen to be at risk. These children were taken in and cared for by neighbourhood residents who were concerned for the safety and well-being of the children. The community, with the participation of project staff, then took the initiative to discuss and plan with the agency how they could work together for these children's best interests. (site 3)

The public school board has negotiated with the project, through the initiative of one parent in the neighbourhood, to offer weekly, evening education classes for adults in the neighbourhood who wish to upgrade their education or complete a highschool diploma. (site 3)

The park has been built with money from both Better Beginnings and the Housing Authority. However, in the building process many people came together to facilitate construction, overseen by the Project and Playgroup Coordinators of Better Beginnings. There were many individuals from many companies and agencies and from the neighbourhood who contributed time, equipment, labour and ideas. (site 4)

Other activities that have demonstrated integration include: the development of Community Kitchens, test kitchens and special events. The community kitchens have involved the local housing authority, a tenants group and community residents. The Community Development Worker for the Better Beginnings project initiated the community kitchens. As well, Better Beginnings has supplied food, childcare and staff support for these. The test kitchens emerged from the Family Support subcommittee. The goal (which has not been accomplished yet) was to develop a community cookbook. (site 5)

There has also been collaboration between [Better Beginnings] and [an ethnic service agency]. Recognizing the need for further community outreach and development in [this ethnic] community, [Better Beginnings] and [this agency] jointly funded a full-time CD worker position at [the agency] for one year. The CD worker position was supervised and administered by [the agency]. (site 6)

Another common goal for many local agencies is improving race relations in the community and the workplace. At [Better Beginnings]'s initiative several agencies have taken an active role in planning an Anti-Racist Training program. (site 6)

The Nutrition Access program is one example of working towards a common goal with joint staff and resources. This program's goal was to improve access to nutritional foods by organizing free trips for residents to pick-your-own farms and to a large, inexpensive supermarket and by developing a community garden. The [community health centre], [Better Beginnings], and [the Housing Authority] made an equal budgetary contribution toward operating this project. Several other groups also offered staff time and resources to plan, develop, and run this program. (site 6)

Another example of a collaborative effort between agencies is the Welcome Basket project. This project's goal is to reduce the isolation of newcomers and to increase opportunities for networking amongst neighbours. This program offers newcomers a visit by a volunteer resident who brings them a basket of resource information, a community map, and some small gifts to welcome the family. This is a joint project between [Better Beginnings], [a community agency], and the [Housing Authority]. The Housing Authority is providing staff time to inform residents about the program and invite them to participate. [Better Beginnings] and [the community agency] have shared the cost of the materials, such as the production of maps and flyers and baskets, and are providing staff time to coordinate the project. (site 6)

> The John Howard Society was able to play a vital role in maintaining the "Teen Centre" which was developed by Better Beginnings. (site 7)

> [Mental Health Services] aids in developing an adult theatre group.… A community agency, the Native Friendship Centre and the Housing Authority developed a partnership in order to elaborate a program of cultural awareness for multicultural groups.… [Mental Health Services] and the Public School Board jointly administer the "4th R" program. (site 7)

At one site, there was evidence that several agencies, as a result of their experience collaborating through the Better Beginnings, Better Futures project, continued their experience to develop new co-operative initiatives in other neighbourhoods:

> One example is the result of the summer daycamp. When the housing authority and the city's recreation department joined forces with the project to offer a summer daycamp in the neighbourhood, it was the first time the two had been brought together to plan recreational programs. As a result of this experience, plus the fact that representatives from each sat on the project's board, the two agencies pooled their resources and jointly planned and ran summer camps in two other neighbourhoods within the city. Another example was in the area of health services. When the project began to develop their health and family support programs, both the public health department and the community health centre participated. Although these two agencies had similar mandates and served a similar group, they had rarely worked closely together prior to Better Beginnings. As a result of their work together with the project however, these two agencies have begun to develop a relationship and held discussions around ways in which their health services can be offered in a more complementary way. (site 3)

4.2.5 Existing Organizations Enhance Better Beginnings Programs

Five sites reported extensive involvement of staff from existing agencies in the training of Better Beginnings project personnel and in the provision of technical or specialist consultation to the projects' programs. Two sites described more modest levels of external involvement in Better Beginnings training and specialist consultation:

> Two nutritionists, one from the health department and the other from the community health centre, acted as resource persons for the breakfast program … specialists from the separate school board played the same role for the academic enrichment program … teachers from kindergarten to grade two collaborated on a daily basis with the breakfast and academic enrichment program as well as in verifying the relevance of the material in the "theme boxes" [for the enrichment program]. (site 1)

Thus, the balance that is sought between service providers and staff is to have service providers assist staff in program delivery, by acting as resources and providing expertise. This type of balance seems to make sense to Project participants, because most of the service providers do not have the time or resources to be involved in program delivery. (site 2) (modest level)

The Children's Aid Society's Family Support Team also provides workshops for parents and the Family Support staff at the Project. (site 2) (modest level)

The child welfare agency has begun to work with the project around better ways of supporting families and ensuring children's safety in the neighbourhood.… As well, neighbourhood residents who have been hired as child care staff have been able to attend child care training sessions offered by the municipality… Many agencies have been involved in programs in which they have contributed their expertise in certain areas to assist the project to develop or run programs. This has included consultation, group leadership and facilitation. For example, the parent's group has had speakers come in from different agencies to lead the group in exploring different topics. As well, persons from agencies, and persons in private practice have been involved, both voluntarily and for fees, in providing group facilitation and workshops. (site 3)

Crisis Counsellors helped train family visitors.… nutritionist time donated for training of family visitors, Community Gardening… Initially, training of the family visitors took place in May and June of 1992. Eight agencies were involved in presenting seminars on various topics… In the year since the hiring of family visitors, further regular training has occurred. [Community services agency and [public health] continue to offer their services free. Planned Parenthood made a presentation for which a small honorarium was paid. The family visitors also participated in workshops on violence and crisis management for which fees were paid. (site 4) (modest level)

Many community agencies and organizations have been involved in the orientation and training of staff and Action Group members. Some of these groups are located within the site and some are organizations who have some contact with families in the site such as a women's support centre, the women's shelters, the CAS, employment services, social assistance, services offered through the City of Kingston, home care services and the like. (site 5)

There is a commitment on the part of the Better Beginnings project to involve other service providers in staff development activities, when possible and appropriate. An example of this was the inclusion of interested service providers in attending a presentation made by people from Toronto involved with the Parents for Better Beginnings project. As well participants in Better Beginnings have been invited to be part of staff development activities that have been offered by other service providers. (site 5)

In addition to ongoing input on planning the home visiting program, the agency assisted in the training of the Better Beginnings community visitors in various ways, by: a) allotting staff time for two permanent staff to attend the Steering Committee and/or Early Development Resource Group; b) sharing the training materials with Better Beginnings; c) lending space to the Community Visiting team, and d) allowing a PHN to act as a resource/consultant for half a day every two weeks to the community visiting team. … The agencies that operate home visiting programs also provided some training to the Better Beginnings community visitors. … [Other agencies] offered "Board Development" training to [Better Beginnings] participants, including residents, volunteers, and committee members.… (site 6)

[Mental Health Services] is involved in hiring and training Better Beginnings staff. Presentation on "Welfare" by a representative of COMSOC.… Multicultural Centre, [immigrant services] and the Women's Centre give presentations to Better Beginnings staff regarding obstacles in accessing housing as well as a presentation on techniques to access employment services. (site 7) (modest level)

4.2.6 Case Management Across Organizations Developed

Two site reports described active collaboration at the level of helping individual children and families:

The collaboration of all the family, social or psychological services are necessary for the proper functioning of the home visitor program. Their contributions take the form of joint visits with the project's family visitor or professional interventions in crisis situations. (site 1)

The child welfare agency has also participated in the development of the family support programs offered through the project. As part of this program, the [Better Beginnings]'s family support worker has worked regularly with the agency to address the specific needs of families who have experienced stress and crises. A number of these cases have resulted in supportive arrangements being made for the family as an alternative to custody or court action. (site 3)

Two other site reports (4, 7) talked about the referral systems that have evolved with other agencies. One site described its advocacy position with non-participating agencies:

The Project also described how they (in collaboration with parents, residents and local agencies) will assume an advocacy role with agencies and services (e.g., Parks and Recreation) that have not become involved with the Project and who "do not appear to be providing services accessible to the children in the area". (site 2)

4.2.7 Enrich Better Beginnings by Providing Space, Resources and Equipment for Project Activities

One of the most common forms of outside organizations' support for the Better Beginnings, Better Futures projects was providing space, resources or equipment for Better Beginnings programs or activities:

> In each school, the academic enrichment workers have access to the space necessary for their activities... [one school] gives the project priority use of space available during and outside of class hours, and opens the library and computer room and lends audiovisual material... (site 1)

> The agreement between the family resource centre and Better Beginnings stipulates that Better Beginnings is responsible for hiring the staff of the toy lending library. The workspace for this project is at the family resource centre. (site 1)

> The Project also has kitchen facilities located in the school, and has access to playground, washroom, and photocopying facilities at the school. The school also allows the Project to have access to classrooms and the gym when they are not in use. Therefore, the Board of Education, as the host agency, provides the Project with many facilities. (site 2)

> One of the first was physical space. The local housing authority was involved as an original member of the steering group and the board. Before funding was even approved, the housing authority made available a five bedroom townhouse unit in the neighbourhood at a reduced rent for use as a neighbourhood centre. As well, local schools have made available their gymnasiums and grounds for use by children, teens and adults for different recreational activities. Two churches have also contributed resources; one made available space for ESL classes and child care... (site 3)

> The municipally run local daycare centre and in-home daycare system have provided a variety of resources to the project's child care program. Staff from both agencies have participated from the beginning in the original proposal, the childcare component of the programs, and the management of the project. They have also linked with the project's child care and family support programs by offering their resources for project participants to attend field trips for parents and preschoolers offered by the local daycare centre. (site 3)

> A large contribution which has supported an important program has been from a drop-in agency in the city. This agency has consistently and abundantly distributed its surplus food donations, particularly bread, to the project. Initially, this occurred once or twice a week, but has now grown to six days a week. A group of neighbourhood residents organizes, packages and distributes the food to over 150 families in the neighbourhood. Many

businesses, service clubs and other organizations have contributed a variety of resources to the project as well. (site 3)

[The Housing Authority] donated to Better Beginnings one 4-bedroom house. Initially Better Beginnings was charged $619 per month….
One way in which contributions have been made to Better Beginnings is through the donation or sharing of space.

- The Roman Catholic Separate School Board through … provides the space for the parenting workshops and storage space for the Resource Centre Mobile Toy Lending Library.
- Department of Recreation provides meeting space for Steering Committee and other committee meetings …
- United Church has given space for training and for the Collective Kitchen.
- Space at the Community Centre is shared with Better Beginnings for Playgroup and for the Well-Baby Clinic. This space was negotiated for free.
- Resource Centre has offered space for some Research Working Group meetings. (site 4)

Two of the centres are located in schools. One in a wing at one of the local Separate School Board elementary schools and one in a room at the Public School Board secondary school where most of the teens in the area attend. (site 5)

Also, certain agencies such as the Native Friendship Centre donated office space and meetings rooms for the use of the Association meetings. The Children's Mental Health Services was very active in recruiting and encouraging resident participation. … The schools support the development of the before school program and the lunch hour program. (site 7)

4.2.8 Enrich Better Beginnings by Undertaking Supervision of Program Staff or by the Secondment of Outside Agency Personnel to Programs

Two site reports stipulated that Better Beginnings program personnel were being supervised in partnership with external agencies:

The idea for the summer recreation program comes from the family resource centre. This organization also took charge of supervising the animators…. The toy lending library is housed in the family resource centre which assures the administration of the toy lending program as well as the supervision of the staff, in collaboration with the Better Beginnings coordinator. (site 1)

While technically the Playgroup Worker has been supervised by the Resource Centre, much supervision has taken place by the Playgroup and Project Coordinators. The Nurse Practitioner is supervised by Community Services staff, but she also looks for support and

direction from the Better Beginnings Project Coordinator. The Mobile Toy Lending Library worker is supervised by Resource Centre and, in order to solidify the link between her and Better Beginnings, there is an attempt to involve her in some Better Beginnings staff and committee meetings. (site 4)

One site described moderate levels of staff secondment from external agencies to the Better Beginnings project:

0.8 Nurse Practitioner seconded to Better Beginnings
0.2 Community Developer for Better Beginnings neighbourhoods…. one worker from this agency enhanced the Better Beginnings playgroup for the particularly busy week of March break at no cost to Better Beginnings. (site 4)

Re [host agency] … supervised …all of the project staff during this period …. [A local agency] and the city provided staff for the teen and pre-teen programs. (site 7)

4.2.9 Service Organization Participation in the Administration of Better Beginnings Programs

Representatives of existing service organizations were extensively involved in the administration of the total Better Beginnings, Better Futures project by their participation on boards of directors and on administrative committees. Indirectly, this would involve representatives from these organizations in the administration of Better Beginnings prevention programming. In addition, service organizations served as the host organizations for the Better Beginnings projects in all of the sites, accepting the funds from the government for the initiative. The organization and management of the Better Beginnings, Better futures projects will be the subject for an upcoming report. Therefore, this section focuses on service organization participation in the direct administration of Better Beginnings programs.

This type of involvement was fairly limited. In the section on the delivery of prevention programs, it was noted that site five used existing agencies to develop, deliver and administer key elements of its prevention programming. To a limited extent, site one and site four involved personnel from external agencies in the supervision of staff of selected prevention program components. External agencies were administratively responsible for the program elements they delivered themselves as a result of the Better Beginnings initiative. Beyond these, there was little external agency participation in the administration of Better Beginnings programs.

4.2.10 Service Organization, Project Personnel and Community Resident Balance in Better Beginnings Prevention Program Development and Delivery

Four demonstration sites (2, 4, 6, 7) reported fairly distinct roles in prevention program development and delivery for representatives of service organizations and Better Beginnings staff. While project staff contributed in a substantial fashion to program development once they were hired, they were also directing the day-to-day delivery of many Better Beginnings programs. For their part, at these sites, service organization personnel mainly provided professional expertise to guide program development:

> …the balance that is sought between service providers and staff is to have service providers assist staff in program delivery, by acting as resources and providing expertise. (site 2)

> Service providers see their role as consultants to Better Beginnings programming and to management. Staff, in conjunction with residents, seem to be primarily involved in designing the details of programs… (site 4)

> The Resource Group became more of a "resource" or "advisory group" to staff than a working group. (site 6)

> …residents, staff and agency representatives worked as a team through the [working group] to develop programs, even though the major role was played by the staff. (site 7)

As already noted, the site reports also suggested that, at several sites with substantial service organization involvement in Better Beginnings program development, there was a gradual shift in program development initiative from agency representatives to project staff:

> The balance between staff and service providers in developing the program model shifted from year to year… In the first year, service providers were the main participants in program planning… In the second year, there was an evident shift in the locus of control of program development. Staff began to play a more central role in programming. (site 6)

Four site reports talked about participating representatives from service organizations feeling somewhat distant from the Better Beginnings project and wanting to be more involved:

> School representatives thought that Project staff should consult with them more frequently about activities that occur on school property. (site 2)

> Sometimes people say it's the service providers who don't want to be true partners but I think it can work the other way, too. I think the people who are part of the Better

Beginnings in this case can forget to sort of integrate the other services, once they've got their own services going. (site 4)

Although representatives from these agencies have indicated that they benefited from and contributed to [the project] through their involvement, a couple of service providers mentioned that they would have liked more involvement. As one person explains,
"We expected that there would be greater collaboration on visioning … not sure that agencies had an equal say..." (site 6)

After many common goals had been reached, the agency working group which had been meeting since the very beginning and later had been represented by certain members within the Association, started to feel a certain sense of isolation vis a vis its' relationship with the BBB project. (site 7)

At one site some of the difficulties in stabilizing the balance between service provider and staff participation have been attributed to ambiguity about roles and a lack of communication within and between parties, especially after staff were hired and roles changed:

…the parameters of the new roles were not made clear to the service providers, which made the transition even more trying. Staff and service providers seemed to recognize the problems that transferring responsibility, and relinquishing control, had created:

"… it was just at the beginning with no staff we were, like I was taking on a lot... project coordinator role along with other people... here on the day-to-day organization, and then when staff came, I sort of felt like 'what's my role now?' …. And I had that separation anxiety feeling… it was really hard for me. We never discussed it as a group, like 'what is the service provider's role now when we have staff?' …" (site 2)

In three site reports, representatives of existing service organizations voiced concerns that community residents were not active enough in Better Beginnings program development:

One of the concerns that continually comes up is: "how do we keep people in the community involved"? There is a constant concern that the project could easily become "just another agency". (site 5)

Balancing service provider and resident involvement has been a large issue from the beginning of program development at this site. The issue has centred more around encouraging the participation of residents than that of service providers. The project was very much professionally driven in the early stages. (site 4)

A balance between resident and service provider participation in program development was not reached in the first couple of years. [This project's] goal for the first year was to achieve a 50-50 split of residents and service providers on the Steering Committee and the

Resource Groups. However, no more than 1-3 residents participated on committees or resource groups at any one point in time. The programs were primarily planned by staff and service providers. (site 6)

Two other site reports described a much more active role for community residents in relation to existing service providers. At site three for example, residents were involved in altering the original proposal decision "that project staff would be employees of the agencies":

> …when neighbourhood residents and agency participants started to plan the programs together, the neighbourhood people said that project staff should not be part of agencies because many people in the community had had bad experiences with some agencies. One neighbourhood person said, "I'm worried that people will identify our project with [one agency] because they'll call here and get that [agency person]. We know what people here feel about [this agency], so we need our person here who works for our project, and not [that agency]".

Site one also reported a more active role for community residents in program development:

> … At the level of programming, the parents make up the totality of the program workgroup in existence up to June 1992. Resource people from the agencies participated as needed in the elaboration of programs.

Site four's report suggested that the relationship between external professionals and residents seemed to parallel the relationship between existing service providers and project staff:

> Service providers see their role as consultants to Better Beginnings programming and to management. Staff, in conjunction with residents, seem to be primarily involved in designing the details of programs; some service providers attest to insufficient involvement from service provider partners.

4.3 Overview of Service Provider Involvement in the Design and Delivery of Better Beginnings Prevention Programs

One of the most common patterns of involvement of existing service providers in Better Beginnings, Better Futures was as expert consultants and advisors for the development of various components of the prevention programs. One of the most typical and most successful methods of tapping professional expertise was the creation of program working groups to guide the development of various program elements (e.g., nutrition, home visitors, childcare, academic enrichment). Six of the demonstration sites reported making significant use of such program resource groups in program development.

At four sites, there was some suggestion that service provider roles in prevention program development declined in importance as Better Beginnings project staff were hired and became more active. In addition, while service providers tended to focus their attention on program development, Better Beginnings staff were involved actively in both program development and program delivery. There were reports at four sites of some distancing of community professionals from the program development process as Better Beginnings' staff became more plentiful.

At all sites, service providers were described as actively involved in Better Beginnings project administration by participating on boards of directors and sub-committees. These professionals were involved in hiring Better Beginnings project staff at most sites. Existing organizations received and managed the funding for the Better Beginnings programs.

Existing service provider direct involvement in direct prevention program administration was much less common. In four sites, community professionals were clearly active in training Better Beginnings program personnel and, at one site, an external agency delivered and managed a core Better Beginnings program element. There was some external or joint supervision of Better Beginnings program staff reported at two demonstration sites.

Three sites suggested there were some difficulties in finding a balance between active service provider involvement and community resident participation in program development, with community resident influence being less than desired. Two other sites' reports described more influential community resident involvement in program development.

Table 4.1 provides an overview of the patterns of organizational collaboration in the delivery of prevention programs at the seven Better Beginnings, Better Futures demonstration sites. There is no uniform pattern of collaboration across the demonstration sites. Overall, three broad patterns were observed:

(1)   use of multiple methods of collaboration resulting in substantially more instances of cooperation in the delivery of prevention programming (sites 1, 3, 4, 5);

(2)   use of a few dominant methods of collaboration (site 6); and

(3)   relatively little organizational collaboration in the delivery of prevention programs (sites 2, 7).

Table 4.1: Patterns of Organization Participation in the Delivery of Prevention Programs in Better Beginnings, Better Futures

	Better Beginnings Enriches Existing Programs by:		Site Specific Methods:			Agencies Enrich Better Beginnings by:			
	Access to space, Auspices	Providing Resources	Purchase of Services	Outside Agency Delivers Core Better Beginnings Programs	Cooperation Creates New Programs	Providing Training/ Expertise	Case Management Cooperation	Providing Space, Resources, Equipment	Supervision of Staff, Secondment
SITE 1	+	+ +	0	0	+ +	+ +	+ +	+	+
SITE 2	?	+ +	0	0	?	?	0	+ /?	0
SITE 3	+	0	0	0	+ +	+	+ +	+ +	0?
SITE 4	+	+ +	+ +	0	?	+ +	0	+ +	+ +
SITE 5	+ +	+	0	+ +	?	+	0	+	0
SITE 6	0	+ +	0	0	+ +	+ +	0	0	0
SITE 7	+	0	0	0	+ /?	+	0	+	+

+ +   -   Substantial use of this collaboration method in comparison with the other demonstration sites.

+   -   Moderate use of this collaboration method in comparison with the other demonstration sites.

0   -   No reported use of this collaboration method.

?   -   Importance of this collaboration method is unclear or appears quite modest in comparison with the other demonstration sites.

Of the four demonstration sites mandated to focus on a younger cohort of children (birth to four years of age), three reported multiple methods of collaboration (3, 4, 5) and one the use of a few collaboration methods (6). Of the three sites mandated to focus on primary school children (ages four to eight years), one report described a limited range of types of organizational collaboration (7) in the delivery of prevention programs and one reported using multiple methods of collaboration (1). While the original report for site two indicated a limited range of collaborations, feedback to an earlier version of this report suggested the range might be broader than the site report indicated.

Two sites reported making substantial use of a collaboration method not used at any other demonstration site. Site four described fairly extensive use of purchase of service agreements with existing agencies to bring these agencies' programs into the community. Site five used an external agency to deliver its core program model. The use of these two unique collaborative methods may account for the lower levels of cooperation among external organizations to create new programs reported at these sites (which were both users of multiple methods of collaboration) when compared to sites one, three and six. This impact was suggested in site four's report:

> The arrangements for service provider involvement are for the most part arrangements between Better Beginnings and the various agencies rather than between the various agencies themselves. This is largely because Better Beginnings is the catalyst and focal point around which programs in the area are initiated or altered. (site 4)

In four of these communities (1, 3, 4, 5) it seems clear that there were significantly higher levels of organizational collaboration in the delivery of prevention programming as a result of the Better Beginnings, Better Futures initiative. As a consequence, more resources were made available to children and families in those communities.

> The arrangements for service provider involvement are for the most part arrangements between Better Beginnings and the various agencies rather than between the various agencies themselves. This is largely because Better Beginnings is the catalyst and focal point around which programs in the area are initiated or altered. (site 4)

In four of these communities (1, 3, 4, 5) it seems clear that there were significantly higher levels of organizational collaboration in the delivery of prevention programming than before the

demonstration projects as a result of the Better Beginnings, Better Futures initiative. As a consequence, more resources were made available to children and families in those communities.

Nonetheless, there are several obvious limitations to the patterns of collaboration which emerged from the sites' reports. Almost all of the collaborations were in relation to specific components of the Better Beginnings, Better Futures prevention initiative. Most of these collaborations appeared to involve fairly modest resource commitments. There is little reason to suspect that these collaborations through Better Beginnings, Better Futures changed in any significant way how existing organizations functioned. This is not surprising considering the fact that the Better Beginnings projects had much smaller budgets than many of the collaborating organizations. The Better Beginnings initiatives also had no control of the mandates or access to funding for the participating organizations. There were no reports of more general mergers of the structures or the resources of several organizations to deliver an integrated package of prevention programs. In most sites, it is likely that the prime vehicle for the delivery of prevention programs to the community was either the Better Beginnings project or was being financed by its budget or delivered in its space or under its auspices.

5.0   LESSONS IN SERVICE INTEGRATION IN BETTER BEGINNINGS, BETTER FUTURES

Many examples have been described of service organizations working together in new ways to create prevention programs in collaboration with the Better Beginnings, Better Futures projects. Generally, participants in these collaborations have been positive about their experiences. Nonetheless, most of these collaborative efforts have been around specific and often modest program elements within the Better Beginnings projects and have required very little change to how existing service organizations do their work.

5.1   Lessons About Barriers

In this section, the challenges faced in organizations working together in Better Beginnings are described as are some of the lessons participants drew from these experiences. These struggles and lessons corroborate our earlier observations about the limits to organizational collaboration in local primary prevention projects with the mandates and resources of Better Beginnings, Better Futures projects.

Practical Difficulties of "Voluntary" Collaboration. The following general comments about the practical difficulties in implementing integration make it clear that each site faced limits to "voluntary" collaboration:

> The Better Beginnings project's philosophy respects organizational autonomy. The internal structures and ways of working of participating agencies have not changed significantly... However, in specific situations, the application of this philosophy has not always been simple. In particular, during the first year of operation, representatives from the existing agencies and from the Better Beginnings project had difficulty agreeing on interpreting this philosophy and on the limits to agency participation. (site 1)

> Hence, all stakeholders recognized gaps between the ideal and the actual service provider involvement. As well, most of the representatives in the Project (i.e., service providers, staff, parents) seemed to agree that the major reason for this gap has been a lack of time and resources that the service providers have available. The service providers, as reported above, argued that they do not have the time because some of the major institutions involved have failed to 'integrate' with the Project. Thus, time spent on Project activities has been an 'add-on' for several of the service providers. (site 2)

> Another barrier is that many agency staff have little understanding of how to integrate other than to add their existing program to the community. They are unwilling or unable to consider ways in which their program might not fit the community's needs, and place

the burden for flexibility on the neighbourhood. Sometimes it feels as if agencies see the project as a way of gaining a beachhead in the community merely so they can offer programs in areas where they have had difficulty gaining access, without making any changes to their program, or consulting with the community. (site 3)

One important barrier is the extent to which the burden for making integration happen falls more heavily on the project and the neighbourhood than on the agencies. Most agencies involved in the project may have only one or a few staff persons who are highly committed to integration. Therefore, the responsibility for initiating contact, arranging discussions, being flexible, generating options, identifying and sorting out problems and so on falls to the project staff and the community. For the most part, agencies have been reactive, while the project has been proactive; the project has had to go to the agencies, and has usually had to hold discussions on the agencies' terms. The project coordinator's comments when one agency pulled back from their involvement reflect the one-sidedness of this burden. (site 3)

There have also been some difficulties dealing with all of the political ins and outs. Not all service providers see that Better Beginnings is "worth it". Some have been very sceptical of the project's ability to "really do anything that hasn't already been done". (site 5)

One of the first questions, of course, will be who will give up what, or take responsibility for the service, thereby retaining the resources to deliver it? In times of scarce resources, this sort of relationship will undoubtedly be intimidating. These are obvious obstacles to integration and may very well be part of the *unidentified* hindrances to external integration. The threat of loss of resources and breaking with tradition should not be underestimated as contributors to the slow progress with service integration. (site 6, emphasis original)

Despite the many goals and objectives which have been realized between the agencies and the project, it is interesting to note that we have arrived at an impasse based on ideological, practical, methodological and philosophical differences. (site 7)

Unclear Mandates and Policies. Besides these general observations, the site reports outlined a number of specific obstacles which seem to set clear limits to organizational collaboration in the Better Beginnings project. One of the most common constraints was a tension between the ambitions of the Better Beginnings projects and the mandates under which existing service organizations were operating. In addition, participating agencies had no clear policy to guide how they would become involved in Better Beginnings:

The larger organizations do not seem to have a mandate to follow with respect to their level of involvement or commitment to the Project. The particular service providers from the larger organizations appear to be involved because of their own commitment and

interest in the Project. The organizations that they represent, however, have not provided clear guidelines about how they have 'integrated' with the Project. The issue of organization/sector commitment to the Project should probably be addressed with upper management in these agencies. (site 2)

The agency that left the project was municipal social services. It was represented by two people, one from the neighbourhood daycare centre, and one from the agency's daycare services. These two people were highly committed to the project, and their agency was one of the original agencies which signed a letter of agreement indicating support for the project. However, both of these members found little support for the project within their own agency. They were given little flexibility to participate in the project, and it appeared that their supervisor felt the project was something extra to -- and not a part of -- their jobs. Both persons resigned from the board within the first year… This lack of organizational support made their role in the project superfluous to their jobs, rather than legitimizing their work with the project as a valuable part of their work responsibilities. As well, they found that the philosophies and principles of the project were in conflict with their organization, and therefore put them at risk with their own supervisor. As one of the representatives put it, "…we're considered the rebels in our own organization. (site 3)

Some of the major difficulties in getting service providers involved have to do with commitments of time and resources, and, as mentioned earlier, conflicting mandates (goals and objectives). (site 5)

Making progress in program development requires genuine commitment from participating agencies and an understanding of each other's role in the project. There has not been sufficient evidence to suggest that this exists. Are representatives on committees there as individual professionals, as unofficial representatives of particular agencies, or have agencies made an executive or Board decision to formally commit to [Better Beginnings]? (site 6)

It became clear that the work needed to be accomplished by the Agency Working Group was made even more difficult, given the fact that no one received any clear mandate from their respective boards or supervisors. They were faced with a situation whereby they had to work alone in defining concrete ways to achieve an adapted working integration model. Despite the support of their agencies through the Advisory Committee, the agency representatives did not (and do not) have sufficient power or authority themselves to respond to certain needs or demands expressed by the Better Beginnings project. For example, when Better Beginnings requested that all agencies make presentations to the community in order to publicize their activities, this exercise was made difficult due to bureaucratic decisions, budgets and finances. Therefore, this particular project was only partially achieved. (site 7)

Adapting to Bureaucracies. It was also common for the demonstration sites to encounter roadblocks in adapting to existing rules and procedures in participating organizations:

Parent aides exist in the schools involved with the Project.… the people holding these positions are members of a union… On the other hand… the Project wanted to offer school animation jobs to parents… Those responsible for the Project… had to develop a job description for the school animators that was different from the Parent aide jobs. This measure permitted people without specialized training but with relevant life experience to occupy these positions. Finally, since the school animators were hired by the Project, these were non-unionized positions (site 1).

Time and again, the problems in trying to involve school personnel in program model development were raised. The problem was first identified when the In-school Committee was formed in Spring 1992. The Project Manager had a very difficult time securing any school representation on the Committee.… Problems with involving school staff in the Project were still apparent in March 1993.… Many of the programs required in-school facilities and this created many problems for Project staff, as reported at the Planning Day in March 1993.… Staff reported feelings of frustration and anger over the hostility and resistance they encountered from school staff. It was a general feeling that the resistance was a result of teacher 'territoriality' (site 2).

There can also be cases where an agency, such as the school board, does not seem to understand or recognize the importance of the project to their own business, and instead regards the project as an interest group vying for its resources.… The … board is very resistant to allowing the community to use their resources, and seems to see the community as being different than taxpayers; as in: 'we can't let the community use the facilities because of the costs to the taxpayers'. [The project coordinator] made a number of presentations to the board at various levels, several with participation from neighbourhood parents, but the trustees voted not to allow use of the space. However, [the project coordinator] announced that she eventually did get permission, with a number of conditions which she feels are ridiculous. First, they must cover the costs of heat & hydro, and second, they must provide complete cleaning of the washrooms every day, without hiring someone who could be seen as replacing the unionized staff; in other words, they have to get volunteers to clean the toilets. Finally, the school will make arrangements to put in a new wall and door so that the gym and washrooms will be completely separate from the rest of the school building.… It appears as if the boards do not see the project, with its focus on children under five years old, as having any direct relevance to their work, and therefore treat the project as they would treat any other special interest group (site 3).

There are also bureaucratic rules and regulations which get in the way. A funny example of this is when the project sought zoning approval for its second neighbourhood centre. A staff person met with a city official and said the man was "…very stony faced and he insisted that no learning is supposed to happen there.… I tried to be as cagey as I could but he was so serious" (site 3).

In September of 1992 the Hiring Committee was ready to hire the Parent Visitor Coordinator. Because the Parent Visitor Program was being sponsored by the Health Unit and because the Health Unit has unionized employees, the first posting for the Coordinator position was an internal posting at the Health Unit. There was an internal applicant who was interviewed by the Hiring Committee. However, a majority of the Hiring Committee did not feel that they wanted to hire the person that they interviewed, without having a broader group to choose from. This created a great deal of difficulty for all involved. .... The ultimate result of this situation was that the Health Unit withdrew from sponsoring the Parent Visitor Program. (site 5) There are some difficulties linked to the style of management of some agencies involved with the project. This is largely due to the strong hierarchical infrastructure of services and agency bureaucracy. Therefore in order to respond to the needs expressed by [Better Beginnings], the agencies have a tendency of returning to their traditional structures before acting. This translates into going through many procedures which are time consuming. The members of [Better Beginnings] are frustrated with this situation. (site 5)

Overall, it is evident that the Agency Working Group is hampered by the parameters and traditional systems established by their agencies which are not adapted to the infrastructure of [Better Beginnings]. (site 7)

Expectations and Communication. Several site reports mentioned that the development of clear and realistic expectations are important:

As identified by Project representatives, there is a need to clarify the roles of service providers, school representatives, staff, and parent/resident volunteers in the Project. The expectations for each of these groups needs to be qualified and explained to all of the stakeholders. There have been attempts to do this by the Project staff; however, it seems apparent that more work is necessary in this area. Parents do not seem to be clear about how much they can expect from service providers. Both parents and staff believe that service providers should become more involved. However, whether this is realistic for the particular service providers involved is unknown. (site 2, emphasis original)

Different expectations and assumptions about agencies' involvement can be sources of conflict and disappointment among project participants. Disappointment and bitterness about agency involvement has arisen in this project when participants from different groups have had different expectations about how agencies should be involved. While agencies might share the excitement about the possibilities in such a project, they also must balance their expectations for involvement and integration in the project with the realities of mandates, resources, jurisdictions and traditional ways of doing things. Project participants may place high demands on agencies, sometimes forgetting that their project and their neighbourhood are not the only areas in which agencies are expected to deliver services. (site 3)

Some service providers might have felt more comfortable if they had known earlier what was expected of them. Clear, forecasted delineation of service provider roles is, however, impossible given the responsive way in which programs are developing. This responsiveness hinders the envisioning of an overall structure or model of how service agencies might be involved in an integrated way. On the other hand, responsive programming enhances creativity of service delivery. At the same time, however, a structure for integration may be an unrealistic expectation given the principle of community direction to the project. (site 4)

In a similar vein, two sites reported serious communication difficulties between project participants:

It seems very apparent that there have been poor communication patterns among the parties involved in the Project. This is particularly true with respect to the relationship between school personnel and Project representatives. The lack of information about the Project staff provided to the school, may have caused resentment and hostility among the teachers and other school personnel. The relationship with the school may not have been nurtured enough and this may have resulted in the situation that was mentioned by many individuals -- that is, the lack of cooperation from the school personnel. The Project is located on school property, the Board of Education is the host agency, and yet there has been little participation of teachers in the Project. It seems that cultivating the relationship with school staff deserves attention.… As well, there appears to be a lack of communication between the Project staff and the service providers involved insomuch as they have not discussed their role expectations. Service providers may not be aware that the staff and parents believe that more contact with the program activities is necessary. Staff reported that the service providers may be "out of touch" and have unrealistic expectations because they lack familiarity with the program. This issue should also be addressed by Project representatives. (site 2)

The [agency participants] felt that they are not as useful to the project as they would have hoped. Therefore, a communication problem almost ruptured the groups. (site 7)

Financial Issues. Many sites also faced substantial challenges around financial issues which arose as they attempted to involve service organizations in their projects. At several sites, some existing agencies hoped to acquire resources for their own programs from Better Beginnings and, when this did not happen, withdrew from participating in the project. Also common were reports of agency participation being limited by their inability or unwillingness to assume to the resource and time costs of being involved with Better Beginnings:

…all but one of the organizations who were involved from the proposal development phase were still involved in March 1993. Only one organization has withdrawn from the Project,

a local women's centre, because of lack of time and resources to commit to the Project. (site 2)

Some agencies apparently dropped out early on when they realized they would receive no funding and [a day care agency] … has withdrawn its involvement since enhancement to that Centre was discontinued. "The frenzied feeding of fishes" was one way that organizations seeking to participate were characterized by a service provider. (site 4)

There is a real sense that many people have worked hard for Better Beginnings and their organization should get some reward for their hard work and time. At times this has caused a great deal of strain. Workers in all organizations have to justify the expenditure of their time on Better Beginnings. For some it is a matter of having a flexible supervisor who can be convinced of the importance of this program. For others who have to justify their use of time directly to Boards of Directors, the issue of payment in funding for use of time seems to dominate. (site 5)

It is critical to note that, service providers who participated, in the early days and at the present, …. were organizations who would likely gain paid staff by way of their participation or whose services may be included by way of contract. The shift to less tangible benefits is progressing slowly. (site 5)

For the most part, there was no allocation of resources in agencies to allow representatives to dedicate more time to [Better Beginnings]. Rather, for most service providers …, [Better Beginnings] agendas were *added* to their other job responsibilities, thus preventing some individuals from meeting the great demands of the project in its first year. Furthermore, …, there was by no means a shortage of community development initiatives competing for their participation. (site 6, emphasis original)

Furthermore, for some local organizations that do not have the luxury of secure base funding, the risk of losing their own programs perhaps outweighed the advantages of integrating with [Better Beginnings]. (site 6)

Some agencies left when they discovered that they would not be receiving [Better Beginnings] dollars to expand their own services in the community. Six of the eleven agencies that submitted requests for [Better Beginnings] dollars to expand their programs withdrew from the project very early in the first year or played a very modest role. (site 6)

We know that for many agencies, representatives are released one half day a week to participate within the project…. The agency representatives find themselves in a situation where they must try to renegotiate extra time to become involved in other [Better Beginnings] activities. Otherwise, the representatives would be forced to spend a lot of unpaid volunteer time working with the project. This is a situation which is not uncommon for certain agency representatives. (site 7)

… the General Hospital withdrew during this phase. The reasons invoked were lack of time and staff. (site 7)

Three sites also mentioned that the lack of clear avenues to obtain long term funding was a challenge to collaboration. The feeling was that more clarity about long term funding would have provided greater stability in the project, and enabled greater service provider involvement:

> For some service providers there are a number of unresolved issues in addition to the lack of understanding of what integration means. What are the continuing constructive roles for service providers? How does Better Beginnings keep a broader number of service providers involved? How does the project access more service provider expertise, collective experience and networking capabilities? How will programming initiated through Better Beginnings carry on after funding ceases. (site 4)

> … there is a concern about "what happens when the funding stops"? People want to know that their Better Beginnings project is one that not only makes a difference, but that it is different. (site 5)

> You don't throw huge resources in the community for five years or whatever and let it drop. If we are truly a multi-service agency, we should have the capability of working with 0-6, prenatals, we should be balancing that out. (site 6)

Two sites reported that service provider involvement was made more stressful through controversial formal or financial connections between the project and service providers.

> Project staff need to be separate from participating agencies. Despite close relationships between some neighbourhood and agency participants, agencies' reputations do not change quickly in the neighbourhood. It was important in this project, therefore, that staff persons hired in the project not belong to agencies. Instead, staff persons were seen as employees of a new organization, one which had a positive reputation in the neighbourhood. (site 3)

> … people seem to work better with Better Beginnings when there are no financial arrangements involved. This may have several roots. The possibility of funding, particularly at times of fiscal restraint, leads to a sense of competition. Also, the "financial hoops" particular to Better Beginnings, Better Futures necessary for the purchase of service agreements have been a problem both for Better Beginnings and the agencies, according to one service provider. Such headaches add a difficult dimension to the relationship and may obscure vision of the underlying commitment of those agencies who do have a financial stake in the project. (site 4)

In another site, however, the opposite view was taken. Here, the proposal called for service provider involvement through purchase of services agreements. This site's report noted that the

government funders intervened to prevent this plan. The report concluded that these financial arrangements should have been preserved to foster service provider involvement:

> Purchase of service agreements might have been an effective strategy for establishing the groundwork for service integration. If agencies were involved in providing services to participants of a common project, then the project managers may have had valid grounds for initiating new relationships on behalf of the residents/participants, and for following the most economical route of utilizing project funds. (site 6)

Organizations Which "Don't Fit" Better Beginnings. At several sites, agencies were questioned and even asked to withdraw from Better Beginnings, Better Futures because their mandates or ways of working were seen by some participants as inappropriate for a local prevention project. Children's Aid Societies were the most common focus for such concerns. On the other side, some agencies withdrew on their own initiative from several Better Beginnings sites because the projects were not relevant enough to their aims:

> This kind of collaboration between the community and child welfare would have been less likely to occur earlier in the project. If an attempt had been made to bring in child welfare earlier, chances are it would have been met with suspicion and resistance. Instead, when the community identified the priority, child welfare involvement was welcomed and encouraged, even though traditionally the child welfare agency is regarded with suspicion and even animosity in the community. (site 3)

> …when neighbourhood residents and agency participants started to plan the programs together, the neighbourhood people said that project staff should not be part of agencies because many people in the community had had bad experiences with some agencies. One neighbourhood person said, "I'm worried that people will identify our project with [that agency] because they'll call here and get that [agency person]. We know what people here feel about [that agency], so we need our person here who works for our project, and not [that agency]".… Neighbourhood residents spoke strongly against having project staff identified with any of the traditional agencies. Their concern was that the association of certain agencies, particularly public health and child welfare, would give the project a bad name. (site 3)

> There was also a sense by other service providers that the inclusion of a CAS representative at that time might be detrimental to the project as CAS was not viewed in a positive light among residents of the Better Beginnings area. (site 4)

> One school has now withdrawn because there is a sense that Better Beginnings is not relevant to its institution at this time and does not warrant the time commitment… because universal accessibility is one of the tenets of Better Beginnings, Better Futures. The

mandate of another organization, and therefore the basis of its funding source, may be to serve only those families who meet a specific criterion. (site 4)

There was concern about the conflict between the role of the CAS as a child protection agency (sometimes referred to as "policing") and the role of the Parent Aides in primary prevention. Some people believed only the protection role would be seen and that this could hurt the role of the Parent Aides working for Better Beginnings. (site 5)

This agency is no longer viewed as a potential "integrating partner". In fact, any mention of CAS being directly involved with [Better Beginnings] was met with resistance and opposition from some service providers, staff, and residents. People did not want [Better Beginnings] directly associated with this agency's programs because of its' controversial mandate and some families' negative experiences with this agency in the past. (site 6)

Some reasons for withdrawing either permanently or temporarily were related to [Better Beginnings] orientation or focus....A couple of service providers commented that [Better Beginnings] was not relevant to the age group their agency served. (site 6)

[A mental health agency] was one of the initiators of the [Better Beginnings] initiative and brought with them several other agencies that were on this group's board. This project's mandate is to improve awareness and education on children's mental health issues across.... Some people did not view this group as vital to the project because it was not geared to an economically disadvantaged population and they did not know how this group could support [Better Beginnings] initiatives. This agency was asked to withdraw in February 1992 when [Better Beginnings] shifted to a locally-based [board] membership. (site 6)

Some reasons for withdrawing either permanently or temporarily were related to [Better Beginnings's] orientation or focus. Three metro-wide agencies left when the decision was made to shift to a locally-based [board]. A couple of service providers commented that [Better Beginnings] was not relevant to the age group their agency served. Another said, "I would be wearing my hat a little more if I could see a more significant trickle down [for native community]. (site 6)

Lack of Guidelines About What Is Expected. Four site reports commented that the lack of clarity about service integration expectations and a lack of guidance about what to do created difficulties. Particularly in terms of defining and understanding the concept of integration, some sites felt that the government funders did not provide adequate guidance or support around what they expected from the sites:

There appears to be some indication that the expectations in the Request for Proposals may be unrealistic. Some representatives argue that the government did not operationalize "integration", which has resulted in a lack of direction from the government about how

to develop an "integrated model" of service delivery. This lack of direction has left some service providers unclear about expectations for this type of service delivery model. (site 2)

The Ministries have provided little direction to the Project for operationalizing just what "integration" entails, resulting in a lack of real integration of the service sectors involved. (site 2)

Early on, staff and service providers felt that integration should be defined more clearly by the Government. There was an assumption that the Government has a definition of integration in mind and if only the site could tease it out of them, everything would be fine. However, Government representatives claim they are looking to the sites for their own definition. This has been a cause for some sarcasm. In grappling with identifying programs for Schedule A, service providers, staff and residents finally threw up their hands in dismay and decided to get on with the programming rather than go around in circles trying to figure out how to integrate. "Stop worrying about the word and get on with it." Even as late as February 1993 when the Project Coordinator and two service providers went to the Quality Circle on Integration, the message was that the Government also did not know what integration really was and was looking to the sites for answers. (site 4)

The most evident obstacle is the lack of a common understanding of what integration entails beyond the general view of 'sharing resources'… Staff and service providers also expressed frustration with the government for not providing specific guidelines about "how to integrate". (site 6)

Government funders have to be more involved and demand more accountability. … One question I would ask is "who is working in that community? Do they all need to be there? Are they overlapping…?" … someone could say to us, someone meaning government, … "what you're doing, home visiting or whatever, is wonderful… but all of this is already going on. How would you feel about moving to another area?" and we would say "let's look at that…" but nobody ever says that. (site 6)

[Because of] the lack of guidance about what is expected … the Agency working group spent a lot of time trying to define an integration model.… (site 7)

It is clear from these excerpts that there was some frustration among project participants at the lack of direction, guidelines, clarity and expectations for service provider involvement. Some sites clearly felt that the government role should have been to make this clear. However, the absence of similar concerns at the other four sites suggests that some sites did not have the same expectations of the government.

5.2   Lessons About What Worked Well

Importance of Interpersonal Relationships. Considering the limitations imposed on organizational collaborations by issues such as divergent agency mandates, limited resources, differing organizational priorities and contrasting ways of working, it is not surprising that most sites stressed the importance of good interpersonal relations based on mutual trust and respect as a key factor to working effectively within these constraints:

> …it's not a procedure but I think it's working on relationships... it takes time... where you can grow to a point where you can feel ... comfortable and trusting of the other person. (site 2)

> One ingredient which seems necessary is the personal commitment of individuals, regardless to which group they belong. Certainly one key to the success of involving service providers is the role of agency staff. In this project, the most successful agency involvement has occurred when there has been one or more persons within the organization who are highly committed to the project, and share the principles and philosophies of the project, not only professionally, but personally as well… It is also important that the person who is committed has sufficient influence, authority or status within their organization to withstand the resistance or lack of support from others in the organization to their involvement. (site 3)

> Among the many possible, the particular person chosen to participate was important. The willingness and ability to work as a team member with Better Beginnings and the status of that person within his/her organization influenced the part that organization played. (site 4)

> Residents have developed a greater level of trust in those service providers who already work closely in the neighbourhood. (site 4)

> Better Beginnings is not just a thing…it's the people involved…getting to know people and developing trust.… I have developed friendships and trust, even on a personal level. (site 5)

> Beyond this it is important to note that **the people** from the various agencies likely makes the biggest difference. There is no doubt that the personal qualities of the people involved are quite important. The relationship building that has occurred between service providers and community residents, between the service providers themselves and between staff and service providers and community residents has been a cornerstone of the success the project, thus far. (site 5, emphasis original)

Service providers who are recruited should not just be there to represent their agency but should have a genuine interest in [Better Beginnings]. Upper management level representatives who can exercise more influence in their respective organization might be required on the [board] or Resource Groups to facilitate integration. (site 6)

One of the procedures which was most productive seemed to be the availability of qualified and competent agency representatives who lived in the community and who were genuinely interested in community development. This reinforced their sense of belonging and facilitated the contacts between the agencies and the community. This reality fostered a stronger commitment to the project given the fact that they are not only working for their agencies but for their own communities. (site 7)

… community residents have developed a higher level of trust with the agency representatives who are working with them, because they are the ones who know the residents best. (site 7)

Time and Process. The importance of interpersonal relationships also led to a recognition of the importance of allowing sufficient time, for integration to evolve and the need to focus on process:

… relationship building among all stakeholders requires a great deal of time and effort. (site 2)

Trust takes time to build and involves going slowly and gently. (site 4)

… integration is seen as both an outcome and an ongoing process.… How … relationships are formed and maintained is also seen as integration. (site 4)

There are some general things that have been expressed over and over about what people involved in the … project have learned. The one that is the most obvious has to do with the **amount of time** that it takes to develop a project such as this. Many people, both from agencies and from the community, wanted to see "programs" much earlier in this project's development. However, in reflecting back, many people have commented on how important it was to take the time to involve the many community and agency people in the planning. There are some particular reasons why people felt this was worth it. Developing trust is highest on the list; learning new ways of doing things; and, community people and agency people "really" working together. (site 5, emphasis original)

It takes a long time for agencies to establish new ways of working together because it requires taking some risks and losses, for the benefit of the community. It takes time for service providers and residents to learn to work together on an equal footing. (site 6)

The process of establishing working relationships is valuable in itself and it has lasting beneficial effects on the community. (site 6)

> [This project] affirms my belief that often the process is the product; that setting up a drop-in or a home visiting program or parent relief or whatever is not as important as getting people together to figure out what is needed and how to do it. That process is the real product. … that has been as valuable to the community and the individuals as the actual services and programs. (site 6)

> Since the beginning of the project, most of the people involved, knew that it would take some time before the work methods of the agencies would change in order to respond more effectively to the needs of the community. (site 7)

Connection and Commitment. Three site reports expressed the viewpoint that agencies with existing ties and commitment in the demonstration communities had advantages in finding common ground with the Better Beginnings projects:

> Participation patterns would indicate that those agencies that have remained "the most" involved are those both located within the site and those who are already involved with families and children in the site. (site 5)

> A couple of people mentioned that another factor that encouraged some local service providers, in particular, to participate was a shared history with [Better Beginnings] staff or other service providers.… The established ties between participants and a shared philosophy of the community encouraged some individuals to stay involved. (site 6)

> The differences in levels of participation are most often due to geographical reasons. Such is the case for the … Centre and the … Society, which are situated on the [Better Beginnings] sites and therefore have contributed quite actively to the project. (site 7)

Role of Better Beginnings Staff. The pivotal role Better Beginnings project staff played in facilitating service provider participation was noted in a couple of site reports:

> The project coordinator has played a very important role in facilitating service provider involvement. One example was when she made it a priority to include the city's recreation department in the project. This came directly from her understanding of the importance of recreation in primary prevention. (site 3)

> Staff also facilitated service provider involvement. Staff played a key role in recruiting service providers to participate in the [Board] and [Resource Groups]. The [community development] worker and other supervisory program staff also initiated dialogue with agencies when they saw an opportunity for a collaborative project. Staff have also done presentations at various useful in involving service providers in the Project is not a formal mechanism or procedure, but an emphasis placed on developing and nurturing relationships. (site 6)

Role of Community Residents. Three sites specifically mentioned issues around the role and involvement of neighbourhood residents in the development of the project and the involvement of service providers:

> Another important factor in successful involvement of agencies is the role of neighbourhood residents. Neighbourhood residents play a key role in identifying the priorities for the community. When agencies are recruited in response to these priorities, the community is more likely to be receptive to and understanding of the agency's place in the community, and will be less likely to sabotage or resist the agency's involvement. (site 3)

> There is now a realization that if more time had been taken for community development early on, for professionals and residents all get to know one another, many of the blocking issues would not have arisen and the project would have been more community-driven in the program planning phase. (site 4)

> … there remain many lessons to be learned and there are still some concerns. One of the concerns that continually comes up is: "how do we keep people in the community involved"? There is a constant concern that the project could easily become "just another agency". (site 5)

At site three, the inclusion of community participation is clearly articulated as a key ingredient in the understanding and achievement of integrated service provider involvement:

> The best integration starts with the community. The Better Beginnings, Better Futures project is based on two key principles: community involvement and service provider integration. It is clear from the experiences in this project that realizing these two principles has started with meaningful community involvement. Deliberate decisions were made early in the project to prioritize the involvement of neighbourhood residents. With this priority has come the discovery that effective service provider involvement has been maximized, rather than diminished. Indeed, it could be argued that the involvement of agencies is most effective when it is a byproduct of meaningful, widespread community participation. The community can determine the needs, and therefore the terms under which service providers will be involved. When this occurs, the chances of that involvement being successful are greatly increased. When the community is not involved first, the reverse is true: the community is uncomfortable with agency involvement, and may resist it. True integration is not just an exercise in combining the services of particular agencies, but rather is the way in which those services are combined from the experience and perspective of those who receive them. Agencies may integrate their services in what they perceive to be a whole unit, but it is only integrated when the person who uses the services perceives them as an integrated whole: when the services "make sense" and "fit".

Specific Structures. There were a number of specific, structures were described as being important in successfully involving service providers. First, two sites mentioned that small, task-

focussed groups in which both residents and service providers participate was a useful structure to facilitate service provider involvement in program development:

> Small, program-focussed teams provide an excellent context for neighbourhood and agency partnerships to develop. The project's program teams provided a context which legitimized the roles of both neighbourhood and agency participants. It also gave participants more flexibility, opportunities to develop relationships, and the chance to use their own expertise. (site 3)

> The type of process that works well is the use of small, fairly informal task groups. Some structure is needed to promote involvement, collaboration and a balance between resident and service provider contribution to the project. (site 4)

Two sites also mentioned that specific attention to the types of representatives from different agencies was necessary to promote in service provider involvement:

> Integration starts with management level staff, but needs to include frontline staff as well. The commitment and participation of management level staff was important in bringing credibility to the agency about the project and the practice of primary prevention. Eventually, however, management staff were not enough. Frontline agency staff had to become involved as well, in order to begin integration not just at a conceptual, planning level, but at a service delivery level as well. (site 3)

> People on the top must let the front line workers be part of the decision making process. They know what the community's needs are... They are the ones who need to shake their bosses. (site 7)

5.3 Overview of Lessons in Service Integration in Better Beginnings, Better Futures

All of the seven demonstration sites confronted the limits to voluntary collaborations between service organizations in the Better Beginnings, Better Futures demonstration projects. Basically, the projects had to respect the autonomy of existing service organizations and to accommodate to power differentials between Better Beginnings projects and usually larger and established organizations.

Specific constraints to organizational collaborations included: agency mandates being largely incompatible with Better Beginnings mandates; neither individual participants nor involved agencies having clear guidelines about how they should participate in Better Beginnings; very dissimilar policies and working procedures between Better Beginnings and some collaborating

organizations; differing expectations and difficulty in communication between various organizations and Better Beginnings; financial concerns about access to resources and stability of funding.

Some agencies ceased participating in Better Beginnings when they realized they could not enhance their resources from the Projects' budgets, while other agencies left because Better Beginnings did not seem relevant enough to their mandates. Four sites described problems with existing organizations - usually child welfare agencies - participating in Better Beginnings because their mandates were perceived as being incompatible with project values. On the other hand, at one site, despite similar challenges, a child welfare agency developed a very positive relationship with the Better Beginnings, Better Futures Project. At most sites difficulties were caused by a lack of clarity about the nature of integration or how to put it into practice.

Organizational collaborations in Better Beginnings, Better Futures took place within quite clear limits to what could be achieved under the best of circumstances. Within these constraints, many innovative collaborations took place through Better Beginnings, usually focussed on specific elements of prevention programming. Given the available options to foster organizational collaborations in Better Beginnings, it is not surprising that the personal attributes of participants and a focus on relationship building processes were identified as key ingredients for effective collaborations in most site reports. It was seen as important that representatives from existing agencies participating in Better Beginnings, Better Futures have a strong commitment to prevention as well as to the host communities. It was also necessary to invest substantial time in building positive working relationships and trust between existing service providers, Better Beginnings staff and community residents. Most site reports also commented on the desirability of involving representatives from service organizations who had enough authority to make decisions on behalf of their organizations or who had sufficient influence to move decisions through their organization.

At three sites, it was felt that local organizations or organizations with a history of working in the host communities had an easier time participating in Better Beginnings. Similarly, two sites highlighted the pivotal role project personnel played in facilitating organizations' participation in Better Beginnings. Finally, three sites mentioned that the involvement of community residents was

important in building partnerships between service organizations and Better Beginnings communities.

Service integration in Better Beginnings, Better Futures can be described, referring to the integration literature reviewed in the beginning of the report, as a combination of voluntary and mediated integration. Service organizations maintained their autonomy and decided whether to participate in Better Beginnings. The Better Beginnings projects themselves were the mediating structures for integration at most sites. Project programs and administration were the contexts within which integration took place and project personnel and resources provided the drive to integrate.

Better Beginnings, Better Futures enjoyed some of the advantages associated with more successful integration projects in other settings. These defined the limits of what could be expected from service integration in this project. Better Beginnings integration strengths included a focus on local communities as well as upon programs and services. Involving community residents with service providers and project staff and emphasizing the development of trusting relationships and an evolving process can also be seen as advantages.

On the other hand, Better Beginnings, Better Futures worked without access to control over the resources or mandates needed to provide serious incentives for other organizations to integrate. As a result, the projects reported a heavy reliance on personal commitments and relationships as well as shared values and goals as integration tools.

On the continuum of service integration outlined for this report, service provider involvement in Better Beginnings, Better Futures are best seen as examples of service coordination and service collaboration. Involvements were voluntary, focussed on specific programs and required few changes in how existing organizations worked. If a move towards integration as defined on the continuum is desired in future initiatives, then attention will have to be paid to control over funding and legal mandates as incentives to integrate. Private and public institutions cannot be expected to voluntarily relinquish their autonomy. Similarly, service integration will not be extensive without integration among the government ministries that provide funds and establish mandates for the service organizations and their concerted participation in the integration process.

To understand the Better Beginnings, Better Futures experiences, it is important to remember that Better Beginnings was not solely a service integration project. Better Beginnings demonstration projects had to balance at least the following substantial undertakings - fostering service integration, community development and empowerment, resident involvement in the project administration and programming, creating high-quality prevention programs, and building a new service organization. These requirements were not always compatible and this made decision-making in Better Beginnings, Better Futures a complicated balancing of different priorities.

Notwithstanding these challenges, it is clear that Better Beginnings, Better Futures has been successful in bringing many new prevention programs into communities and in initiating a wide variety of well-received linkages and partnerships between service organizations. These positive changes would not have taken place without Better Beginnings, Better Futures.

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