

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

**Summary Report
April 1995**

Jim Vanderwoerd
Gary Cameron
Ray DeV. Peters

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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

1.1 Background and Methodology

In the gathering darkness of a winter afternoon in January 1990, 30 or so people filled a crowded meeting room in a church basement. Although for most the regular work day was done, these people had come to hear for the first time about a new initiative from the provincial government. The participants represented a diversity of health, education and social services organizations in the local community. Filled with curiosity, excitement, and hope, they began to plan how they could respond to this project called Better Beginnings, Better Futures.

This event was matched by similar gatherings in more than 50 communities across Ontario. Attendance at these gatherings was representative of one of the key prevention principles of Better Beginnings: the integration of organizations providing health, education and social services to families and children in local communities.¹ The eventual selection of nine communities (which later increased to twelve) marked a significant phase in the government's plan to develop an “integrated model for primary prevention.”

This report describes the experiences of participants in the seven urban Better Beginnings demonstration sites as they developed ways to involve existing service organizations during the first two years (January 1991 to March 1993) of project implementation. Information in this report is drawn from individual site reports from the seven urban communities. These site reports were prepared by local researchers, who gathered information by taking field notes, by observing activities and interviewing project participants, as well as reviewing relevant documents in each site. This report is a summary of a larger report, to which readers may wish to refer for more detailed information.

The report starts with a look at what others have written about service integration in order to place the experiences from Better Beginnings within a broader context and to permit comparisons. Then, the early visions at the sites for involving service providers will be described, as well as how these ideas evolved once project implementation began. Next we will look at what kinds of service organizations have been involved, how they were represented, and why they became involved. A longer discussion then follows on how service organizations were involved,

¹ All of the sources used are included in the reference section. We have not included citations in the text in order to reduce length and to increase ease of reading. However, these individual references are included in the main report.

both in the design, and in the delivery of Better Beginnings programs. Finally, we identify some of the challenges which participants confronted as they implemented service integration at their sites, as well as the lessons identified by participants for doing the job well. We conclude with some of our own interpretations about service provider involvement in Better Beginnings, Better Futures.

1.2 What Have Others Said About Service Integration?

What is Integration? Attempting to discuss integration leads first to the question, “What is integration?” This question is not answered clearly in the literature. Many different terms are used to describe similar topics. The most common is *integration*, but we also found references to *coordination*, *collaboration*, *social partnerships* and *interorganizational relationships*. After her review of the literature on coordination, Janet Weiss aptly concluded that:

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.

Despite the difficulty in coming up with a clear definition of *integration*, there are some basic ideas which most authors agree should be included:

- two or more independent organizations working or joining together in some way;
- pooling or sharing resources, including staff, money, information, expertise, space, and equipment;
- a focus on the whole person; in other words, that services address all of people's needs, not just some of them;
- organizations coming together to solve problems which none of them could solve alone;
- identifying and developing common goals;
- the establishment of a new organization to provide integrated services, or a new structure to assure that the services provided by other organizations are integrated.

For the purposes of describing the Better Beginnings, Better Futures experiences with service organizations, it will be useful to identify three different approaches to service organizations working together:

- (1) **Integration:** The consolidation or merger of all or part of separate service units. 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. This can involve setting common goals, sharing of staff and other resources, participating on joint structures to plan and monitor common activities. However, each participating organization maintains control over decisions about how it will participate.
- (3) **Cooperation:** A set of organizations exchange information and discuss problems, activities or programs that are of common interest. Each organization acts autonomously.

Why Integrate? The most common argument for service integration is the perception that existing service networks are excessively fragmented without the capability of responding in the flexible, coordinated, or comprehensive ways that people need. Several authors highlight a range of difficulties that arise from this excessive fragmentation of services including inefficient use of resources, too much bureaucracy, lack of accessibility, and poor responsiveness and flexibility. Integration is presented as a solution for many problems. The assumption is that services which are considered inadequate can be improved by integrating them.

Approaches to Service Integration. There were few specific references to what kinds of people or organizations should participate in integration. Most discussions suggested the value of including participants at a number of levels:

- (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 members who use the services.

There were few specific discussions about the role of people who actually use services in the process of integration. The most extensive investigation was a review of 32 integration projects in the U.S. in the early 1970s. They found that there was some kind of participation by service users in more than 60% of the projects, and concluded that their participation "...achieved positive, creative solutions to service delivery problems".

Several authors have suggested three approaches to integration:

- (1) **Voluntary Integration** - 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 organization controls its own services.
- (2) **Mediated Integration** - a set of organizations are 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) **Directed Integration** - One organization has a mandate, often with legal and funding authority, to direct the integration of a set of organizations. This organization has the authority to impose decisions on participating organizations. Typically, the coordinating organization does not provide services but is devoted exclusively to coordinating activities.

Most schemes for service integration focus on linking direct service organizations. Charles Bruner, however, provided a plan for state/provincial governments to implement integration. His plan describes collaboration moving through three phases, or “generations”, each of which necessitates different activities and mechanisms. In the **first generation**, 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 generation** involves the selection of a number of communities to develop models to try out the plan. In the **third generation**, the experiences and lessons from these communities are used to design ways to implement integrated projects on a greater scale.

Obstacles to Service Integration. Many authors identified barriers to achieving integration from which we extracted six common obstacles:

- (1) conflicts based on professional specialization;
- (2) lack of a clear vision or idea about integration;
- (3) difficulties in building relationships, developing trust, and conflicts in values;
- (4) the resistance of existing organizational, administrative, financial, and legal structures and procedures;
- (5) the amount of time and effort integration takes, and the need to develop an appropriate process;
- (6) struggles around control and roles.

Lessons from Service Integration Projects. The flip side of all these is that others have learned valuable lessons about how to implement integration projects. However, interpreting the conclusions drawn in the literature about what worked well in various service integration projects requires some 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 to the Canadian context. Nevertheless, some of the key lessons included:

- the importance of keeping the control over decision-making and resources as much as possible at the local level,
- allowing sufficient time and process,
- giving priority to establishing common goals and values,
- active participation and support from frontline workers,
- concentrating integration efforts at various levels,
- ensuring there are sufficient incentives and benefits for all participants,
- concentrating funding and authority within one structure,
- not overemphasizing the system at the expense of services,
- keeping the focus narrow and manageable,
- building in regular feedback and evaluation.

What Has Integration Achieved? The rationale for service integration and its popularity for politicians, administrators, funders and direct service providers suggests a great deal of promise for what integration could achieve. Unfortunately, as one author 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 our review of the literature is that there is insufficient evidence to judge to what extent integration can improve service effectiveness, cost effectiveness, fragmentation, lack of accessibility, or any other claims. Most of the reviews of research evidence are either inconclusive, or worse, suggest that integration may actually increase costs and decrease service efficiency and effectiveness. There are some isolated examples of more positive findings. Unfortunately, the many unanswered questions about these examples are more of an indication of the need for increased efforts to adequately evaluate integration efforts than a proof of integration's effectiveness.

Implications for Better Beginnings. The basic message for understanding efforts at service integration in the Better Beginnings projects is that service integration has proved to be a very complicated and quite ambiguous undertaking in many settings. The information from the literature on obstacles and factors contributing to more successful implementation will be helpful in understanding the Better Beginnings experience. Given the state of knowledge of the nature and effectiveness of service integration, this investigation of Better Beginnings has the potential of making a useful and original contribution to our understanding of service integration.

2.0 VISIONS FOR SERVICE PROVIDER INVOLVEMENT

There were clear expectations from the government funders that service providers should be involved in the Better Beginnings projects to provide prevention services in a more integrated way. This section of the report explores the vision about service provider involvement, and how these ideas changed from the time the proposals were submitted until March 1993. The focus will be on what participants wanted service provider involvement to be. What actually transpired is discussed later.

2.1 Early Visions: Ideas About Integration During Proposal Development

The original proposals contained ideas about both the role of service providers and the structures which would facilitate their involvement. Two specific roles were identified. First, service providers would have a role in the management and administration of the projects. To facilitate this role the preferred strategy was having service providers involved as members of boards, steering groups or committees:

... 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).

The other role envisioned for service organizations was as providers of services. The mechanisms to facilitate this role were more varied and complex than for the management role. Two sites (3, 5) suggested that more important services would be provided by a group of primary agencies who would also have a role in project management, while services which were considered less important would be provided by a group of secondary agencies. In one of these sites (5), the primary agencies would provide their services from local neighbourhood centres. A third site (6) proposed a team of agencies which would jointly plan and provide services in order to reduce gaps and increase access. According to this site's report,

[t]he 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 metro-wide agencies/organizations, 2 political institutions representatives, and residents. The team would be responsible for managing the project and hiring staff to deliver programs (site 6).

Another site's (2) idea was to have the project act as a broker, purchasing the services of various agencies on a fee-for-service basis. Most site proposals included broad suggestions around sharing of resources such as space and staffing, but with little detail.

There were few references to the role of community residents in these original ideas about service provider involvement. Four site reports (1, 3, 4, 5) specifically mentioned community residents as essential participants in the service integration process, but these references were not detailed. At one site, for example, the principles for service integration included, "...participant empowerment and a community practice/community development approach" (site 4). At another site, integration was described as, among other things, "...agencies and neighbourhood residents participating together in the management, decision-making and administration of the project" (site 3).

It was clear that efforts to envision an integration plan in the original proposals were made difficult by a lack of understanding about the concept. Four sites (3, 4, 6, 7) reported such confusion; in two of these proposals (4, 7), this hampered the ability to produce a clear plan about what service provider involvement would look like.

2.2 Evolving Visions: How the Ideas about Integration Changed

As the sites developed between 1991 and 1993, there were refinements and additions to the visions of service integration presented in the original proposals. More sites began 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. One site (6) defined integration as "making shifts in how agencies operate", while site five suggested that integration was when "two or more agencies come together to work toward a common goal". In addition, at two sites (3, 4) integration was described not as a definable state to be achieved, but as an evolving process that was much more elusive.

The inclusion of neighbourhood residents became a more important consideration during project implementation. Nearly all the sites included some mention of resident involvement in their discussions of service provider involvement. At most sites, residents and service providers

worked together to develop programs. In at least five sites, resident involvement was viewed as being an important part of the vision of integration:

...real examples of integration would be generated at the grassroots level (site 4).

[Integration is] a once in a lifetime opportunity for agency people and community people to join forces to make things better for kids... It is an opportunity for integrated agencies and the community to speak with one voice to address problems as we see them (site 5).

These new ideas [about integration] only serve to illustrate the desire to solidify the partnership with the community and to render this partnership more effective (site 7).

In one site (3) the view was taken that effective service provider involvement can only happen when resident involvement happens first:

Integration is understood to include more than just the activities and behaviour of service providers. ... 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.... 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"... 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.

Some sites also spoke of integration and service provider involvement in terms of planning services from the perspective of those who receive and use the services.

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 (site 3).

[Integration alone] 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 (site 4).

2.3 Two Visions of Integration

At all of the sites, the work of Better Beginnings, Better Futures was done under the auspices of a new organization set up with the use of Better Beginnings funds. However, there were two different approaches to involving service providers in the projects.

Hub and Spokes Vision. The most common approach can be called the hub and spokes model. Five site reports (1, 2, 3, 5, 6) described integration in such a way to suggest the hub and spokes model. For example, one site (6) reported 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).

In this model, the Better Beginnings project is the primary context for integration activities. Other organizations are linked into the project individually, but connections between outside organizations independent of the project are not included in the integration vision. The project has the primary responsibility for implementing integration, and other organizations participate with the project in specific activities. Interagency links may occur as a result of involvement in the project, but these are viewed as byproducts, not expected outcomes, of integration.

Web Vision. Two sites (4, 7) described their vision of integration as clearly different from the hub and spokes model. In what can be called the web model, the project is viewed as one among many different formal and informal organizations linked together by common goals. In one site (4), for example:

Integration 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 (site 4).

In another site (7), discussions about integration led to participants thinking of examples of what they meant by integration. As described in the site report:

Many people tried to use examples of cases where two or three agencies had managed to collaborate on specific projects (site 7).

In the web model links between organizations outside the project are seen not as byproducts of what is happening in the project, but as expected outcomes of integration.

3.0 TYPES OF SERVICE PROVIDERS INVOLVED

Holistic and comprehensive prevention programs necessitate the participation of service providers with expertise in many different areas. Organizations representing many service sectors participated in the local Better Beginnings projects. This participation was identified as being primary if an organization was involved in one or more of three ways: (1) membership on the sites' major decision-making body (i.e., committee, association, board, steering group), (2) significant involvement in the planning and delivery of two or more components of the overall program, and (3) a role as the sponsoring agency for the project.

Primary and Secondary Involvement. There was an average of seven organizations identified as primary organizations in each site (see Table 3.1). The sectors which were represented - health, education, and social services - are all ones which received funding from the three provincial ministries which fund Better Beginnings. There was also primary participation from other sectors, including housing, multicultural services, and recreation. Reflecting the two age foci of Better Beginnings, younger cohort (age 4 years and under) sites had greater involvement from preschool and daycare organizations, while older cohort (age 4-8 years) sites had greater participation from public and separate school boards.

Many agencies were also involved at a less intensive or secondary level. These included a variety of cultural and ethnic services; clinical treatment services; community groups such as tenants associations, support groups, and advocacy groups; housing services; police departments; employment organizations; and parks and recreation departments.

One site (7) had a unique structure for accommodating a broader range of organizations. At this site, a group was established to increase support for the project during the proposal development stage. The group consisted of high-level representatives, including the mayor and the chief of police, from the larger metropolitan area in which the specific Better Beginnings community was located.

Table 3.1 Primary Agency Involvement by Site in Better Beginnings

| * | Agency | <i>younger cohort sites</i> | | | | <i>older cohort sites</i> | | |
|-------------|---|-----------------------------|-----|----|---|---------------------------|----|---|
| | | 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 o H | public health department | ✓ | ✓ | | ✓ | ✓ | | |
| | 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 | |

Service Providers *Not Involved*. Site participants also commented on service providers who they felt should be involved but were not. This included recreation services, housing, police, food banks, a variety of women's support services, youth services, child welfare, schools, cultural groups, and mental health services. In addition, responding to the expectations in the original Better Beginnings guidelines, all of the sites reported little direct involvement by local representatives from any of the three funding ministries.

Types of Representatives. All of the sites reported a mix of representatives ranging from frontline staff, to middle management or supervisory staff, to upper management and executive directors. A pattern at several sites was that management representatives were more involved than frontline staff at the beginning stages of the project. Some sites specifically sought to increase the participation of frontline staff in order to provide more input in programming decisions and greater connections with service users. However, several site reports also expressed support for maintaining management participation to provide greater influence and decision-making. Some sites struggled with how to ensure a mix of agency representatives which was in the best interests of the project. This was especially difficult when decisions had to be made about replacing representatives.

Motivation. The reasons why service organizations became involved did not change substantially since the proposal development stage. These included shared values and philosophies, personal commitment, the availability of resources, and the congruency between agency and Better Beginnings priorities or mandates.

Important factors in becoming involved were agency representatives' strong sense of personal commitment as well as the fit between Better Beginnings and agency priorities:

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

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).

Some service organizations had more specific reasons for becoming involved. For example, a public health department became involved in one site (6) largely because of its commitment to home visiting, which was a central feature of Better Beginnings at this site. Some sites also reported that service providers became involved specifically because of their commitment to the community where the Better Beginnings project was located:

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

Many site reports also mentioned that the role of individual representatives was critical to the involvement of particular organizations:

... 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 [ie., individuals from these service providers] 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).

Opportunities to obtain funds for their agencies, enhancements to their programs and other resources were also important as motivating factors for service provider involvement. Finally, project staff and other committed participants played a key role in actively recruiting organizations to participate in the project.

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

This section describes the ways in which service providers were involved in the design and delivery of Better Beginnings prevention programs. Since the organization and management of the Better Beginnings projects is the subject for an upcoming report, less attention is paid here to the role of service providers in project administration.

4.1 Involvement in the Design of Better Beginnings Programs

One of the most common ways for service providers to be involved was to provide their expertise as consultants and advisors for the development of the various programs. Six of the sites reported that service providers participated - often in partnership with project staff and community residents - in working groups to guide the development of various program elements (e.g., nutrition, home visitors, childcare, classroom enrichment). For example:

... 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).

At four sites, however, there were suggestions that the role of service providers in developing the programs declined somewhat 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. Four sites reported that agency representatives became more removed from the program development process as the number of Better Beginnings' staff positions increased.

4.2 Involvement in the Delivery of Programs

There was a great deal more variety in the ways that service providers were involved in the delivery of Better Beginnings programs than in the ways that they were involved in the design of programs. Table 4.1 shows the patterns of service provider involvement in the delivery of prevention programs at the Better Beginnings, Better Futures demonstration sites.

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

| | Better Beginnings Enriches Existing Programs by: | | Site Specific Methods: | | Cooperation Creates New Programs | Agencies Enrich Better Beginnings by: | | | |
|--------|--|---------------------|------------------------|---|----------------------------------|---------------------------------------|-----------------------------|---------------------------------------|----------------------------------|
| | Access to space, Auspices | Providing Resources | Purchase of Services | Outside Agency Delivers Core Better Beginnings 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 | +/? | ? | 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.

Bringing Existing Programs into the Better Beginnings Community. Four sites brought outside services into their projects by offering them access to space or by using the Better Beginnings name to attract program participants. For example:

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

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 (site 3).

Existing Organizations are Enhanced to Deliver Core Better Beginnings Program(s).

Although most Better Beginnings projects offered their programs directly, one site (5) took a unique approach. Better Beginnings resources were used to provide core Better Beginnings prevention programs under the auspices of existing organizations:

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.

Existing Programs are Enriched by Better Beginnings Resources. Four sites reported efforts to supplement existing programs by providing Better Beginnings resources or personnel:

... with Better Beginnings funding to fully cost the program, [a resource centre] has been able to enhance its Mobile Toy Lending Library service for the residents of the Better Beginnings area (site 4).

[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 (site 6).

New Programs Created by Cooperation Between Better Beginnings and Other Organizations. At three sites, new prevention programs and activities have been created through active partnerships between Better Beginnings and other service organizations:

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 supplies 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).

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).

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).

Case Management Across Organizations. Two sites described active collaboration at the level of helping individual children and families:

The collaboration of all the family, social or psychological service 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's contribution goes beyond administration and management, however. The agency has also participated in the development of the family support programs offered through the project. As part of this program, the 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).

Existing Organizations Enhance Better Beginnings Programs. Five of the seven sites reported that staff from outside organizations had been used in a meaningful fashion to provide training and/or consultation to Better Beginnings programs. For example:

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 and Health Department 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).

Many community agencies and organizations have been involved in the orientation and training of [project] staff and [board] 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 ..., home care services and the like (site 5).

[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).

Enrich Better Beginnings by Providing Space, Resources, and Equipment for Project Activities. Another common way (1, 3, 4, 5) in which service organizations were involved was for them to provide concrete resources to help the Better Beginnings projects run their activities and programs:

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).

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).

Enrich Better Beginnings by Undertaking Supervision of Program Staff or by the Secondment of Personnel to Programs. Finally, two sites suggested that Better Beginnings program staff were being supervised in partnership with external agencies. For example, one site described that:

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).

Another site (4) described a similar example. As well, site four also described two examples where staff from existing organizations were seconded to Better Beginnings to assist with their programs.

Involvement in the Administration of Better Beginnings Programs. Existing service providers were described as actively involved in Better Beginnings project administration by participating on boards of directors and sub-committees at all sites. These professionals were involved in hiring Better Beginnings project staff at most sites. As well, host organizations received and managed the funding for the Better Beginnings programs in all seven sites. However, involvement by service providers in administration of specific programs was less common. In four sites, service provider representatives were active in training Better Beginnings program personnel and, at one site, an external agency delivered and managed a central Better Beginnings program element. There was some external or joint supervision of Better Beginnings program staff reported at two demonstration sites.

Balance Between Service Providers, Project Staff, and Community Residents. There appeared to be fairly distinct roles for service provider representatives and project staff in some sites. In these sites, project staff tended to be more involved in daily program activities, while service providers often served as consultants and advisors to program development. One site reported difficulties between project staff and service providers because of unclear roles and poor communication. Three sites voiced concerns that community residents were not active enough in developing Better Beginnings programs, while two other sites described a much more active role for residents in relation to service providers.

Overall Service Provider Involvement Patterns. Table 4.1 shows that there was no common pattern of service provider involvement across the seven demonstration sites. Overall, three broad patterns were observed:

- (1) use of multiple methods of working together resulting in substantially more instances of working together in the delivery of prevention programming (sites 1, 3, 4, 5);
- (2) use of relatively few methods of working together (site 6); and
- (3) very little organizational collaboration reported in the delivery of prevention programs (sites 2, 7).

Of the four demonstration sites mandated to focus on younger children, three (3, 4, 5) reported multiple methods of working together and one (6) the use of a few methods. Of the three sites mandated to focus on primary school children, two (2, 7) reported very little organizational collaboration in the delivery of prevention programs, while one (1) reported using multiple methods of working together.

5.0 SERVICE INTEGRATION LESSONS

A tremendous amount of effort has gone into involving existing service organizations in the development and delivery of local Better Beginnings, Better Futures programs. These experiences add to our understanding of how to involve service providers in local projects. In this section, the lessons for successful service integration which participants in each of the seven sites identified, as well as the challenges they experienced as they implemented their programs, are summarized. Finally, the Better Beginnings, Better Futures experiences are compared to the patterns and lessons highlighted in our review of the service integration literature.

All of the seven demonstration sites provided clear illustrations of how they confronted the limits to voluntary collaborations between service organizations. The Better Beginnings projects had to respect the autonomy of existing service organizations and to accommodate to power differentials between the prevention projects and often larger and established organizations.

Specific constraints to service integration efforts included: agency mandates being largely incompatible with Better Beginnings mandates; neither agencies nor their representatives having

clear guidelines about how they should participate in Better Beginnings; dissimilar policies and working procedures between Better Beginnings and some collaborating organizations; differing expectations and difficulties in communication between various organizations and Better Beginnings; financial issues such as access to resources and stability of funding.

Some agencies stopped participating in Better Beginnings when they realized they could not enhance their resources from the project budgets, while other agencies left because Better Beginnings did not seem relevant enough to their mandates. Four sites (3, 4, 5, 6) 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 (3), despite similar challenges, a child welfare agency developed a very positive relationship with the Better Beginnings, Better Futures project. Three sites also experienced difficulties from a lack of clarity about the nature of integration or how to put it into practice in Better Beginnings, Better Futures.

Service integration in Better Beginnings, Better Futures took place within some quite clear limits to what could be achieved under the best of circumstances. Within these limits, many innovative collaborations took place through Better Beginnings, usually focused on specific elements of prevention programming. Given the available options to foster service integration in Better Beginnings, it is not surprising that the personal attributes of participants and the relationship building processes were noted as key ingredients for effective collaborations in most site reports. It was considered important that representatives from 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 service providers, Better Beginnings staff and community residents. Most site reports also commented on the desirability of involving representatives from key service organizations who had enough authority to make decisions on behalf of their organizations or who had enough influence to move decisions through their organization.

At three sites (5, 6, 7), 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 (3, 6) highlighted the pivotal role project personnel played in reaching out and

facilitating organizations participation in Better Beginnings, while three sites (3, 4, 5) 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 is best seen as examples of service coordination and service collaboration. Involvements were voluntary, focused 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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