How Are the Voices of Parents as Clients Engaged and Incorporated into Multidisciplinary Collaborative Practice within the Family Resource Program Model of Service Delivery?  
A Case Study

by

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ABSTRACT

The shifts in human services re-organization in Canada, and in particular the strategic shifts outlined by the Ministry of Children and Family Development in British Columbia have underscored the importance of the inclusion of communities, service users and parents in service planning. This qualitative case study explores the involvement and participation of parents as clients in multidisciplinary collaborative practice within the family resource program model of service delivery. Data was collected using semi-structured individual interviews and a document review at two sites. A thematic analysis generated major findings in two areas, 1) the framing of multidisciplinary collaborative practice and parent inclusion by the organizational milieu; and 2) the influence of service contracts, organizational policies and procedures, and work-place relationships on the service approaches. The study includes recommendations for policy and practice, suggested for funding bodies, multi-service community-based agencies, and family resource programs, and recommendations for additional research.
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CHAPTER ONE: OVERVIEW

Introduction and Rationale

Recently Canadian researchers within the Human Services field, and in particular, the child welfare sector, have articulated the growing need to integrate services in a delivery system that better fits the needs of consumers/clients, and builds upon individual and organizational strengths. Barter (2000) writes of the need to go beyond the rhetoric of family strengthening to "community building" (p. 59), where the child welfare system and practitioners look at parents, families, youth and children as critical resources and partners, and need to operate "on the understanding that individuals, families, and communities understand their own needs" (p. 65).

In the Province of British Columbia at this time, the Ministry of Children and Family Development has outlined strategic shifts for the next few years to enable communities to develop and deliver services with a consolidated, comprehensive community-based service delivery system, and to promote "family and community capacity to protect children and support child and family development" (British Columbia Ministry of Children and Family Development, 2001, p. 1). Specifically the Ministry's report suggests the need to engage in a different dialogue and ask "how could clients be included in discussions about ways to build family and community capacity?" (p. 15). One of the strategies suggested is the proposal to engage families in planning for their children, and "supporting families in developing their own appropriate plans to nurture their children and prevent risk and harm" (p. 15).

With changes in funding patterns for human services in Canada, and the ever-increasing calls for shifts in approaches and systems reorganization, it is particularly
important to make sure that the system better fits the needs of consumers/clients, available resources are used efficiently, and individual, organizational, and community strengths are maximized. Multidisciplinary collaborative practice is seen as one method to provide more effective service responses to complex social problems, to respond to problems beyond the ability and scope of any one agency or discipline (Klein, 1990; Orelove & Sobsey, 1991, cited in Nicholson et al., 2000, p. 59), and to reduce fragmentation of services, and professional specialization and fragmentation (Billups, 1987).

Multidisciplinary collaborative practice has a history going back to the 1920’s, and is found in various fields including education, social work, and health at the interprofessional level and agency level (Graham and Barter, 1999). More recently, human services have been required to adjust to shifts in understanding regarding the nature of the professional/client relationship, and research has identified a key role for parents as clients within multidisciplinary collaborative practice (British Columbia Ministry for Children and Families, 1997; Dunst, Trivette & Johanson, 1994; Graham & Barter, 1999; Levy, Kagan & Kopple, 1992; Nicholson et al., 1998; Pappas, 1994; Roberts, Rule & Innocenti, 1998; Straka & Bricker, 1996; Winton, 1996). It is therefore important for policy makers, service organizations and practitioners to understand the nature and extent of including the voice of parents as clients in multidisciplinary collaborative practice.

As a practitioner in the human services field, in a setting that provides services to families through the family resource program model of service delivery, I have a keen professional interest in the strategic shifts outlined above. With the belief that an opportunity was available to me to explore the dynamics of the service model and to
hopfully strengthen the service approaches of multidisciplinary collaboration and parent inclusion through a contribution of new knowledge, I began this research.

The Purpose of the Study

The purpose of my research study is to describe how practitioners engage and incorporate the voice of parents as clients into multidisciplinary collaborative practice within the Family Resource Program model of service delivery. Specifically, the study researched the following questions at two sites:

- How do agencies and family resource programs, as represented by management staff, support the inclusion of parents as clients in their own service planning and implementation?

- How do family resource program practitioners involve parents as clients in the process of identifying, planning for, and implementing their service and support needs?

The study illuminates practice within family resource programs pertaining to multidisciplinary collaborative endeavours to support parents.

The Design of the Study

The qualitative study was conducted in the field, where two organizations were purposefully selected, and their settings and the experience of practitioners and participating parents were explored in depth. The research question allowed data to be collected from a variety of sources within the settings, with a primary focus on people (parents, practitioners, management staff) and their interrelationships. Two different data collection methods, interviews and document reviews were used.
Rather than put forward a hypothesis regarding the ways practitioners involve parents in multidisciplinary collaborative practice, I conducted the study to seek out the perspectives of the professionals and parents, to describe their experiences, and to gain an in depth understanding of the settings. I have chosen a case study approach to explore my research questions. Case study methodology is appropriate when 'how' and 'why' questions are posed (Yin, 1994), and when an understanding is sought of a complex phenomenon as experienced by its participants (Gall, Borg & Gall, 1996). The rationale for my use of a case study approach will be explored in Chapter Four. Chapters Two and Three provide an overview of the literature relevant to family and community practice. Chapter Five provides the study's findings, and Chapter Six provides a discussion and major implications of the study.
CHAPTER TWO: LITERATURE REVIEW

Overview

The literature review for this study began with a keyword search of the electronic databases related to child welfare and human services (PsycINFO, ERIC, and Social Work Abstracts). The search encompassed the terms multidisciplinary practice, multidisciplinary teams, collaborative practice, family support program, family resource program, partnership with parents, parent involvement, and parent inclusion.

Literature that could be used to inform the research topic was sought from the late 1980’s to the present in order to provide the most current knowledge base for this thesis; the results included book chapters, journal articles, government publications, and published theses. The search results indicate that for the most part, the topics of collaborative practice/ multidisciplinary teams, and family resource programs are addressed individually in the literature.

Due to the large volume of literature reviewed for each knowledge area, this literature review is divided into two chapters. This first chapter provides an overview of the knowledge base on multidisciplinary collaborative practice. The next chapter reviews the literature concerning family resource programs. The aim of these literature reviews is to provide a broad overview of the topics, laying out the conceptual frameworks of both multidisciplinary collaborative practice and family resource programs.

Multidisciplinary Collaborative Practice

Multidisciplinary collaborative practice has been studied in variety of settings, such as community-based health care centres, educational environments, and child welfare agencies; and with various populations such as special needs and medically fragile young
children, child protection service system participants, and students with special needs. The literature that most informs the phenomenon is found in social work, and in particular, in child welfare policy and practices, human services and health planning, multidisciplinary teams in community agency settings, and inter-professional training and education. This literature provides a framework for outlining the essential concepts inherent within the phenomenon of multidisciplinary collaborative practice and is outlined in detail in the following pages. Points of discussion in the literature are: terminology and meaning; practice sectors and settings; rationales beliefs and values; benefits and outcomes; worker characteristics; training; systems and characteristics of organizational structures that allow for, support or constrain the approach and the role of parents as clients within multidisciplinary collaborative practice. These points are described in turn below.

The Terminology and Meaning of Multidisciplinary and Collaborative Practice

Collaborative Practice

Distinctions are made by academics and researchers between the terms collaboration, co-operation, co-ordination and partnerships, whereas in practice, as Kagan (1990) notes, the terms are viewed as interchangeable. Some authors treat the concepts in a linear or hierarchical fashion (Graham & Barter, 1999; Kagan, 1990; Swan & Morgan, 1993), with varying opinions reflected as to which of these terms denote the least or highest level of sophistication, formality or integration of service efforts. Collaborative practice is viewed as a complex entity, defying a ‘one size fits all’ definition, and can occur voluntarily or be mandated within a discrete team in an organization, or between organizations in order to meet a specific client/population need at a variety of levels,
including front-line practice, and policy; funding; and management (BCMCF, 1997; Kagan, 1990; Nicholson et al., 1998; Swan & Morgan, 1993).

Graham and Barter (1999) and Bailey and Koney (1996) view collaboration as a way to maximize resources, "as a relational system in which two or more stakeholders pool together resources in order to meet objectives that neither could meet individually" (Graham & Barter, 1999, p. 7). In Graham and Barter's delineation of the terms co-operation, collaboration, coordination and partnership, the distinguishing feature of collaboration is the "enduring significance to all levels and types of practice, its relevance to all stages of any helping process, and its requirement for common objectives to facilitate change and common objectives to carry out tasks by sharing resources, power, and authority" (p. 7). Collaboration is seen by these authors as "consciously action driven" (p. 12), an 'action verb' that requires "joint sharing and decision making in the interest of change" (p. 7), and the creation of joint goals.

In their study of children's early intervention teams, Straka and Bricker (1996) echo Graham and Barter's (1999) theme of resource maximization, in their definition of collaboration as "people working together to achieve a greater efficiency" (p. 322). The need for and the role of a common objective as a defining element of collaboration, is a view shared by these authors with other researchers (Bailey & Koney, 1996; Billups, 1987; BCMCF, 1997; Graham and Barter, 1999; Hallet, 1995; Kagan, 1990; Ovretveit, 1993; Pappas, 1994).

Similarly, Armitage's (1983, p. 75) definition of the term cited by Hallet (1995), states that collaboration is "the exchange of information between individuals...which has the potential for action in the interests of a common purpose" (p. 7). Hallet researched
legislated interagency collaboration in the field of child welfare, and provides a taxonomy of the term, with the stages of collaboration ranging from “isolation” (p. 9) to “collaboration throughout an organisation” (p. 9), the latter being defined as “organisations in which the work of all members is fully integrated” (p. 9). Degrees of team integration or degrees of cooperation are conceptualized by Ovretveit (1993) in his analysis of coordination amongst professionals from different agencies and disciplines in community health care. Distinctions are also made by Ovretveit between the terms coordinate, collaborate and cooperate, with coordination being the overall goal for the multidisciplinary teams. The manner in which the varying degrees of integration of professional roles in teamwork define collaborative practice was the focus of study by Nicholson et al. (2000), who found that integration of team members can be affected by certain variables, such as the length of time team members have worked together, and the length and purpose of client involvement in the service. The authors also found that the practice approach can look different in different settings, depending on the objectives of the program or service.

The nature of the relationship between team members as a key element in collaborative practice is described in the literature, with emphasis on respect (BCMCF, 1997; Straka & Bricker, 1996), equality of members (Bailey & Koney, 1996; Bruder, 1996; Nicholson et al., 1998), joint planning and decision making (Bailey & Koney, 1996; BCMCF, 1997; Bruder, 1996; Graham & Barter, 1999; Nicholson et al, 1998), joint performance (Ovretveit, 1993), interdependence (Bailey & Koney, 1996; Billups, 1987; BCMCF, 1997), shared values (Bruder, 1996; Graham & Barter, 1999; Nicholson et al.,
2000); and sharing of responsibilities, resources, power and authority (BCMCF, 1997; Graham & Barter, 1999; Kagan, 1990).

Graham and Barter (1999) suggest that the “collaborative helping relationship” (p. 8) between a client and professional, is “a relational system,” and involves not only “joint sharing and decision making in the interest of change...[but] changes in relationships to facilitate these ends” (p. 7). Writing on the nature of the inter-professional team approach, Billups (1987) notes that the significance of relationship goes beyond that described above, in that “the relationship between team members, the larger environment, and the people on whose behalf the team functions is interlocking and mutually interdependent” (p. 147). Such interdependence means that the team process and its results are significantly influenced by “non-professional individuals and groups” (p. 147), such as consumers, clients, and community residents.

The transformative characteristic of collaboration is underscored by Kagan (1990) in the distinction that the author makes between cooperation and collaboration. Cooperation is viewed as the sharing or exchange of some resources by participants that have come together around a specific purpose, while collaboration “connotes a more durable and pervasive relationship...[that] bring previously separated organizations into a new structure that transcends individual or episodic interactions” (p. 11-12). The literature reviewed provides evidence of the significance of the relationships between practitioner and clients, and the relationships between teams, organizations and service systems in collaborative endeavours. As outlined on the previous page, the nature of the relationships has also been a focus of many studies.
A focus on client needs as the basis for any collaborative interaction is emphasized by Pappas (1994) in a discussion on interagency collaboration. The parallels between individual and systems levels of collaboration are delineated, noting that “at the individual level, appropriately configured and coordinated services to meet consumer and family needs; and at the interagency level, a coordinated system must be responsive, accessible, and understandable to its consumers” (p. 65). The issues of “communication, cooperation, and collaboration” (p. 65) are elements needing to be addressed in order to achieve success at either the individual (interdisciplinary) or system (interagency) level.

The challenge in defining and conceptualizing collaborative practice is reflected in the literature through diverse attempts to come to grips with similar, but different convergent ideas and proximate language. The terms co-operation, coordination, partnership have been analyzed by researchers (Graham & Barter, 1999; Hallett, 1995; Ovretveit, 1993; Kagan, 1990; Swan & Morgan, 1993) in order to formulate the essence of collaboration. The analyses have produced conceptual frameworks that demonstrate the elements or characteristics of the terms and their interrelationship through various representations (a hierarchy, a taxonomy, a continuum, a linear or progressive model) of service integration that describe the construct of collaboration.

Adding to the complexity regarding the concepts reviewed in the literature, is an array of models of collaborative practice, which occur in many forms and functions, including collaborations that are mandated and voluntary, and at a variety of levels, such as multi-lateral, interorganizational, management, policy making and funding, front-line practice team or working group, and within organizations. At the front-line level, within an organization or across organizations, collaborative practice can look different in
different teams and settings, with varying degrees of integration, and "the desired degree of integration will be dependent on the focus and goals of the work and the purpose and length of client involvement" (Nicholson et al., 2000, p. 64). Nicholson et al. studied a children's health centre and found that the multidisciplinary teams had a fairly fixed membership of professionals, and their length of involvement with a child and family was set for the duration of a program or series of interventions. At the second site studied by the authors, a community health centre, membership on multidisciplinary teams was much more dynamic, changing with the needs of the family, and such teams were in place for less predictable periods of time.

The search for a "functional definition" of collaboration has led Swan and Morgan (1993) to conclude that "little consistency is found in collaborative undertakings" (p. 19), although the term appears in state and federal legislation (USA) and is "discussed and recommended in countless national and state reports" (p. 19). With specific reference to British Columbia, BCMCF (1997) notes that there are cultural differences in the way in which collaborative practice may be integrated into human services work, identifying that "for First Nations peoples, collaborative practice is seen to be an integral part of aboriginal culture and values" (p. 7), reflecting a broader relational system than that of working relationships amongst professionals.

Due to the varying interpretations and ambiguities surrounding the term collaboration and collaborative practice, the lack of clarity regarding its meaning found in the literature, and particularly the mixed terminology used in the family resource program literature, I have chosen not to limit myself to a single definition of collaborative practice in my study. Given that BCMCF (1997) argues that collaborative practice "is not
necessarily limited to one way of practicing but rather is dependent upon client needs, community context (i.e., rural, small, urban, geographic, etc), commitment of individuals and organizational structure" (p. 7), I have allowed the participants in my study to apply their own terms and definitions to the concept, which are summarized in Appendix F.

**Multidisciplinary Practice**

As with collaborative practice, the terms multidisciplinary and multidisciplinary practice have been examined for their meaning in a variety of settings and contexts. Researchers have noted the difficulty in making distinctions between the terms and the practices they reflect with other convergent ideas and proximate terms and practices such as interdisciplinary and transdisciplinary (Bruder, 1996; Bruder & Bologna, 1993; Nicholson et al., 1998; Orelove & Sobsey, 1991; Pappas, 1994).

In their work on early intervention teams for special needs children, Bruder and Bologna (1993) make distinctions between multidisciplinary, interdisciplinary and transdisciplinary teams. Differentiation factors include "the role of the family on the team, the mode of communication between team members, the role-clarification process, and the mode of intervention" (p. 117). They provide a progression of characteristics from multidisciplinary, as the least efficient model of the progression, to transdisciplinary at the highest and most optimal level. The authors' definition for multidisciplinary team is as follows:

On a multidisciplinary team, the professionals represent their own discipline and provide isolated assessment and intervention services...the parent is invited to share information with the professionals, and the professionals in turn share the information from assessment, intervention, and follow-up with the family through...
an ‘informing’ conference. There is minimal integration across disciplines, and the family are [sic] passive recipients of information about their child. This model makes it very difficult to develop coordinated, comprehensive programs for children and their families (p. 11).

The terminology in the literature was explored by Nicholson et al. (1998) and while distinctions are made by other writers, they found that “there is little consistency” (p. 6). They note that:

- Opie (1995) distinguishes the terms multidisciplinary, interdisciplinary and transdisciplinary based on varying degrees of service integration;
- Orelove and Sobsey (1991) put forward that transdisciplinary practice represents the optimal level of integration, whereas a multidisciplinary team model reflects coexistence;
- Klein (1990) proposes that interdisciplinary practice represents a synthesis or transformation process of the disciplines, a higher level of integration than represented by multidisciplinary practice (p. 6).

The stages of interagency collaboration are viewed by Pappas (1994) as a continuum, where “unidisciplinary, multidisciplinary, and interdisciplinary behaviors mature over time” (p. 66). He makes distinctions between these terms based on the kind of integrated decision making that occurs. Pappas’s conceptualization of the continuum explicates the behaviours, interactions and steps for “becoming interdisciplinary” (p. 65), as a developmental process, though not necessarily a linear one, at the professional, team, program and agency levels. He highlights the implications for the readiness and training of professionals for working together across disciplines to meet client needs, and notes that
not all collaborations and interdisciplinary teams are made up of paid professionals, and “individuals, family members, and friends are others who are now being considered as members” (p. 81).

Ovretveit (1993) studied coordination in community care, and provides distinctions between the terms coordinate, collaborate, cooperate, and offers a definition of multidisciplinary teams as “a group of practitioners with different professional training (multidisciplinary), employed by more than one agency (multi-agency), who meet regularly to co-ordinate their work providing services to one or more clients in a defined area” (p. 9). Working together “to contribute to a common goal” (p. 55) can be the relationship of a small group of people, “a team” (p. 55), or a larger “community multidisciplinary team” (p. 55).

Billups (1987) notes that the formation of “formal and ad hoc interprofessional teams” (p. 146) have been the outcome of efforts to respond to forces such as:

The acceleration of professional specialization and fragmentation...[and] consumer revolts based on mounting public recognition of uncoordinated services, increases in size and complexity of service organizations, and broadened conceptions of the interrelated nature of human problems and the need for comprehensive professional approaches (p. 146).

Interprofessional team process is defined by Billups as:

consisting of purposeful sequences of change-oriented transactions between or among representatives of two or more professions who possess individual expertise, but who are functionally interdependent in their collaborative pursuit of commonly shared goals (p. 147).
Billups's definition highlights some of the elements noted in the previous section regarding collaborative practice. In echoing Pappas's (1994) view of the non-linear or cyclical nature on becoming interdisciplinary, Billups states that the inter-professional team process "may not assume such a neat, consecutively staged pattern of movement" (p. 147) as it moves through the various sequences.

As seen above, a consistent understanding of the meaning of the term multidisciplinary is not present in the literature, and I have chosen to use the simple and brief definition put forward by The American Heritage Dictionary (2000), which defines multidisciplinary as "relating to, or making use of several disciplines at once." I have treated the definition of 'multidisciplinary' differently from the way I have treated the definition of 'collaboration', as the simple definition better matches the terminology present in the family resource program literature. Comer and Fraser (1998) note in their research evaluating family resource programs that the programs all "used multidisciplinary teams of services providers" (p. 137), with the staff groupings being primarily health providers, social workers, and educators. These findings are supported by the United States Department of Health and Human Services: Administration for Children and Families (USDHHS:ACF, 2001) evaluation report regarding family support programs. As the target settings for my research study were community-based agencies that offered a range of services and activities provided in a team-based environment, and used the type of staff groupings identified above, I believe the treatment of the term 'multidisciplinary' is appropriate for this study.

In conducting this study, I reflected on my treatment of the terminology, and believe it would have been beneficial to have explored the term 'multidisciplinary' with the
research participants, as I had done with the term ‘collaboration’. For further research focusing on settings where a variety of disciplines interact to support clients, I would recommend allowing the term ‘multidisciplinary’ to be explored in depth by the research participants, as it would add to the study, and provide clarification specific to the setting of the much-used term.

While the literature review demonstrated that there were many inconsistencies in the use and interpretation of the two terms ‘multidisciplinary’ and ‘collaborative practice’, for the purposes of this study I continued the review focusing on the phenomenon of ‘multidisciplinary collaborative practice’ as it was portrayed and discussed in the literature, and the points of discussion relevant to this study are outlined in the following sections.

*The Sectors and Settings Where One Most Commonly Finds the Study and Approach of Multidisciplinary Collaborative Practice*

Within the child welfare field in the United Kingdom, Hallett (1995), and Birchall and Hallet (1995) have studied collaboration in an interagency/interprofessional context, where co-ordination and collaboration is mandated rather than voluntary. Hallett (1995) notes that a knowledge base on collaboration originated from the studies of organizations, particularly those of interorganizational relations, as well as from “marketing and economics, public and social policy, and ... organisational sociology” (p. 14). Given such a broad representation of sectors with an interest in collaboration, it is important that the published knowledge base includes an exploration of the role of various team members, including parents, in collaborative endeavours.

Pappas (1994) writes that interagency collaboration is found in “government areas such as environmental policy, forestry, information resource management, international
security, and public management” (p. 64). Within human services, Pappas finds such collaboration demonstrated at various levels of government, focusing on “child abuse, addictions prevention, long-term mental illness, juvenile delinquency, rural family services, therapeutic foster care, and perinatal substance abuse” (p. 64). The extent and range of cross discipline teamwork is also noted by Billups (1987) in the following:

Interprofessional teams are operating today within and sometimes between human service settings such as hospitals, schools, rehabilitation centers, court systems, mental health agencies, public health programs, child guidance clinics, health maintenance organizations, industrial sites with employee assistance programs, health and welfare planning bodies, and prisons (p. 146).

It is noteworthy that the approach of interprofessional teamwork is found within such a broad scope of human services. With this scope in mind, it is important for organizations, educators, and policy makers to consider the evidence of the involvement of service users, or clients, as members within such teams, in order to better understand the phenomenon.

Graham and Barter (1999) define collaborative practice as a development “within and outside social work research” (p. 7), and that knowledge is gained from “a broad, interdisciplinary literature encompassing education, management studies, psychology, sociology, and social work” (p. 7). The authors provide an extensive outline of the history of “inter- and intra-professional collaboration as a practice skill” (p. 8) going back to the 1920’s, and cite early examples of such collaboration in the fields of medical social work and public assistance. More recently, they note that collaboration across professions has occurred between social service agencies, and at the individual level, collaboration has been encouraged between a social worker and a client as a clinical practice model. More
recently again, Graham and Barter state that these approaches have appeared in "field-specific research in relation to social work and health care" (p. 6), as human services have not only been required meet complex needs, but have been required to adjust to shifts in understanding regarding the nature of the professional/client relationship.

Interprofessional collaboration in social work has been named "consortia, coalitions, alliances, networks, or federations" (Bailey & Koney, 1996, p. 605), with a commitment to engaging together for a common goal. The social work field as an arena for multidisciplinary collaborative practice has also been the focus of other authors (BC MCF, 1997). Levy, Kagan and Copple (1992) studied the multi-sector collaborations across social services and education to reach the common objective of high quality early care and education of young children. To reach that goal, the authors proposed that an "integrated, coherent vision" (p. 2) was needed to drive the work of policy makers from the fields of education, human services and health. Similarly, Nicholson et al. (1998, 2000) researched multidisciplinary collaborative practice in community health settings where the care, education and health of children were a focus, with emphasis on intervention and support of children with special or high needs, and family support programs. Opie (1998) writes on the practices of hospital and community-based multidisciplinary health teams in New Zealand, and the need for organizational support and leadership, and revised training of practitioners, to achieve successful teamwork that includes clients as equal members. The field of early intervention for young children with disabilities and their families has been another area of focus for writers on multidisciplinary collaboration (Brown, Thurman, & Pearl, 1993; Dunst, Trivette & Deal, 1994; McWilliam, 1996; Roberts, Rule, & Innocenti, 1998; Straka & Bricker, 1996; Swan & Morgan, 1993).
As summarized above, multidisciplinary collaborative practice, represented by a variety of terminology and conceptualizations, is found in a large range of setting and contexts, within and outside of the human services field, over a period of many decades.

*The Rationale, Beliefs and Values Regarding Multidisciplinary Collaborative Practice*

Multidisciplinary collaborative practice is seen as one method to provide more effective service responses to complex social problems, to respond to problems beyond the ability and scope of any one agency or discipline (Klein, 1990; Orelove & Sobsey, 1991, cited in Nicholson et al., 2000, p. 59), and to reduce fragmentation of services, and professional specialization and fragmentation (Billups, 1987). Interorganizational multidisciplinary collaborative practice has been suggested as a solution to enhance service delivery systems and meet the challenges facing social work (Bailey & Koney, 1996; Graham & Barter, 1999). Ovretveit (1993) writes that the aim of multidisciplinary teams in health care is “to get the quickest and best match between a person's needs and the skills and resources available” (p. 4). Improvement in the delivery of services and reducing the duplication of those services is viewed by Phillips (1999) as a rationale for interprofessional collaboration.

The literature also addresses the larger socio-political context over the last decade, and the attendant pressures of economic rationalization of services and fiscal restraints at the government level. Bailey and Koney (1996) view collaboration as a strategic response to change and a climate of devolution, and to the increased competitiveness amongst social and community-based agencies. Collaboration is also viewed as a method for human services organizations, neighbourhoods and businesses to “increase their access to resources and policymakers” (p. 604). A shift away from traditional practice of
professional competitiveness and absence of cooperation within bureaucracies and between organizations has been necessitated by "an era of social welfare retrenchment, persistent client needs, and desired high quality program delivery" (Graham & Barter, 1999, p. 6).

Similar pressures on other human service systems have resulted in research to provide solutions to stretch resources to meet client needs. In the area of early intervention services for young children with disabilities, team-based service delivery and collaborations across disciplines are seen by Bruder (1996) as arising from a need:

- To maximize resources
- To address the shortage of professionals able to provide early intervention services
- To provide services to address a wide range of abilities and disabilities to a growing number of pre-term infants and at-risk children who survive due to innovations in medical technology, and the growing number of children considered to have developmental delays due to environmental circumstances.

Bruder’s underlying beliefs are that "children’s development must be seen as integrated and interactive…and children must be served within the context of the family" (p. 36).

Bruder and Bologna (1993) note that federal legislation in the United States has recognized that “no one agency or service provider has all the knowledge and skills necessary to meet the multiple needs of families participating in early intervention” (p. 106) for children with disabilities. The current systems of intervention and care for
children and families (education, health services, and social services) are described by the authors Roberts, Rule and Innocenti (1998) as “structured by discipline, disability grouping, level of disability, funding source, or age of the child” (p. 5), whereas families who seek out services do so as a family unit and are not easily slotted into departments and categories. The authors believe that collaborative and coordinated partnerships with families can help bring about system changes for a more improved service delivery approach.

In reviewing the antecedents to legislated collaboration in the child welfare field in the United Kingdom, Hallett (1995) writes that a reformist interest was targeted at service delivery systems to reduce service duplication and overlap. The author contends that such a focus provided a simplistic solution to a complex problem by implying that human services problems are merely organizational and administrative in nature. In addition Hallett proposes that such a narrow focus, driven by rationality, was based upon a “framing of the issue from the perspectives of service providers rather than [that of] users” (p. 19), which has resulted in a view that the prospect or ‘hope’ of collaboration to resolve complex human services issues, may be based on a weak footing.

At the practice level, the literature provides a range of rationale and beliefs regarding multidisciplinary collaboration. The importance of collaborative relations such as those of "worker-to-client, worker-to-colleague, worker-to-agency, agency-to-agency, and worker/agency-to-community/society" (p. 6) is stressed by Graham and Barter (1999), as having "enduring significance to all levels and types of practice… to all stages of any helping process" (p. 7). Collaboration requires a changed relationship amongst members, and between worker and client "places the worker in a consultative capacity,"
respecting client's right to fully participate in decisions directly affecting them" (p. 8). As noted in an earlier section, key requirements of collaboration are a common philosophy and goals, which “can be achieved only when joint activities focus on building relationships” (Bruder, 1996, p. 36). Graham and Barter state that “collaboration… is also consistent with prevalent principles of self-help, client empowerment, multidisciplinary teamwork, the enhancement of individual capacities (as distinct from pathologizing or adversely labeling clients), and the use of natural helping networks” (p. 8). The need for empowering relationships is also proposed by Opie (1998) as a rationale for multidisciplinary collaborative practice in health care. The “de-centring of the professional” (p. 203) envisioned by the author in the relationships between workers and clients and their family members requires reforms in training of professionals, as well as changes in the behaviours of service users.

Teamwork within organizations requires effort, an understanding of cooperative goals which must be carefully engineered as Tjosvold (1986) notes. He states that “collaborators help each other to be aware of their ideas, information, skills, and other abilities so that they are in a better position to reach goals and do their jobs” (p. 8).

The variation in forms of collaborative practice across disciplines is noted by Nicholson et al. (2000) and Kagan (1990). Nicholson et al. find that variations exist due to the degree of team integration present, the focus and goals of the work, and the purposes and length of client involvement. Changes in “the pace and trajectory” (Kagan, 1990, p. 118) of collaboration depends on mediating variables such as goals, resources, power and authority, and flexibility, which will differ in various settings, and at the differing
developmental stages of the collaborative process. Organizational context and training are factors that will also influence teams and team effectiveness (Bruder, 1996).

The Purported Benefits and the Perceived Outcomes to Human Service Systems, Practitioners and Clients in a Multidisciplinary Collaborative Practice Approach

The literature provides evidence that benefits purported to arise from multidisciplinary collaborative practice are seen to have an impact on workers, clients/participants, organizations, and whole human service sectors (Bailey & Koney, 1996; Billups, 1987; Birchall & Hallett, 1995; Bruder, 1996; Dunst, Trivette & Johanson, 1994; Graham & Barter, 1999; Hallett, 1995; McWilliam, 1996; Nicholson et al., 2000; Opie, 1998; Ovretveit, 1993; Phillips, 1999; Roberts, Rule & Innocenti, 1998; Straka & Bricker, 1996; Swan & Morgan, 1993). But researchers have also asked whether the outcomes perceived to be associated with multidisciplinary collaborative practice can indeed be directly attributed to such an approach, and furthermore, have asked whether there is sufficient data to indicate that a multidisciplinary collaborative practice approach is any more effective than non-coordinated/non-collaborative services (Hallett, 1995; Nicholson et al., 2000). Due to challenges in evaluating outcomes of collaboration, Hallett (1995), in a study of child welfare collaboration in the United Kingdom focused on the process of collaboration rather than outcome of collaboration. Hallett states that “the multiple and sometimes conflicting objectives in coordination, the difficulty in establishing causal links between coordination as an input and varied outcomes, and the lack of outcome measures” (p. 11), make it difficult to test the hypothesis that coordinated systems are better than non-coordinated ones. Finally, some research indicates that clients do no worse with an integrative, collaborative approach (McWilliam, 1996), and that
such an approach is perceived to be valued for enhanced assessment, intervention planning, and service delivery (Bruder, 1996).

Levy, Kagan and Copple (1992) evaluated the system in the United States for the provision of care and education of young children outside the home, and reviewed the benefits attributed to multidisciplinary service integration and collaboration. They note that the approach within "a shared vision for young children and their families" (p. 19) can provide:

- a framework for transcending philosophical differences and separate traditions of the various fields
- a mechanism to focus the various agencies with their separate missions, responsibilities, and resources on a common objective;

and serve to “put children, not any particular program, front and center as the starting point for planning...[and] the various funding streams would no longer drive the system, but rather be regarded as tools to be used in whatever manner is most suited to the objective” (p. 19). Graham and Barter (1999) echo this perspective, having explored the antecedents to collaboration and the current collaborative method of social work practice as a means to reconcile the often divided therapeutic and social action elements of social work. They describe case examples of different phases of a collaborative public child welfare service, with the involvement of a variety of disciplines, and thus propose “at the community level, collaboration allows for values convergences, common goals, reduced costs, and the transformation of child welfare into a process of community development” (p. 11).
The delivery of mental health services to individuals within the child welfare system through a multidisciplinary team approach within an agency is discussed by Molin and Herskowitz (1986), who reported on their experience with "a model for understanding the interactions of clients, workers and clinicians" (p. 202) in a multidisciplinary setting for the Department of Social Services in Massachusetts. They suggest that such practice can provide "a continuing reservoir of shared experiences and expertise... [that] allows for faster identification of problems...[and] serves as a basis for emotional support for clinicians engaged in complex and draining work" (p. 209). The resulting benefits are a maximization of mutual support amongst both caseworkers and agencies "who often struggle with the problem of developing adequate support systems for staff" (p. 209). The theme of worker support and improved service is echoed by Birchall and Hallet (1995). They note that children, as recipients of child welfare services, are seen to benefit from more appropriate services through a collaborative approach, and practitioners gain "a source of strength and security...in their dealings with very stressful work" (p. 2).

Nicholson et al. (2000), based on six case studies in three different multidisciplinary programs, contend that the "collective effort produces the benefits; it makes the 'whole' much greater than the sum of the parts" (p. 62). Some of the perceived benefits to services users noted by the authors include enhanced ability to work with family as "client', enhanced opportunities for empowerment of families and learning, more holistic and comprehensive services, an improved approach to matching services to individual and family needs, and increased social supports, community connections and opportunities for relationship building. The perceived benefits to workers include increased support and reduction in stress, enhanced professional satisfaction gained
through increased learning opportunities, and a belief in promoting increased benefits to clients through a collaborative approach (p. 58). These benefits are also echoed by Billups (1987), with the overall beneficial outcomes resulting from a collaborative approach being greater in scope and value than from a non-collaborative approach.

Ovretveit (1993), who studied the manner in which people from different professions and agencies in the United Kingdom work together to meet the health and social needs of people in a community, proposes a similar theme of scope and value, when he states that “the benefits from teams come not just from coordinating separate professions' activities but from combining them in new and creative ways, and producing a sum which is greater than the parts” (p. 140). Clients, family members and the health care systems may all benefit from the empowerment approach within multidisciplinary collaborative practice envisioned by Opie (1998). One of the outcomes intended would be “active user and family involvement in decision making, and a movement away from professionally dominated decisions (p. 188).

The literature on benefits and outcomes acknowledges that studies have not been performed in sufficient numbers to produce data that tests the hypothesis that a multidisciplinary collaborative approach to service delivery produces certain beneficial outcomes to clients and practitioners and to the systems in which they interrelate (Bruder & Bologna, 1993; Hallett, 1995). However the call for a more integrated, collaborative and empowering approach is heard from many service sectors and levels of practice and policy, and is reflected in the wide range of literature reviewed.
Worker Characteristics and Training that Optimize or Inhibit a Multidisciplinary Collaborative Practice Approach

Personal characteristics, professional preparedness and training, required knowledge and skills, and practitioner attitude towards working collaboratively in a multidisciplinary team are addressed in the literature. The skills needed for collaborative practice are outlined by Graham and Barter (1999), citing Weissman (1983, p. 151), as “the capacity to listen, to be respectful, to understand the implications of other professional opinions, to be willing to recognize and accept areas in which the expertise of colleagues is unique, and to defer to special knowledge when appropriate” (p. 10). Winton (1996) echoes these claims and offers the characteristics of sensitivity to individual differences, and a commitment to allocating the time needed for relationship building, meetings, planning and observations as necessary for integrated services and family-professional partnerships.

Communication skills are emphasized by Straka and Bricker (1996), particularly with regard to the ability to discuss workers’ specific roles and responsibilities. Hallett (1995) notes that “issues such as trust, respect for competence and contribution of other professionals, status and power are important” (p. 23) with respect to coordinated work. The key characteristics of workers identified in the literature by Nicholson et al. (1998) are “accepting individual differences”, “learning to understand others”, “building personal relationships with team members”, and “shared values and common goals” (p. 66). Nicholson et al. (2000) include “flexibility, reflection in practice, and valuing the input and participation of others [clients and co-workers]” (p. 67) as necessary attributes of collaborative practice.
BCMCF (1997) identifies characteristics of effective communication which are essential to collaboration, and emphasizes the ability to work with conflict and to recognize potential turf battles (p. 17), and being client or participant centered (p. 8). The latter characteristic is pronounced by Opie (1998) as a requirement for workers in the health care system, who understand the need for “de-centring the professional” (p. 203); and by Graham and Barter (1999), who stress worker’s ability to relinquish “power and authority” (p. 11) and acknowledge “notions of client autonomy, client power, client agency, and informed choice making” (p. 9). Graham and Barter also stress flexibility in roles, sharing of mandates, and a “clear self-image and professional identity that allows for the intelligent assessment of others’ functions” (p. 9).

The ability to work in partnership with families is also stressed by Roberts, Rule and Innocenti (1998) who review the work of Karp (1996) in identifying worker characteristics that promote integrated family-centred services for children with emotional, behaviour, and mental disorders. Karp postulates that the medical model, with an emphasis on prescriptive professionally directed treatment, needs to give way to a shift towards “a more balanced partnership model of services” (p. 104), with changed attitudes towards service delivery and the roles played by professionals. The authors suggest that such a shift will require changed personnel preparation at the pre-service level, as well as ongoing “continuing endeavour[s]” (p. 105) aimed at professional readiness for collaboration and multidisciplinary teamwork.

The required characteristics of workers and team managers for developing effective multidisciplinary teams were explored by Anglin and Artz (1998), who noted that ‘becoming multidisciplinary’ requires different skills and attitudes from team members at
differing stages of the collaborative process. Learning how 'to act together' rather than 'to think alike' is one of the key skills required of workers in developing a multidisciplinary team (Anglin & Artz, 1998). Nicholson et al. (2000) state that the approach “asks a lot of an individual” (p. 67), and although characteristics of service systems and structures also foster and inhibit collaborative efforts, the “commitment to collaboration rests with [sic] the ‘grass roots’ level of the worker” (p. 67). The importance of the “many informal relationships and coordinating activities” (p. 22) involving workers, and resulting from their skills and attitudes to practice, that may be situated “alongside the formal machinery” (p. 22) of organizational structures are explored by Hallett (1995).

Pre-service education and training, and ongoing professional development in team work, collaborative practice and multidisciplinary work are considered essential for successful collaborative practice (Billups, 1997; BCMCF, 1997; Krueger, 1990; Opie, 1998; Ovretveit, 1993; Roberts, Rule, Innocenti, 1998; Straka & Bricker, 1996; Winton, 1996). The lack of training in interdisciplinary teamwork is noted by Opie (1998) who states that in her study of health care in New Zealand, “most members had no training in teamwork” (p. 203). Opie's findings agree with the literature, in that the teamwork training experienced by her study’s participants was focused on “interpersonal dynamics...[which] may enable people to appreciate each other more as individuals” (p. 203), but have limited carry over into effective team practice and client empowerment, and informed critique of that practice.

The need for changes in “behaviours by users” (p. 189) as well as changes in professional behaviours in order to achieve collaborative practice and empowerment of clients is stressed by Opie (1998). The inclusion of clients and families of service
recipients as contributors or teachers in the preparation and training process of practitioners is highlighted by Roberts, Rule and Innocenti (1998). The authors propose that the involvement of clients/families can occur in both course work development and in field experiences. Expressing the importance of the type of professional/worker training and education available, the authors cite Karp (1996) in stating that personnel preparation needs to viewed as a "major social-policy issue" (Karp, 1996, p. 304), and the authors suggest that a shift needs to occur “away from prescriptive models implemented by experts and toward an understanding that planning and delivery of services is a collaborative process between providers and families” (p. 104).

Worker education, training, attitude and characteristics emerge as paramount in most of the literature, in order for successful collaboration that includes clients and workers across disciplines to be realized. As noted earlier, the literature suggests that current professional training and education may be insufficient or inadequate to prepare workers for multidisciplinary collaborative practice in their field. With this in mind, Krueger (1990) emphasizes that “teamwork has to be taught. It cannot be learned simply by doing it” (p. 128).

Human services policies that mandate collaboration may be ineffective if worker characteristics and training are not considered. In the United Kingdom mandated collaboration in child protection was studied by Hallett (1995), whose findings demonstrated challenges “in securing adherence to the mandate and achieving effective implementation” (p. 18). Nicholson et al. (2000) write that “organizations can create the space and environment conducive to collaboration but cannot impose collaboration amongst individuals” (p. 67), as the “doing” of the work rests with the practitioner. Swan
and Morgan (1993) summarize the above opinions on mandated collaboration and the need for worker investment in the approach by the following statement:

Legislation or mandates alone do not result in effective collaboration. People cannot be forced to use a collaborative interaction style with others. Congress may mandate it, states may pass legislation requiring it, school districts may develop policy and procedure describing it, and program administrators may report that they engage in it. But, true collaboration occurs only when agency personnel believe in it (p. 24).

The larger context of the "formal machinery" (Hallett, 1995, p. 22) of organizational structures that foster or inhibit collaborative endeavours in multidisciplinary settings will be explored next.

*The Systems and Characteristics of Organizational Structures that Support or Constrain Collaborative Teamwork and a Multidisciplinary Approach*

The key organizational elements identified in the literature that support a multidisciplinary collaborative practice approach are:

- A commitment to the approach through the recognizing, valuing and supporting the approach throughout all levels of the organization (BCMCF, 1997); as Bruder (1996) notes, the "support must be logistical as well as philosophical because teams needs resources and a structure to support their functions" (p. 43);

- "Goals and objectives of the team... [that are] consistent with those of the organization" (Lowe & Herranen, 1981, cited in Nicholson et al., 1998, p. 66); and be easily and readily evaluated; with clearly articulated definitions that reflect the
beliefs and values of team members, and the practice beliefs of the agency or program (Krueger, 1990);

- Leadership and direction that expects, encourages, nurtures, and reinforces the approach (Anglin & Artz, 1998; Bruder & Bologna, 1993; Graham & Barter, 1999; Ovretveit, 1993; Swan & Morgan, 1993);

- Organizational policies which are regularly reviewed and refined, that explicitly state how team members shall work together and attend to the work (Bruder & Bologna, 1993; Krueger, 1990; Ovretveit, 1993);

- Effective and well used channels of informal and formal communication between team members, and between the team and the organization (Billups, 1987; BCMCF, 1997; Graham & Barter, 1999; Krueger, 1990; McWilliam, 1996; Nicholson et al., 2000; Opie, 1998; Ovretveit, 1993; Winton, 1996);

- An avoidance of particular discourses and positions, such as ‘the expert’ discourse (Opie, 1998), that alienate, disempower and exclude others (Anglin & Artz, 1998; BCMCF, 1997; Roberts, Rule & Innocenti, 1998);

- Appropriate and shared space (Nicholson et al., 2000);

- Time for developing relationships, planning collaboratively, attending team meetings, working through conflict, and team process evaluation (BCMCF, 1997; Bruder, 1996; Bruder & Bologna, 1993; Graham & Barter, 1999; Hallett, 1995; McWilliam, 1996; Opie, 1998; Swan & Morgan, 1993, Winton, 1996);

- Recognition that the current or traditional system of service provision, or status quo, may be inadequate to meet the needs of service users and needs improvement (Bruder & Bologna, 1993; Graham & Barter, 1999; Swan & Morgan, 1993);
• Support for management staff and practitioners through training and professional development in the approach (BCMCF, 1997; Krueger, 1990; Opie, 1998), or for training employees to understand the developmental nature of collaboration and its processes (Nicholson et al., 1998). Training in collaboration is also envisaged for service users and their families (Opie, 1998);

• Support for management staff and practitioners through adequate allocation of resources to sustain collaborative efforts. Such resource allocation may require programs pooling resources (Graham & Barter, 1999), and may also demand increased funding to hire additional staff (Bruder, 1996), or to compensate staff for time required to practice collaboratively (BCMCF, 1999; Hallett, 1995; McWilliam, 1996);

• A system that focuses on the service user. Swan and Morgan (1993) articulate this as a "system that is child and family directed, rather than program directed" (p. 24), while BCMCF (1997) and Graham and Barter (1999) write of the need for high levels of accountability to consumers of social services;

• Non-hierarchical relationships between team members and power sharing (Billups, 1987; BCMCF, 1997; Graham & Barter, 1999; Nicholson et al., 1998; Opie, 1998) or equal or near equal status of team members (Krueger, 1990);

• Continuity of members in the team (Anglin & Artz, 1998; Opie, 1998)

• The recognition of client autonomy, client agency, and the inclusion of service users in the team, with a goal of empowering service users as a result of collaboration (BCMCF, 1997; Bruder & Bologna, 1993; Dunst, Trivette, &

The challenges of articulating fixed essential elements that enable and sustain multidisciplinary collaborative practice are exacerbated by the fluidity and dynamic nature of the collaborative process. Bailey and Koney (1996) identify that organizations need to have the ability to engage in a dynamic organizational and team processes that may have components that are paradoxical in nature, such as: “leadership [that] is both assertive (guiding and directing) and responsive,” such that “the membership of collaboratives must work with the leaders and also must be leaders”; and the structures and systems (between organizations) “have areas of tightness and looseness as well as openness and closedness...[that] reflect unity as well as diversity...”(pp. 607-608).

Billups (1987) offers some examples of the “vital balances between polarities” (p. 147) that may be manifest in the development of interprofessional teams, such as “differentiation and integration, and stability and change” (p. 147). Graham and Barter (1999) note that “a collaborative relationship is dynamic: notions of aspirations, authority, conceptual frameworks, resource allocation, responsibility, and values may change over time” (p. 9).

The literature demonstrates that organizations are very much affected by the larger social and political context, and the systems and structures surrounding them, thus multidisciplinary collaborative efforts may be fostered or hindered by changes within that larger context. The effects on team practice from “the larger environment beyond the host setting” are highlighted by Billups (1987, p. 149) by the provision of the example of national, state, and program driven policies for the deinstitutionalization of psychiatric
patients, and its “profound ‘ripple effect’... on various interprofessional teams nationwide.” BCMCF (1999) notes that while collaboration is a core value of First Nations society, First Nations service providers experience difficulty in service planning and provision, as they have not been “in control of the delivery of services such as child protection” (p. 10). The presence or lack of a “social and political climate for change” in service delivery approaches has been a factor in influencing efforts at collaboration and integration in early intervention services for children (Bruder & Bologna, 1993, p. 108). Availability of funding to support shifts in policy and practice approaches also impacts an agency’s ability to commit to and foster a collaborative practice approach. Ovretveit (1993) finds that costs of service delivery are reduced due to an integrated, collaborative approach, while others, as noted above, propose that organizations need to increase funding for staff resources with a commitment to a collaborative approach to practice. Organizations’ ability to hold the “power to commit resources as well as to be in a position of influence to convince others to do the same” is considered by Graham and Barter (1999, p. 9) to be a key element in facilitating and sustaining a collaborative approach. Billups (1987) suggests that a multidisciplinary team’s ability to “distinguish between those constraints that can be addressed internally by the team and those that demand interventive [sic] attention beyond” (p. 149) in the larger social and political context, may become a key attribute of “ethically and socially responsive and responsible” (p. 149) multidisciplinary collaborative teams.

The Role of Parents as Clients within Multidisciplinary Collaborative Practice

The literature reviewed acknowledges the influence that clients and client groups have on interprofessional team processes (Billups, 1987). The literature also strongly
endorses a key role for parents within multidisciplinary collaborative practice (BCMCF, 1997; Dunst, Trivette & Johanson, 1994; Graham & Barter, 1999; Levy, Kagan, & Kopple, 1992; Nicholson et al., 1998; Pappas, 1994; Roberts, Rule & Innocenti, 1998; Straka and Bricker, 1996; Winton, 1996). A debate exists, however, with reference to how that role is defined, how power and responsibility are shared with parents, and to what extent parents are seen as equipped and willing to assume an equal role as team members. The issues at the centre of the debate are those that have been identified as factors that inhibit collaboration (BCMCF, 1997), for example, the varying opinions amongst disciplines regarding the beliefs and values concerning client/parent involvement in decision making, and the power imbalances that exist between clients and practitioners (BCMCF, 1997; Opie, 1998).

Establishing partnerships with parents in early intervention services for children is viewed by Winton (1996) as “not just important; it is the only way to succeed” (p. 58). Winton cites an anonymous quotation from a parent to highlight this point:

If I don’t have the cooperation of a professional I am disappointed, but I know that I can move on and find another professional with whom to work. If a professional does not have my cooperation, they [sic] are stuck. They cannot move on and find different parents for my child (p. 63).

Despite the attention given to the importance of the role of parents and caregivers in the early intervention literature, Winton acknowledges that the “premise of equal partnerships [is] a difficult one to implement” (p. 58), due to a range of factors that include the decision making authority of parents, a premise “not universally accepted by practitioners” (p. 58).
The role of parents in decision making, and as active participants in the collaborative team for children with special needs, is discussed by Straka and Bricker (1996). They provide a list of competencies that foster collaboration; however they also state that it is inappropriate to expect that "all caregivers will have the interest or the information base to perform [sic] many of the specific competencies" (p. 324) listed. They suggest that parents and families need to be offered suitable support and a variety of options for participation, in order to be involved in the most appropriate manner. The challenges to involving parents in the collaborative multidisciplinary team process have been outlined by Nicholson et al. (1998). They found that "the process can be intimidating and/or overwhelming and/or confusing for some clients and families, and it is often very difficult to involve families sufficiently" (p. 44), either as a result of their availability or ability; and to produce a sense of support and the greatest benefit from the experience. In one of the settings studied by the authors, opportunities for formal participation of parents in the team process, such as assuming "a leadership role... by... calling [team] meetings" (p. 27), were often declined by parents.

The need to create flexibility in the ways that parents can assume a variety of active roles, either formal or informal, in the collaborative process is highlighted by BCMCF (1997), Nicholson et al.(1998), and Straka and Bricker (1996). BCMCF notes that for the aboriginal community, 'parent or client' involvement needs to take on a "broader meaning and often includes extended family members such as grandparents, aunts and uncles" (p. 8). Pappas (1994) argues that newer ways of defining team membership in the field of adults with disabilities includes individuals, family members and friends who are "now being considered as members of interdisciplinary teams" (p. 81).
The author proposes such ‘circles of support’ as a model of collaboration, where “professionals and paid representatives are considered peripheral members of the team” (p. 81).

The types of relationships established between professionals and parents in multidisciplinary collaborative practice settings, and their benefits to both practitioner and parent, were explored by Nicholson et al. (1998). They note that “the availability of different personalities on a team improves the potential for relationships to develop with parents” (p. 29) and the potential for a parent to achieve a closer relationship with one of the members. The findings from the community setting studied by the authors indicated that there were more opportunities for a blurring of distinctions between worker, parent/client, and volunteer, as the core relationship between worker and client was described by practitioners as one of “working with” (p. 52) people rather than ‘a doing to people’ approach. The benefits to parents of this kind of relationship were seen as more comprehensive service planning, personal development, increased social supports, a sense of belonging and contributing, and a feeling of empowerment. The authors provided evidence of “models of collaboration” (p. 68-69) where parent participation in multidisciplinary settings can range from minimum involvement, such as a parent meeting with individual team members, to meeting with the team as a whole or its representatives, to fully and actively participating as a member of the team.

Other authors suggest that parents need to assume a broader role as key stakeholders in the collaborative process (Dunst, Trivette & Johanson, 1994; Graham & Barter, 1999; Roberts, Rule & Innocenti, 1998). A broader role might include active involvement in “services and program planning, policy development, and implementation”
(Roberts, Rule & Innocenti, 1998, p. 71), or as in the context of exploring solutions to challenges within the child welfare system, parents as recipients of services could be viewed as key stakeholders and contributors along with agencies, child protection services, schools, and foster parents (Graham & Barter, 1999, p. 10), through a strength-based approach such as Family Group Conferencing.

Inviting and involving parents both informally and formally, as active members in the multidisciplinary collaborative team, that is, “orchestrating opportunities” (Nicholson et al., 1998, p. 51) for involvement, or regarding parents as clients as key stakeholders in the larger policy and planning arenas of human services systems, requires an understanding that “the relationship between team members, the larger environment, and the people in whose behalf the team functions is interlocking and mutually interdependent” (Billups, 1987, p. 147). Pappas (1994) states that “new ways of defining team membership” are required which may challenge “our traditional ways of conceiving and operationalizing interdisciplinary interactions” (p. 83). Human service agencies have as their goal the wellbeing of children and families, and thus the family “must be integrally involved from the beginning as a full partner” (Roberts, Rule & Innocenti, 1998, p. 51). Such involvement is viewed by Dunst, Trivette and Johanson (1994) as necessitating:

- a major change in the typical role relationships between professionals and parents...[and] requires abdication of paternalistic approaches to helping relationships and adoption of empowerment, participatory involvement, and competency enhancing approaches to help-giving... It will require major policy changes in how social programs view, interact, and treat families (p. 211).
Multidisciplinary collaborative practice has been legislated in some jurisdictions, and researched and practiced by workers and teams in a variety of settings. Keys to successful collaboration are thought to include worker training, attitude and commitment to the model, organizational structure and systems, and a changed relationship between professional and service user that results in a sharing of power. While this approach aims for improved service outcomes for clients, and more efficient use of limited resources, there has been insufficient research to indicate that multidisciplinary collaborative practice is indeed a better approach than traditional non-collaborative approaches. Also evident from the more recent literature is a need to study the inclusion of clients in the approach.
Suggestions for Further Research

The following is a summary of the suggestions for further research identified in the literature:

- Nicholson et al. (1998) recommend incorporating a stronger client voice in future research, and research of additional multidisciplinary collaborative practice models;

- Opie (1998) notes that changes in procedures in multidisciplinary health teams do not necessarily mean the development of empowering practices to service users and families. Additionally, organizations and practitioners need to pay attention to “micropractices, to those taken-for-granted modes of behaviour and assumptions that underpin the nature of their [professional/client] interactions” (p. 189). Opie emphasizes the fact that attention must be given to the discourse between professional teams and service users “if the policy objective of the centrality of users and families in decision making is to be demonstrated” (p. 203). The author believes such attention requires organizational support;

- Straka and Bricker (1996) call for studies that explicate the principles and competencies that are required of team members “if they are to initiate and maintain effective collaborative practice” (p. 345); and to study “the collaborative process so that in the future early intervention professionals can build training content and process based on what is known” (p. 345);

- Weil (1996) calls for increased and strengthened practice orientations regarding community building, in particular client empowerment practice
(Para. 53), and research that describes service co-ordination collaboratives directed towards positive social change (Para. 85);

- Pappas (1994) recommends explorations of new ways of defining interagency and inter-professional team membership that includes service user, and non-professionals as well (e.g., friends of family), as in some examples of 'circles of support', where “professionals and paid representatives are considered peripheral members of the team” (p. 81);

- Ovretveit (1993) writes of the challenges to traditional professional training and practice by the approach of “co-service” (p. 165) “where the persons in need work with others to meet their own needs – they take the fullest part they can in co-producing the service by co-assessing, co-planning, and co-providing,” and communication regarding services and needs becomes “a dialogue” (p. 180);

- Billups (1987) speaks of the training needs of future human service professionals to be prepared educationally for interprofessional team practice with families, if, for example, the client/consumer is to be “as much a ‘chief actor’ as is the professional in the interactive process between them” (p. 150).
CHAPTER THREE: LITERATURE REVIEW

Family Resource Programs

The literature on family resource/support programs reflects the use of the terms ‘family resource program’ and ‘family support program’ as interchangeable (Coady, Rothery, & Dennis, 1999; Cole, 1995; Dunst & Trivette, 1994; Family Resource Programs Canada, 2002). Within the literature, key discussion areas have been used to articulate the approach to service provision. I have summarized the main discussion areas relevant to my research question in the following sections. This chapter provides:

- a review of the terminology,
- the history and characteristics of the approach,
- the distinguishing features,
- the variety of theoretical approaches within the model,
- the range of services and diverse roles in the approach,
- the support for parents within the model,
- the role of parents in the approach,
- multidisciplinary collaborative practice within family resource programs,
- and gaps in research regarding family resource programs identified in the literature.

I will close this chapter with a brief summary of the two bodies of literature (multidisciplinary collaborative practice, family resource programs) I have reviewed for my research study.
Terminology, History and Characteristics of Family Support/Resource Programs

As noted above, the literature on family resource/support programs reflects the use of the terms family resource program and family support program as interchangeable. I will use both terms in this review as they are used by individual authors and in specific works. Canadian family resource programs are defined in terms of the type of services they deliver and their specific target populations, and are articulated as:

Not-for-profit organizations that provide a spectrum of early support and prevention services for families with children. Many programs are comprehensive and provide a range of social, educational and recreational activities, while others have a single focus, such as parent/child drop-in, telephone support or mobile toy library. Some programs serve specific populations, such as new parents, parents of children with special needs, teen or employed parents. Others support families as they experience specific life events, such as pregnancy, divorce, family crisis, immigration or military deployment. (Canadian Association of Family Resource Programs, 2001. p. 2)

Cole (1995) notes the USA’s Omnibus Budget Reconciliation Act of 1993, which provides federal funds to states for family support services, defines family support as:

Community-based services to promote the wellbeing of children and families designed to increase the strength and stability of families (including adoptive, foster and extended families), to increase parent’s confidence and competence in their parenting abilities, to afford children a stable and supportive family environment and otherwise to enhance child development (p. 164).
The National Evaluation of Family Support Programs Final Report (USDHHS: ACF, 2001) notes that the job of defining family support programs is beset by challenges, in that “a wide array of programs could be labeled family support, including programs that differ in their approaches to working with families, in what participating families actually do in the program, and in the length and intensity of family participation” (p. 8). Two working definitions are provided in the report, one being formulated by the types of services provided and their goals, and articulated in legislation. It states the definition of family support as:

Community-based services to promote the well-being of children and families, designed to increase the strength and stability of families ...to increase parents’ confidence and competence in their parenting abilities, to afford children a stable and supportive family environment, and otherwise enhance child development (GAO, 1996, cited in USDHHS: ACF, 2001, p. 8).

The second definition noted in the report “focuses not only on the goals of services but on the ways in which programs work with families to provide these services” (p. 9). The definition views family support programs as:

- normative—addressing issues faced by all families with young children;
- preventive—not designed to address specific problems or replace more intensive, professional services required by families in need ...;
- and a mutually respectful partnership between family and staff that does not rely on professional diagnosis and treatment of pathology to discern individual needs (p. 9).

The report notes that United States legislation encompasses both the:
‘Traditional’ family support programs whose primary mission is enhancing parents’
capacity to support children’s development, and which provide a variety of life
skills workshops, parenting classes and parent support groups, parent-child groups
and family activities, information and referral to other services outside the
program, and advocacy for parents (p. 9);
and more “recent programs that have a primary mission other than enhancing parent
capacity but which have incorporated family support into their programs as an integral
part of their services” (p. 9), such as job training programs for adults, or community
housing or economic development.

In North America as a whole, family resource programs have had a long and rich
history. Dunst and Trivette (1994) have conducted a lengthy review of the history of the
development of the family support program movement in America, and describe a variety
of perspectives on the development of the approach, as well as comprehensive outline of
the roots, principles and significant elements of the range of current family support
program approaches in North America. I will provide a short summary of the authors’
review of the antecedents to current family resource programs in the following
paragraphs.

Dunst and Trivette (1994) write that the first and most influential movement in the
development of family support programs was the self-help and grassroots efforts of the
1960’s. The current North American Family Resource Coalition evolved from this period
and represents over 3,000 family support programs and a range of diversity in services.
Despite the range and diversity of programs, the following are common assumptions noted
by Dunst and Trivette (1994):
1) All families, regardless of economic status or specific child or family concerns, need support;
2) The availability of social support networks, peer groups are essential to child and family development;
3) Child development information, gained through both formal and informal means, aids families in their child rearing;
4) Support programs strengthen a family’s coping ability, instead of creating dependency;
5) The provision of support during a child's first years serves a preventive function;
6) Families’ needs cannot be met in isolation from the community (p. 33).

In recent decades, American state governments have also moved towards establishing “policies and programs that aim to support and strengthen all families of young children” (Dunst & Trivette, 1994, p. 33), representing the second movement in the development of the approach. State sponsored family support programs have the following key elements:

- community-based,
- an emphasis on the interdependent relationship between family and community,
- the use of professionals, volunteers, and paraprofessionals to provide services,
- a prevention approach,
- a wide range of supports and services.
The third development has been the U.S. Department of Health and Human Services move towards family-centred and community-based efforts “to mobilize the necessary supports and resources needed by families of health-impaired and medically fragile children and adolescents” (Dunst & Trivette, 1994, p. 33). Family support programs are also represented in the early intervention practices by the Education of the Handicapped Act Amendments (1986), and are viewed by Dunst and Trivette (1994) as the fourth movement in the development of the service approach. Early intervention discretionary programs to specifically meet the needs of infants and toddlers with special needs, and their families, were established to strengthen parent’s capacity in their child rearing role.

The mental health field has also developed family support programs. They have been defined as “a constellation of formal and informal services and tangible goods that are defined and determined by families” (Dunst & Trivette, 1994, p. 35), in order for the “family to care for and live with a child or adolescent who has (an) emotional, behavioural, or mental disorder” (Dunst & Trivette, 1994, p. 35), or to stay connected with a child who may be in an out-of-home placement.

Weissbourd and Kagan (1989) note that in addition to the self-help movement of the 1960’s, other antecedents of family support programs were the Settlement House movement, whose goal was to strengthen families and neighbourhoods, through acting and advocating on behalf of community concerns, and the move in the 1960’s to educate parents on early childhood development through the provision of programs designed to better equip parents with knowledge and understanding of child rearing.
The Canadian family support program movement has a thirty year history in the provision of a wide range of services and supports to families. The programs are noted for their:

- focus on prevention and early intervention
- intersectoral/integrated services supportive of the child within the family and community context
- inclusion of children with different abilities living in different economic, cultural, linguistic and regional circumstances. (Canadian Association of Family Resource Programs, 2001. p. i)

_Distinguishing Features of the Family Support/Resource Program Approach_

Other authors have also noted the distinguishing features of the family support program approach to meeting the needs of children and families, many of which echo the elements outlined by the authors cited in the previous section. Neighborhood-based programs that support families are differentiated from "traditional social service programs in their focus on providing continuous support that may prevent and resolve difficulties before they become serious problems or crises; dedication to building on families' strengths and serving all families in a community; and flexible programming, location and goals" (McCartt Hess, McGowan & Botsko, 2000, p. 231; citing Zigler & Black, 1989).

The distinguishing features noted in the literature on family support programs are summarized by the following:

- a focus on promotion and prevention and a recognition of the importance of the early years in a child’s development;
• an ecological approach to service delivery that shapes interventions and service delivery, underscoring the need for children to be understood in the context of their families and communities;

• dedication to service delivery that is highly flexible, consumer driven, that can adapt to the needs of a community, and can be both comprehensive and individualized;

• a commitment to consumer-driven human services-delivery models and an empowerment approach, where the involvement of clients/participants/consumers shape the type of service delivered to a community, and the service response to an individual’s own needs;

• a belief that supports to a child or parent ultimately serves all family members;

• dedication to building on strengths of families through an empowerment model, rather than only offering a treatment approach by addressing ‘deficiencies’ in the family;

• a developmental view of parents, with a focus on the capacity for parental growth, development and empowerment; and

• a commitment to the universal value of support, through the encouragement of the development of social networks, and partnerships with parents to strengthen both families and communities (Comer & Fraser, 1998; De’Ath, 1989; Dunst & Trivette, 1994; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989).
Theoretical Approaches within the Family Support/Resource Program Model of Service Delivery

The literature on family support programs notes that a variety of theoretical perspectives and disciplines have influenced the development and practice of the approach (Comer & Fraser, 1998; De’Ath, 1989; Leon, 1999; Lightburn & Kemp, 1994; Manalo & Meezan, 2000; Weiss & Halpern, 1991; Weissbourd & Kagan, 1989). FRP Canada (2002) notes that “family support is a set of theories in a textbook” (p. 1), and is “complex on a theoretical level ... [and] draws on...different theoretical orientations such as attachment, ecological and system theories” (p. 4). The following are some of the theoretical underpinnings of family support programs:

- **Urie Bronfenbrenner's social ecological theory**—a reciprocal process of interaction and accommodation across the lifecycle of individuals involving the individual in increasing larger contexts, from the microsystem, the mesosystem, the exosystem, the macrosystem (Bronfenbrenner, 1979);

- **Psychodynamic Theory**—an approach to mental health issues which emphasizes that disorders are the end-products of internal psychological conflicts that generally originate in one’s childhood experiences (online http://www.wwnorton.com/gleitman/glossary/P.htm, August 03, 2003);

- **Family Systems Theory**—approaches that highlight the interdependency/interrelationships of family members, as a key to individual and family functioning (online http://www.wwnorton.com/gleitman/glossary/P.htm, August 03, 2003);
• **Social Systems Theory**—the premise of the approach “is that different social settings and their members are interdependent, and that events and changes in one unit reverberate and produce changes in other social units” (Dunst, Trivette, & Deal, 1994, p. 2)

• **Bio-Psychosocial Theory**—“asserts that client problems are complex ... involve more than one aspect of the client’s functioning, and require multidimensional interventions that address the whole client system” (Leon, 1999, p. 19);

• **Social Learning Theory**—provides an explanation of human behavior in terms of a continuous reciprocal interaction between cognitive, behavioral, and environmental determinants (Bandura, 1977);

• **Behavioral-Cognitive Theory**—an approach that emphasizes the way in which different people act and think about their actions, with emphasis on situational determinants and prior learning mechanisms in trying to explain how such differences come about (Developmental Psychology Today, 1971. p. 5);

• **Theories of Developmental Psychology**—a range of approaches that see “the human being as a changing system dependent upon its biology but constantly subject to the effects of experience” (Developmental Psychology Today, 1971, p. 5);

• **Normalization Theory**—refers to the belief that a family with a child with disabilities should have the same range of activities and services as other families (Bailey & McWilliam, 1990);
• *Attachment Theory*—a theory of the close affectional bonds that are learnt in infancy and are a central concern throughout childhood, and impact adulthood (Bowlby, 1973).

The above are some of the rich mix of theoretical frameworks in the field of family resource programs. No single theoretical approach is considered suitable for all situations, and a flexible and eclectic approach by practitioners and programs is encouraged. An inclusive approach to framing the scope of the field is seen to best serve the developing nature of family support programs, and ultimately equips practitioners and personnel, from a variety of disciplines, with a complex assortment of skills, personal development, and knowledge to meet the needs of the individuals, families and communities they serve (Comer & Fraser, 1998; De'Ath, 1989; Dunst & Trivette, 1994; Lightburn & Kemp, 1994). The range of theoretical underpinnings, and diversity of conceptual frameworks within the approach provides a challenge for researchers to provide a solid definition of family support programs (Coady & Rothery, 1999). FRP Canada (2002) notes that family support programs are “wonderfully complicated, both in practical and theoretical terms” (p. 3).

*The Range of Services and Diverse Roles in the Family Support/Resource Program Approach*

The holistic and ecological orientation of family support programs means that families receive a wide range of services, a continuum of services, or multiple services in one setting (Weissbourd & Kagan, 1989). The support and intervention practices are tailored and crafted to meet community and setting need. Resources and supports are made available to children, youth and parents in ways that are flexible, individualized, and
responsive to needs, and can be informal supports, such as a drop-in meal time for families, as well as formal supports as in group education for parents (De'ath, 1989; Dunst & Trivette, 1994; FRP Canada, 2002; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

Training and development of knowledge in “early childhood development, parenting, adult education, family systems, community development, ecological perspectives, family literacy, group facilitation, nutrition, volunteer management, counselling, community resources, cultural awareness, family violence, child abuse and neglect, managing for not-for-profits, research methods, proposal writing, evaluation” (Canadian Association of Family Resource Programs, 2001, p. 4) are but some of the skill areas that family resource program practitioners build and develop to work with children, youth and families. Practitioners often enter employment in family support programs with certification, degrees and training in fields such as Early Childhood Development, Child and Youth Care, Social Work, Adult Education, Psychology and Nursing (Weissbourd & Kagan, 1989). Zigler and Black (1989) note that many family support centres “concerned about working in the culture and context of each family...hire lay workers” (p. 12), and strive to achieve “a comfortable balance between community and professional workers” (p. 12). Both academic and experiential learning that is extensive and from many disciplines is seen as a requirement for effective work in family support program settings (Canadian Association of Family Resource Programs, 2001). The range of skill areas and disciplines offered by practitioners in family support programs, demonstrate the unique nature of community-based family support work. Pre-service and in-service training to prepare and equip family support program staff for the unique professional requirements
of such settings is a requirement to safeguard service quality (Weissbourd & Kagan, 1989).

Weissbourd and Kagan (1989) note that the mutuality and respect encouraged between parents and workers within family support programs has introduced into the human services field a role reformation, or realignment of significant implications. Role flexibility, varied backgrounds, disciplines and training of staff, combined with nonprofessional paid and volunteer staff, "requires a more intrinsic set of relationships than the familiar interdisciplinary team of professionals from various academic fields such as education, psychology, and health" (p. 26). The authors make the distinction that "while professional service-provider teams struggle with differences stemming from their varied areas of expertise, family support teams struggle with recreating their roles so that parents feel empowered" (p. 26). De'Ath (1989) notes that flexible staff roles are a common feature of the neighbourhood family support centre model in the United Kingdom.

The literature provides evidence that the issue of role blurring or lack of clarity of roles due to the flexible nature of work demands, and principles of client/participant and staff interaction within a family resource program, can be both a challenge and a necessary feature of the work (Nicholson et al., 1998; Zigler & Black, 1989). The role blurring can be one that occurs as work is planned and shared amongst a variety of disciplines (Barter, 2000; Lightburn & Kemp, 1994), and one where parents or community members receiving services, also act of volunteers or peer helpers within a program (Nicholson et al., 1998; Weissbourd & Kagan, 1989; Zigler & Black, 1989). Of importance to this study is the fact that the literature on multidisciplinary collaborative practice also addresses the issue of
role blurring and overlap across disciplines (Hallett, 1995), with some authors arguing for increased clarity of roles, and others favouring a degree of role blurring to facilitate effective practice.

Support for Parents within the Family Support/Resource Program Model

The survey of family resource programs conducted by FRP Canada (2002) found “families as a unit and single parents … [are] the most frequent participants” (p. ii) in the programs and services. The report notes that “the two most commonly targeted populations were families with children under five or six years of age and high-risk/at-risk families” (p. 10). Weissbourd & Kagan (1989) highlight that although services are provided to families, the main focus of service delivery in family support programs is the provision of “direct services to parents” (p. 21). FRP Canada (2002) notes that the majority of participants are women, and men’s participation to date has been limited. Other researchers also note this gender difference in participation (Green, Johnson, & Rodgers, 1998; Lightburn & Kemp, 1994). Providing a comprehensive range of supports to meet the diverse needs of a mix of parents in a community (such as parents with special needs children, or teen parents) within the model is but one approach to strengthening a family or providing intervention (Dunst & Trivette, 1994; Weissbourd & Kagan, 1989). For higher risk families, family support programs are seen to augment more intensive categorical services that are being offered through another service delivery system, such as education, health or child welfare, and as a way to more effectively serve those families (Cole, 1995; Comer & Fraser, 1998). Many authors in the child welfare field suggest that multi-stressed parents require the provision of a range of services and supports, such as those found in family support programs. Some of these supports could include:
• information and skill building strategies,
• access to concrete and practical resources,
• facilitated links to community services,
• the guidance and support of peers,
• a family strengthening approach,
• and supportive neighbourhoods and communities (Barber, 1992; Halpern, 1995; Powell, 1988; Schorr, 1999; Tomison, 1998).

Cole (1995) writes that a survey of staff and clients of a large child welfare agency demonstrated the need for a community centre for families. Halpern (1995) states that “today’s [family support] programs have incorporated many of the philosophical and strategic tenets of community action, such as the use of indigenous paraprofessionals to provide direct services; advocacy and service brokerage on behalf of families; and attempts to embed programs physically and socially in community life” (p. 74). Parent support programs that are part of a holistic array of family support services are viewed by Lightburn and Kemp (1994) as an integral component of “a supportive ‘community’ that enable high-risk families to receive and use the problem-solving, goal-focused work and education that they need” (p. 18). Other key elements include a developmental/empowerment practice method reflecting a non-deficit approach, and “a commitment to participation and empowerment; [and] strong connections to neighborhood and community” (p. 18). The authors found that one of the family support programs they studied offered an environment that provided “multiple opportunities and an abundance of hope” (p. 18). Cole (1995) highlights the fact that “some professionals believe… that true
family-support centers cannot be offered under the auspices of child welfare agencies” (p. 165), due to the stigmatizing nature of traditional child welfare services.

One of the main categories or characteristics of family support programs delineated by Dunst and Trivette (1994) is that of “shared responsibility and collaboration” (p. 38) between parents and professionals. An example given of the family support principle to match this characteristic is that “interventions should employ partnerships between parents and professionals as a primary mechanism for supporting and strengthening family functioning” (p. 38). As noted above, it is evident from the literature as a whole, that parents, primarily mothers, are the main focus of service delivery within the model. While services may aim to be inclusive of “all those who have a significant relationship with the child” (Canadian Association of Family Resource Programs, 2001, p. 1), such as grandparents, child care providers etc, the majority of service users are identified in surveys and evaluations as parents and women. USDHHS: ACF (2001) notes that while counselling, case management and other services are directly offered to parents participating in family support programs, the primary goal of the services is improved outcomes for children.

The Role of Parents in Family Support/Resource Programs

As noted in the previous sections, one of the key principles of family support programs is the focus on consumer-driven human services-delivery models. Resources and support should as much as possible be consumer driven, and not service-provider driven or professionally prescribed (Canadian Association of Family Resource Programs, 2001; De’Ath, 1989; Dunst & Trivette, 1994; Green, Johnson & Rodgers, 1998; Leon, 1999; Manalo & Meezan, 2000; Zigler & Black, 1989). The empowerment of parents to find
solutions to their own needs, to develop their own informal support networks, and to become involved in shaping their environments is a key principle of family support programs (FRP Canada, 2002; Leon, 1999; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

The work in family resource centres is viewed by the above authors as based on the principles of participation, collaboration, interdependence, and reciprocity. The involvement of clients/consumers as volunteers, lay staff, mentors and program leaders is a desired outcome; and the role of the authoritative professional fits less well when parents are respected as learners, advocates, partners and the most significant influence on their child's life. Family support programs are seen by Lightburn and Kemp (1994) to "encourage broad and non-categorical participation and involve parents as partners" (p. 19), and offer individualized services. The authors view participation of parents at multiple levels, such as mutual aid groups and program management, as both an intervention and a goal (p. 19). Parents' roles are both that of "learners and mentors for other parents" (p. 23). Leon (1999) advocates for the replication of the family support model in communities, and writes that the concept of empowerment "embraced by the family support model" (p. 18) begins at the time of assessment, where "client self determination...control over one's goals, individualized goals" (p. 18) are key areas for intervention.

Parent-professional collaboration is explored by Dunst, Trivette and Johanson (1994) regarding family support practices. The definition from Dunst and Paget (1991, p. 29) states that the partnership is "an association between a family and one or more professionals who function collaboratively using agreed upon roles in pursuit of a joint
interest or common goal.” Dunst and Trivette (1994) in their review of empowering case management practices in the support of families, write that effective, enabling and empowering help-givers:

Place major emphasis upon helping families identify and prioritize their needs from their own and not a professional’s point of view...encourage active family participation as part of mobilizing resources to meet needs...use partnerships and parent-professional collaboration...accept and support decisions made by families (p. 195).

The development and current issues of the Family Centre movement in the provision of family support services in Great Britain was explored be De’Ath in 1989. She noted that Family Centre work was part of a movement of “more open and holistic ways of working with people” (p. 203), and that the work is “shifting the balance of power...from professionals ‘doing to’ to ‘doing with’ others...from passive recipients to active participants...from diagnosis and treatment to shared problem solving and development” (p. 203).

“The empowerment of parents, an ability to control their lives” may be an outcome of family support programs, state Weissbourd and Kagan (1989. p. 23). Because parents may receive many services in one setting the authors believe that stronger relationships may form with service providers. In addition, “parents in most family support programs actively decide the nature of the activities in which they will be involved” (p. 25), as well as have input into program content and duration” (p. 25). Such involvement fosters a “role reformation” where “teacher/learner roles or therapist/patient are changed to ones in which knowledge is shared between parents and professionals” (p. 25). Manalo and
Meezan (2000) note that family support principles generally, and in particular the principle that "staff and families work together as partners in identifying and meeting individual and family needs in relationships based on equality and respect" (p. 8), "make[s] the family a participant rather than a client" (p. 7).

Comer and Fraser (1998) highlight the fact that family support programs "focus on family participation and empowerment through joint decision making between the family and service providers... [and] family members determine the nature of the services that they are to receive" (p. 134). Family members are therefore viewed less as clients and more as consumers of services.

In reviewing approaches to child welfare, Barter (1999) offers a Community Building framework as the most appropriate solution for the current crisis with the child welfare field in North America. Within the framework, "community-based family resource centres promoting early intervention and outreach" (p. 66, Table 2) are represented as one of the key elements. Additional elements include "empowering parents - seeing them as critical resources," viewing "parents as collaborative partners," and "promoting collaborative partnerships- families and parents being an integral part of all aspects of child welfare service delivery" (p. 66, Table 2).

A key feature of the role of parents in family support programs noted in the meta analysis and evaluation conducted by USDHHS: ACF (2001), was that while the programs are targeted at families with children "who face either environmental risks (most commonly poverty), biological risks, or a combination of both" (p. 55), with the goal to "promote improved child well-being" (p. 55), the majority of services are aimed at parents. The report state "rather than intervening directly with children, most of these family
support programs worked primarily with parents, perceiving them as the agents of positive outcomes for children (p. 55).

One of the research questions explored by Green, Johnson, and Rodgers (1998) in their study concerned whether services were indeed delivered in ways consistent with the principles and philosophy of family-centred practice. The family support principle that they sought to study was one noted by Kagan (1994) that services “allow families to have decision-making power about the nature and intensity of services they receive” (Green, Johnson & Rodgers, 1998, p. 2). The authors believed there was a need to address the gap in research that might provide evidence “that documents, whether programs are, in fact, tailoring their services to meet individual family needs and the extent to which families themselves decide the type of services they receive” (p. 3). While their case study results showed that community-based family support centres provide a range of comprehensive services, there was “much less evidence that services are provided in ways that reflect family decision making and individualization based on family needs and goals” (p. 16).

*Multidisciplinary Collaborative Practice within Family Support/Resource Programs*

Family resource program work interfaces with many other disciplines or systems, such as those identified by Comer and Fraser (1998), “education, family medicine, maternal and infant health, nursing, psychology, social work” (p. 135). Solutions to complex social problems and fragmented human services delivery systems are more and more being seen by policy makers, advocates, academics and others to lie in multidisciplinary collaboration (Comer & Fraser, 1998; Lightburn & Kemp, 1994).

The authors Weissbourd and Kagan (1989) suggest that in family support programs, “a more intrinsic set of relationships [are required] than the familiar
interdisciplinary team of professionals” (p. 26), as a worker seeks to collaborate with and empower parents.

Family resource centre workers have been identified as potential “brokers” for services to individuals and families within a community. Weissbourd and Kagan (1989) note that those family support programs that have had a direct service role as their goal: may need to envision their roles not solely as direct providers of service, but as facilitating or co-ordinating mechanisms, … [and that] family support programs are emerging conceptually as the locus or hub of integrated services that support family well-being (p. 28).

As noted in a previous section, the literature on family resource programs acknowledges that workers within this particular model of practice not only originate from varied backgrounds and disciplines, but need to have a knowledge of, and ability to function with inter-disciplinary and multidisciplinary approaches. In addition workers need to have an understanding of the role of each discipline, and their implications for meaningful service delivery to participants/clients (Comer & Fraser, 1998; Lightburn & Kemp, 1994; Nicholson et al., 2000).

Lightburn and Kemp (1994) suggest that participating “families are engaged by a flexible range of services and activities, a supportive group environment, and intensive case management” (p. 17). The programs evaluated by Comer and Fraser (1998) all “used multidisciplinary teams of service providers” (p. 137), and the authors outline three types of staff groupings “medical providers (nurses, pediatricians, and other physicians), human-service providers (primarily social workers), and educators (child-care teachers, parent-education teachers)” (p. 137).
In the particular family resource centre studied by Nicholson et al. (1998), multidisciplinary collaborative practice was seen to have impact and benefits to both clients (e.g., community connections, empowerment, increased social supports) and workers (e.g., increased support, increased professional satisfaction through learning from other disciplines). Workers in the centre met the diverse needs of community members through "varied disciplinary backgrounds and collaboration of individual workers" (p. 63). Families as clients were found to be involved in single or wide range of services, either formally or informally, over varying lengths of time, reflecting varying degrees of collaboration and access to different disciplines (p. 68).

The topic of multidisciplinary collaborative practice in family resource programs is not strongly evident in the literature, nor is there a prevalence of outcome studies in regard to the approach and the benefit to children and families. There is an emphasis on exploring the range of backgrounds, training and roles of workers, and the range of services provided to families within the model. In addition, an exploration of the inclusion of parents as a practice principle is reflected in the literature. While these discrete elements have produced a high degree of scrutiny, I found very little documentation of the investigation of multidisciplinary collaborative practice which includes parents as team members within family resource/family support programs.
Suggestions for Further Research

The following is a summary of the suggestions for further research from the literature most relevant to my inquiry:

- Manalo and Meezan (2000) suggest questions for research that were outside their scope of study, including whether joint family/staff planning of goals and service interventions lead to better outcomes for clients;
- Leon (1999) encourages practitioners and researchers to take on the responsibility to educate service providers and agencies about the concepts inherent in the family support model regarding client-driven services and the “identification and utilization of client and community resources” (p. 19);
- Green, Johnson, and Rodgers (1998) suggest that family/practitioner joint goal setting “does not necessarily lead to family-driven service delivery” (p. 18) in the family support programs they studied, and call for practitioners and researchers to devote further energy to exploring and ensuring “that services are, in fact, provided in ways that are consistent with the program model” (p. 20) and its principles of family inclusion and participation. More specifically they write that “such factors as individualization and family decision-making power are central to how such programs propose to create positive changes in families” (p. 20). They cite Guralnick (1997) who “described the need for ‘second generation’ research focused more explicitly on understanding program processes” (p. 21) with respect to the level of participation of families.
A Summary of the Literature on Multidisciplinary Collaborative Practice and Family Resource Programs

The challenge of defining the meaning and practice of both multidisciplinary collaborative practice and family resource programs as a service approach is well documented in the literature. The history and antecedents of both concepts are explored fully but separately in the literature. Multidisciplinary collaborative practice and family resource programs draw from a wide range of fields, sectors, disciplines and backgrounds. Both approaches have arisen from a need to address complex social issues, to be innovative in delivering human services, and to find creative approaches to meeting individual, family and community need. The larger social and political context of service rationalization, social welfare reform, policy changes, and a shift in how clients as service users are viewed have resulted in multidisciplinary collaboration and family resource programs appearing in government legislation, and directing how agencies and practitioners work with each other and with clients.

Within both bodies of literature, core principles are identified that include the importance of respectful and trusting relationships. The inclusion of parents as partners in the service delivery team is considered an essential principle of family resource programs, but less widely embraced as a direction essential to multidisciplinary collaborative practice. Within both approaches there is acknowledgement that parents as clients need to be provided with a wide range of options for team participation, involvement and contribution, in order for policy to be realized in practice. In addition, the changed nature of the relationship between workers and clients, where the professional takes a less expert
role and relinquishes some power and authority, is a value held to different degrees in each approach.

The preparation and training needs of workers in both multidisciplinary collaborative practice and family resource programs is outlined in detail in the literature. There is consensus that a diversity of training, education and preparedness for workers and management exists in both approaches. Suggestions for how these needs might be met through pre-service education and training, and ongoing professional development are well documented. The literature acknowledges that there is a need to provide clients and family members with opportunities for orientation and training in multidisciplinary collaborative practice, in order to play an appropriate, if not equal role, in the team process and decision making.

Both family resource programs as a model of service delivery, and multidisciplinary collaborative practice as an approach, are seen as dynamic entities. ‘Becoming multidisciplinary’ and collaborative is viewed as a non-linear process and dependent on organizational context, client needs and different settings. Family resource programs are seen to be able to adjust to meet changing community needs and demographics, with different services and flexible access options. While both approaches are believed to provide beneficial outcomes to service users, practitioners, organizations and larger service delivery systems, there remains a gap in evidence to suggest this is truly the case.

Multidisciplinary collaborative practice and the family resource program model of service delivery have been embraced by policy makers in human services systems, and by different sectors and types of organizations. It is evident from the literature however, that
the context or setting that may facilitate or constrain the specific practice approach may matter less than the attitude, characteristics and commitment of individual practitioners.

The literature demonstrates that multidisciplinary collaborative practice and the family resource program model of service delivery have been separately and amply studied in a variety of settings and contexts. It is notable that there are very few studies that address multidisciplinary collaborative practice within family resource programs. Furthermore, although the inclusion of parents as team members is viewed as a core principle of collaborative practice, and of the family resource program model by the majority of the authors reviewed, very little to date has been written on parents as participants of multidisciplinary collaborative teams in a family resource program. My study aims to address this gap in the research.

The current shifts in the child and family support system in British Columbia, involving the planned devolution to new child welfare authorities, have as their aim the strengthened voice and involvement of communities, services users, and parents as clients in shaping how their service needs are met. Given that the literature provides evidence to demonstrate how the larger social and political variables impact organizations striving to forge multidisciplinary professional and client partnership, and new ways of working together, it may be beneficial for agencies and practitioners to devote energy and time to renewing their commitment to principles of collaboration and family support during this time of change. It remains to be seen how multidisciplinary collaborative practice may be initiated, fostered, maintained, and strengthened during this change process, and how services approaches such as family resource programs may be impacted by the larger political context occurring in the province.
CHAPTER FOUR: METHODOLOGY AND RESEARCH DESIGN

The purpose of this study is to describe how practitioners engage and incorporate the voice of parents as clients into multidisciplinary collaborative practice. Community organizations that house a family resource program are the sites chosen for the study.

The study is best suited to a qualitative research design for the following reasons:

- The study was conducted in the field, with organizations purposefully selected, and their settings, and the experience of practitioners and participating parents were chosen to be explored in depth;
- The research question allows data to be collected from a variety of sources within the settings, with a focus on people (and their interrelationships) as a primary data collection source (parents, practitioners, management staff);
- Rather than put forward a hypothesis regarding the ways practitioners involve parents in multidisciplinary collaborative practice, I conducted the study to seek the perspectives of the participants and an in depth understanding of the settings;
- The research question allows for the use of different data collection methods, such as interviews and document review.

Lincoln and Guba (1985) state that the purpose of qualitative study is “to accumulate sufficient knowledge to lead to understanding” (p. 227). Qualitative research is “a form of enquiry that help[s] to explain the meaning of social phenomena with as little disruption to the natural setting as possible” (Merriam, 1988, cited in Winegardner, 2001, Para. 3); it strives for a depth of understanding of the phenomenon under study as an end in itself (Patton, 1985, cited in Winegardner, 2001, Para. 5). Marshall and Rossman
(1995) write that qualitative research allows for the voices and perspectives of participants to be expressed. My research seeks to understand how the voice of parents as clients is engaged and incorporated into multidisciplinary collaborative practice within community-based agencies. Therefore the expression of parents' and practitioners' lived experience specific to this topic, is key to gaining this understanding.

Within qualitative research, a number of methodologies are offered, that is biography, phenomenology, grounded theory, ethnography, and case study (Cresswell, 1998). I have chosen a case study approach to explore professional and parent perspectives as well as two settings/sites in which parents and workers come together. My rationale for choosing a case study approach is founded upon the following descriptions of the method by Yin (1994), who defines a case study as "an empirical inquiry that

- investigates a contemporary phenomenon within its real-life context, especially when
  - the boundaries between phenomenon and context are not clearly evident" (p. 13).

Yin writes that case studies are the appropriate research method when 'how' and 'why' questions are posed, and the degree of focus is on contemporary as opposed to historical events, and when relevant behaviours cannot be manipulated (pp. 4 – 9). Winegardner (2001) states that through case study "the researcher aims to uncover the interaction of significant factors characteristic of the phenomenon... [and] focuses on holistic description and explanation" (Para . 12), in order to shed light on a phenomenon (Gall, Borg, & Gall, 1996, p. 545), and an understanding is developed of complex phenomenon as experienced by its participants (Gall, Borg, & Gall, 1996, p. 548). This
study aims to address the research question and explain the phenomenon of parent inclusion in multidisciplinary collaborative practice through an in depth description of the interaction of people and settings.

Cresswell (1998) notes that researchers, in choosing a methodology, need to consider who will be the audience for the research report, and what form of scholarly literature is needed most in the field. I believe that a case study research report is the most useful for these considerations due to the emphasis on context, setting, and multiple sources of information. In this descriptive study of a contemporary phenomenon, multidisciplinary collaborative practice, within the real life context of a family resource program, it is hoped that light is shed on the manner in which the voices of parents as clients are engaged and incorporated into individualized service planning.

Overview of the Case Study Method

Reliability and Validity

Case studies have been criticized for their lack of rigour, particularly in the field of social sciences inquiry. Yin (1994) addresses the issue by stressing that rigour of design and methodology provide reliability and validity. Hakim (1987) also notes that the value of case study research depends on how well the study is focused. To increase the trustworthiness of my research, I used two methods of data collection (interviews and document review) and several sources of information. Individual interview transcriptions were provided to the professionals and parents who participated in the research, and each interview participant was asked if the wording accurately represented their responses and their experiences. Alterations, changes, and additions suggested by participants were made to the transcriptions. Yin (1994) states that the tactics of "multiple sources of evidence"
(p. 34), "chain of evidence" (p. 34) and key informant review of the draft material for the report increase construct validity. Hakim (1987) suggests that one strategy to minimize concerns with robustness of findings is to increase the number of sites where the study will be conducted. Hakim quotes Sudman (1976) noting that "the largest gain [in the significance and robustness of research findings] occurs when the number of sites is increased from one to two" (p. 26). Therefore, two family resource program settings are the focus of my case study.

_The Issue of Generalization_

An additional criticism of case studies is that they do not provide a strong basis for scientific generalization (Yin, 1994, p. 10). My intention in posing the research study question is to illuminate the factors regarding parent participation in collaborative teams that are uniquely present within a family resource program setting, meeting Stake's (1994) criteria for case study of specificity and boundedness (p. 236), and not to produce findings that are generalizable to a larger population or other settings. Hakim (1987) notes that case study is the social research equivalent of the spotlight or the microscope on the focus of study. The understandings presented in the study's findings will add to existing knowledge as represented in the literature review. Yin (1994) states that theoretical propositions help to direct the researcher's attention towards factors "that should be examined within the scope of the study" (p. 21). The following are the propositions that have aided in the focus of this study:

- The family resource/support program model of service delivery embodies the principle of the centrality of the role of parents in decision-making regarding plans for service delivery (Comer & Fraser, 1998; De'Ath, 1989; Dunst &

- Multidisciplinary collaborative practice strives for client involvement and empowerment (BCMCF, 1997; Dunst, Trivette, & Johanson, 1994; Early & GlenMaye, 2000; Graham & Barter, 1999; Leon, 1999; Lightburn & Kemp, 1994; Nicholson et al, 2000; Opie, 1998); and

Research Settings and Focus

The research was conducted at two family resource program sites within community-based agency settings in British Columbia. As noted above, conducting the study in two sites has been suggested by Sudman (1976) to increase the robustness and significance of the findings. The two family resource programs have program components that are believed by the host agency, to represent the family resource program model of service delivery; and that the practice is considered by agency management and practitioners to be team-based and multidisciplinary, with a service goal of providing parent and family support.

Gall, Borg, and Gall (1996) and Yin (1994) write that the focus of the phenomenon being studied can often be broken down in case studies into units of analysis (see Figure 1), a procedure believed to be a critical analytical step in the research design in defining what is in fact the case. Using these authors’ conceptualization of the design of case study research, I have outlined my topic of research from the broader area of study through to the unit of analysis in the following manner (Figure 1):
The study concerns the involvement and participation of parents as clients in multidisciplinary collaborative practice within the family resource program model of service delivery.

The phenomenon to be studied is multidisciplinary collaborative practice that provides support to parents.

The focus of the study is how management supports the inclusion of parents as clients in multidisciplinary collaborative practice; and how practitioners include the voices of parents into multidisciplinary collaborative practice.

The unit of analysis is the interconnected roles, relationships, policies and practices that influence and shape the inclusion of parents' voices in agency-based family resource programming.

The case to be studied is agency-based family resource programming that supports parent inclusion.

Figure 1. The design of the topic of research.
Study Participants and Confidentiality

The study participants included the two sites/organizations, their front line practitioners, management staff, and participating parents. My initial approach to these organizations involved making a direct contact with agency management and forwarding an Information Letter and Organization Consent Form (see Appendix A) regarding the proposed research. At that time, agency management staff and/or their Boards of Directors were given the option to consent or not and to be involved as a named site or as an unnamed site. Although both sites chose initially to be named in the study, I have presented the study with the sites and locations remaining anonymous for ethical reasons.

After a representative from each agency had signed the Organization Consent Form, management and program staff were informed of the project through my distribution of an invitation poster and were asked to be part of the interview process and to share with me any pertinent organizational documents. Program staff were also asked to inform parents of the research project, to distribute an invitation poster, and to request volunteers to be directly in touch with me, or to receive permission from volunteer parents to be directly contacted by me. Copies of the invitation posters are included in Appendix B. Permission was asked of management and program staff to allow me to be present at informal group times for parents to present the research project and to provide information to potential volunteers. I was able to attend both sites in this capacity to recruit volunteers for the study. Confidentiality was stressed in the written Consent to Participate forms (see Appendix C), as well as stated verbally by me to all possible and actual research participants. I was not able to offer full anonymity to participants due to the size of the organizations, small numbers of staff, and the specific mechanism by which
parents heard about or were invited to become research participants by agency staff. This limitation was explained both in writing and verbally to all potential and actual interview participants. While I could not guarantee full anonymity, I could guarantee the confidentiality of what was said and by whom. All names of those participating in interviews, groups, meetings or represented in documents have been disguised by a coding system in order to protect the confidentiality of the practitioners, administrators, parents, and others, and to differentiate between sources. Audiotaped interviews were given to a transcriber, who had signed an Oath of Confidentiality, and the text of the interviews contains codes in place of any names; all identifying information has been disguised. The tapes will be destroyed when the research study is accepted as a thesis.

*Description of the Field Settings*

The field work for my research study began in March 2002, and continued through the data collection phase until March 2003. During this time the majority of community-based family support programs in the province of British Columbia were experiencing funding uncertainty due to shifts in provincial service plans. My research time-line also encompassed the close of two fiscal years, which traditionally are key times of uncertainty regarding service contract renewal for social welfare agencies. The combination of these two factors made for a climate of uncertainty and anxiety in the settings I was seeking to conduct my research. In addition, many such agencies had embarked upon the process of accreditation, a workload intensive process that had become a requirement for those receiving a total of $350,000 in Ministry of Children and Family Development funding. Within this context of change, although my initial invitations for research sites met with a high level of interest, agencies declined the opportunity to participate in the research.
Agency representatives expressed a sense of being overwhelmed with different change processes underway and unable to take on an additional involvement in a research project. I was ultimately successful in gaining the involvement of two community-based agencies, which for the purposes of ensuring confidentiality I will call ‘Urban Agency’ and ‘Island Agency’, both of which graciously welcomed the research project even though they too were experiencing uncertainty.

Both agencies are members of the British Columbia Association of Family Resource Programs and the Urban Agency is a member of the national Family Resource Programs Canada. Both organizations have a family resource program that operates within the context of a large range of services provided to meet the needs of diverse populations. In the next sections, I will describe each agency, the population and community served using information from my field notes, from data collected through the interview and document review process, and from data available through BC Statistics (2002). I will also note key characteristics that are similar or different across the two sites.
Urban Agency and Community Served

The urban agency is located in the highest density neighbourhood in Canada, in a large metropolitan centre in British Columbia, and is one of eight members of an association of similar agencies. This non-profit agency is directed by a volunteer Board of Management that is elected annually by agency members. The umbrella association provides the legal society status for the agency. The association has a Board of Governors, which oversees the operations of member agencies. Key services provided by the association include a central administration office, which handles administrative duties such as funding contract links; human resources; book-keeping; payroll; annual volunteer recognition events, and the communications from the Board of Governors to member agencies. The central administration office also represents the agencies on various city and regional committees. The urban agency is celebrating sixty years of operation; it provides locally driven services to children, youth, adults, seniors, and families. In addition to the family resource program, the agency also offers a homework club, after-school programming, youth and adult employment programs, seniors programs and trips, a thrift store, English as a Second Language classes, income tax preparation for low income earners, art and dance classes, a legal advice clinic, a drop-in group for residents, and community seasonal events.

The association has formulated a position on the types of contracts/programs for which member agencies may apply, with a guiding theme that agencies will not seek to offer programs that are non-voluntary (e.g., mandated services such as child protection interventions or community probation programs for offenders). The services that are provided are seen as prevention services rather than clinical interventions, and it is
expected that participants are voluntarily accessing the programs offered. Funding is received through the association from a variety of sources, including both provincial and federal levels, as well as from the metropolitan city, United Way, and from grants and donations. The in-house thrift store generates discretionary funding for the urban agency to use in different programs.

The agency has its own building facility, where the family resource program is located, along with other services and has various programs offered at satellite locations nearby. It was evident from my field visits that at any given time of the week the main building is used by a variety of groups, as well as by people coming in to make enquiries at a very accessible and centrally located reception desk, or to go to the second floor to visit the thrift store. Within the building, small staff offices are frequently shared by two or more people as well as doubling as storage space for special events items, such as a children's holiday party. Most program rooms are multi-purpose, with each group setting up the space for their own particular requirements. The transition to different groups throughout the day adds to the busy nature of the main facility. On one of my field visits, I witnessed volunteers helping staff to close up the Parent and Tot group from the morning and new staff and helpers coming in to help set up for the Seniors’ Lunch. The urban agency acknowledges the key involvement and commitment of volunteers and views such volunteers as neighbourly helpers.

Many of the programs and activities are co-sponsored or offered in partnership with other local neighbourhood groups, such as churches, schools, agencies, and with larger bodies such as University of British Columbia, city police, and the city Public Health Department.
Data relevant to this study from the 1996 Census includes the high percentage of the neighbourhood residents (71.7%) who moved in the five years prior to the Census, compared to 57.7% of the city residents, making it a fairly mobile population. In addition, the majority of dwellings in the neighbourhood are rental dwellings (84.8%), and three quarters of all area dwellings are located in high rise buildings of more than five storeys. The neighbourhood households are predominantly one-person households (59.3%), and just over a third of all households are considered low income (annual income of $16,228 for a single person household; and $20,288 for a two person household). Slightly more than one in ten families (13.4%) is a single parent family. Other demographic information for the neighbourhood is included in more detail in Appendix D.

*Island Agency and Community Served*

The island agency is situated in a recently renovated, heritage ex-hospital building on the main road into the main town centre on the island. The organization is a non-profit society, operating under a Board of Directors, and has been in existence for twenty-eight years. The organization is a unionized employment setting. The range of services provided is an indication of the key role the organization plays as the main community-based social-services provider on the group of islands. The services offered include a variety of counselling services (crisis, addictions, short term assessment and treatment, child and youth interventions); mental health services (mental health nurse, housing coordination, emergency services, peer support and advocacy, child and youth interventions); a senior’s wellness program; an indoor climbing facility; a RCMP Victim Assistance Program; a teen group home; a community diversion program for offenders; services for adults with developmental challenges (residences, day program); a family
resource centre; an emergency food program (year round and a Christmas Hamper program); and the island recycling depot. Funding is received from a variety of sources, including both provincial and federal governments, as well as from the local Regional District, United Way, and from grants and donations. Partnerships with the Regional District, the Seniors Services Society, the island hospital, RCMP, the Anglican Parish, and individual local businesses and groups help to provide many of the services offered. The family resource centre is located in a small separate building behind the main offices and facility. The organization has staff at off-site locations such as island schools and has programs located throughout the community. In addition to varied locations on the island, counselling staff also travel to the other islands to work with children, youth and families, as part of the agency’s contract obligations.

Although the following demographic information is not specific to the island studied, the regional data from BC Statistics 2002 are relevant due to the geographical range of the services provided by the island agency. Relevant to this study is that more than half the families reporting in the 1996 Census (56.4%) had no children living at home, and of the families with children, 28% were single parent families. A small percentage of households on the islands are rental households (15.8%). Other demographic information for the islands is included in more detail in Appendix D.
Summary

The two community organizations differ in the types of services they provide and the nature of the communities they serve. The urban agency is located in a dense neighbourhood in a large urban centre where there are a variety of other programs and services from which residents may choose. The organization focuses on the provision of ‘soft’ and recreational services, as opposed to ‘clinical’ programs, which participants seek voluntarily to enrich their lives. Many of the staff positions are part-time. Although not reflected in the statistical data available from the province, I was able to witness a diversity of family structure, caregivers, and ethnic origin of participants on my field visits to the site. The participants in the family resource program parent-child groups included grandmothers and their grandchildren, nannies, male day care providers, couples who took turns attending the groups with their children (depending on their work schedule), and young and older parents. There was a plethora of languages being spoken within any given group. The association and individual member agencies strive to reflect the diversity of communities served in their hiring practices, volunteer directors, and types of programs offered to meet local community need. To this end they have developed a detailed diversity policy as part of their Policies and Procedures. There are many means within the neighbourhood by which the urban agency can assess community need, promote services, seek partnerships, and recruit volunteers. The agency’s facilities are very accessible to community residents, both in regard to transportation issues, low cost programming, and accessible building structures.

The island agency is the main service provider for a group of islands, with a quiet rural environment, offset by peak seasons of tourism. Residents of the islands have limited
choices in accessing low cost or no cost services. The organization provides a mix of 'soft' and 'clinical' services, both voluntary and mandated, as well as recreational and other services. The organization is a non-profit society, responding to community needs by seeking contracts and funding sources as community issues arise. The means by which the island agency can assess community needs, promote services, secure partnerships, and recruit volunteers are limited due to the nature of the island setting. Challenges are faced and creatively overcome by both staff and clients in the delivery of and access to the organizations' services, considering distances to be covered in the rural island settings; modes of transportation (ferry, car, hitchhiking, and lack of public transportation); hours of program operation; the type of facilities housing programs; and the many part-time staffing positions. The islands' data reflect a low incidence of ethnic diversity. Diversity in family structure of program participants was evident at field visits and from reports by staff on the make-up of their client population.

In the above summaries of the community settings for this research project, it is evident that there are both similarities and differences in the two sites. Some of the key features that are shared, which I noted from my field visits and the general setting data, are in regard to the operation of the family resource programs. These features are:

- A range of funding sources and mandates that support the organizations' wide variety of services; both family resource programs operate with the same key provincial and federal sources of funds, with similar contributions of small grants and fundraising efforts;
- Both family resource programs offer similar core voluntary programming, such as Parent and Tot Playgroups, Nobody's Perfect Parenting program, partnerships
with and visits by Public Health Nurses, prenatal support and education workshops and groups, access to clothing, and advocacy, information and referral services focusing on the early parenting years;

- The organizations are dependent on a small number of full-time paid staff, with many part-time positions, and depend on summer student hiring through the federal government, work-placements, practicum students and volunteers. This staffing pattern is reflected in both family resource programs;

- The organizations work creatively and diligently in a variety of ways to invite participation of citizens in service delivery and in the shaping of the types of services offered. In addition, although there are different access issues at each site, both organizations strive to make their services as accessible as possible to community residents, either through the provision of low cost/no cost services, or in overcoming the language, transportation, staff availability, or other access issues particular to each site;

- The two family resource programs interface with other services provided by the host organization. Staff, managers and volunteers operate in a team environment, which can be as formal as regular structured team meetings across programs, or as informal as working together to sponsor a community event;

- Participants in the two family resource programs predominantly access that program directly, often with initial contact being made with the family resource program co-ordinator, either in person or by phone, to find out program times and types of services available. Both family resource programs view the drop-in playgroups and parenting groups as a conduit for families to become connected
with the organization as a whole, to establish relationships with staff and other participants over period of time, and to ultimately get connected to other services available as needed.

Data Collection

The data collection phase occurred between November 2002 and March 2003. I visited each site three times, and the duration of each visit ranged from a minimum of two hours to a maximum of six hours. A total of twenty seven hours was spent in the field. Web site review and phone calls comprised additional methods of gathering information on the sites. Two methods of data collection, interviews and document review, were used in order to achieve a better understanding of the inclusion of parents' voices in the multidisciplinary collaborative practice, and to increase the robustness of the findings. Yin (1994) states that "a major strength of case study data collection is the opportunity to use many different sources of evidence" (p. 91), resulting in the development of "converging lines of inquiry, process of triangulation" (p. 92), resulting in "more convincing and accurate" (p. 92) findings or conclusions, and increasing "construct validity" (p. 34).
**Interviews**

Interviews were the key data collection method, and they provide rich material for the case study. Yin notes that interviews are “one of the most important sources of case study information” (1994, p. 84). The development and grouping of the interview questions arose from themes of the main research questions and were formulated with each particular respondent population in mind (front-line practitioners, management staff, and parents). As noted by Kvale (1996), “one research question can be investigated through several interview questions, thus obtaining rich and varied information by approaching a topic from several angles. And one interview question might provide answers to several research questions” (p. 130). The Interview Schedule for the three different respondents groups (management staff, practitioners/workers, and clients/parents) is outlined in Appendix E.

A semi-structured interview was designed with set questions for each respondent group, with questions asked sequentially to all interviewees within each respondent group. The interview questions were open-ended, allowing responses from the interviewee that expanded upon the posed question, and/or allowed me to pursue an individual respondent’s answers or insights (Yin, 1994). Such an interview strategy, allowed for a dynamic interaction between myself and the interviewee (Kvale, 1996).

A total of nine interviews were conducted across the two sites. Four front-line practitioners (in five staff roles) were interviewed for a total of seven family resource program practitioners. Their perspective and experiences were sought on how parents are engaged, incorporated and included in the multidisciplinary collaborative practice. One family practice management staff/administrator at each site was interviewed from a total of
four managers for his/her perspective and experiences in order to gain insight into the
organizational mandate and structures regarding the involvement of parents. Three parents
were interviewed across the two sites for their perspective and experiences on the ways in
which they had been engaged, incorporated and included, both in individualized service
planning to meet their needs, and/or in the shaping of the types and provision of the
services that are offered by the organization.

In the following sections I will provide a general description of the interview
participants, their work or involvement within the settings, based on data gathered from
the interviews and/or agency documents.

Description of Participants, Their Work or Involvement within the Setting

Front-line practitioners.

Four front line practitioners, representing five staff roles were interviewed, three of
whom were working in the family resource programs and one who directly interfaced with
the family resource program at one site. Of the five practitioner roles, four were part-time
staff positions, with hours ranging from as little as four hours per week up to seventeen
and half hours per week. The remaining role was a full-time position. Flexibility in the
number of employment hours per week throughout the year was evident as practitioners
with part-time hours reported that they often assumed additional duties at different times
(e.g., leadership for summer programs), or those with a larger number of hours often
scaled back hours when other programs were reduced or closed during periods such as
summer holidays or the December holiday period.

Reflecting the range of funding sources and contracts, practitioners worked with a
range of populations, including pregnant and postnatal women and their partners; infants,
toddlers, preschool children and their parents/caregivers; elementary school-age children; families with children six years of age and under; families with children/youth under eighteen years of age; community volunteers, practicum students, and adults in crisis. The practitioners' work was varied, and included one or more of the following duties:

- provision of parenting and child development information and education
- provision of information on immigrant and settlement issues
- provision of after-school activities and trips for children
- co-ordination of programs
- individual assessment and short-term or crisis counselling to youth, parents and adults
- fundraising
- maintenance of equipment, space and facility
- facilitation of groups and workshops
- community networking and building
- volunteer and student orientation, training and supervision.

The work was carried out in a variety of settings, including the host organization's facilities, satellite locations, daily field trips and visits to other locations, involving significant travel on an itinerant and as needed basis.
Managers.

Two managers were interviewed for the study, one of whom was directly responsible for a family resource program, and one who supervised staff and programs that interfaced with a family resource program. One manager, although an employee of the research setting for less than three years, had more than a decade's experience working in the area of family resource programs. One of the managers worked full-time in the position, and the other manager worked at just over a half-time position. Both positions supervised a large number of staff and volunteers. One manager regularly supervised eighteen staff positions as well as volunteers, which increased to twenty eight positions during the summer months. The second manager supervised fourteen staff and volunteers on a regular basis.

The managers were responsible for a variety of programs, involving a range of populations. The managers were also directly responsible for delivering certain programs, such as acting as a group facilitator or providing one-to-one supportive counselling to clients. The type of programs supervised by the managers include:

- parent-child drop-in playgroups
- parent education workshops
- prenatal/early parenting workshops
- community justice programs
- parent support groups
- pre-school enrichment programs
- after-school programs
- victim services programs
- family recreational programs
- school-based youth and family counselling services
- early literacy programs
The managers articulated their duties to include one or more of the following:

- coordination, direction, and management of programs
- recruiting, hiring, training, supervising staff and volunteers
- program development
- budget preparation
- fundraising
- assessment of community need
- program promotion
- planning special community events
- direct service to adults
- networking with other community agencies (e.g., schools, Public Health Units)
- team participation, and collaboration across teams within organization
- planning and implementing training opportunities for staff and volunteers (e.g., Integrated Case Management)
- organization of, and participation in Integrated Case Management meetings.

The work was carried out by the managers primarily in the main facility of the organization, although one manager reported being responsible for special seasonal events, which took place for periods of time off site.

Parents.

Three parents were interviewed; all were mothers and all were previous and/or current participants in the family resource programs and other services offered by the research sites. The parents' length of involvement ranged from two and half years to eight years. The three interview participants had five children in total, ranging in age from eighteen months to eight years. All three parents reported that they had begun using the
programs offered at the research sites when they were either pregnant or with a new infant, and that their first connection to the sites was through some aspect of the family resource program. The intensity of the usage of services by the parents varied amongst the three interviewees and varied at different points in time for individual parents. One parent reported attending the family resource program five days per week, when her children were very small, as well as other supportive services offered by the organization; more recently her participation, and that of her children, has been limited to specific groups and events. Another parent reported that she attends on a once or twice weekly basis but also attends other programs in the community for herself and her child. The third parent indicated that she accessed programs for herself and her children when the need arose, often quite irregularly. Some of those services included the family resource program offerings, and others were additional supportive services offered by the organization. More recently she has been seeking other services in the community to augment what was offered at the research site. One of the parents reported not only being a program participant but also being a volunteer for the organization and receiving training that equipped her to provide peer support to other parents with young children. The types of programs and services accessed at the research sites by the parents include one or more of the following:

- mother and baby drop-in groups
- parent-child drop-in playgroups
- individual counselling
- parent workshops
- early literacy programs (e.g., Mother Goose parent and baby group)
- drug and alcohol counselling
family counselling  
food bank  
Nobody’s Perfect parenting education groups  
music for children programs  
information and referral services  
couples counselling  
Christmas food hamper program  
parent-child recreational activities

The parents reported that they primarily accessed the services at the organization’s main facility or at satellite locations. Two of the parents reported that they had received home visits by staff when supportive services were being engaged.

Interviews at the two sites were conducted over a period of ten weeks between December 2002 and February 2003. Of the nine interviews conducted, seven occurred face-to-face, and two were telephone interviews. The duration of the interviews was from forty minutes to two hours. Face-to-face interviews were conducted in a variety of private settings and included different office settings and homes. One face-to-face interview occurred in the non-private setting of a restaurant during a lunch break for the interviewee. Two interviews were conducted with young children present, with many interruptions experienced. Permission was sought to record the interviews on audiotape, and six of the nine interviews were taped and later transcribed verbatim for data analysis. Two face-to-face interviews and one telephone interview were recorded by my note-taking only. Informal observations about the interview itself, such as the context of the setting (e.g., interruptions, children present) (Maykut & Morehouse, 1994), and the interviewee’s hesitations, body language, emotional responses were recorded in notes immediately following the meeting, since documenting “what is said as well as how it is said” is an important feature of qualitative interviewing (Kvale, 1996, p. 31).
I planned certain strategies for the handling of the raw interview material. As noted above, the audiotaped interviews were transcribed verbatim by a skilled transcriber. The transcription process followed the guidelines suggested by Maykut and Morehouse (1994). On receipt of each transcription, I listened to the taped interview and compared the audio with the written text of the interview, often listening to certain segments of an interview twice. Despite the skill of the transcriber, it was found that for each interview transcription, clarification and changes in wording were needed to bring small pieces of the text back to the words spoken by the interviewee. I found that just one word transcribed incorrectly, or the nuance of a break in sentence structure, changed the meaning of the phrase dramatically.

Transcription from spoken word to text has its challenges (Arvay, 1998; Bakhtin, 1986; Denzin, 1995; Eisner, 1991; Kvale, 1996; Poland, 2002). As noted above, issues such as transcription quality and taking the spoken word to the written word, require the researcher to be vigilant, since “transcribing involves translating from an oral language, with its own set of rules, to a written language with another set of rules” (Kvale, 1996, p. 165). In addition, “the interpretive nature of the transcription process” (Poland, 2002, p. 645) needs to be acknowledged. Bakhtin (1986) writes that “no text or utterance can be repeated without a change in context and in meaning” (p. 106). Denzin (1995) comments very succinctly in the following on the challenges and limitations of transcribed text:

The seductiveness of the transcribed text is given in its illusive naturalness. On the surface its referent points to the lived experiences of a real person, but this reality is one-dimensional. It is a construction, one of many possible slices/images of reality selected by the scribe. Its naturalness is a masquerade....The ‘original’
voices of individuals in a field setting, and the intentions behind those voices, can never be recovered...every transcription is a retelling, a new telling of a previously heard, now newly heard, voice... [it] records (in distorted form) a moment in history...Like a photo, it is a glimpse of the past (Para. 34-41).

In an attempt to offset the limitations of transforming voice to text, I ensured that each interviewee (key informant) had the opportunity to review the transcribed text (from the audiotape) or the summary of their interview (from my notes) and clarify, validate, make changes and additions, and comment on their satisfaction with the interview, to better reflect what they had wished to communicate (Lincoln and Guba, 1985). The intention of this strategy was to increase the validity of the data through “member checking” (Gall, Borg & Gall, 1996, p. 575) or key informant review (Yin, 1994), as well as to allow the research participants/interviewees to have a high degree of control over the reporting of their experiences and understandings, an ethical consideration. Poland (2002) notes that:

...when a researcher presents a transcript to a respondent for review, that he or she typically gets back are not only corrections to (perceived) errors in transcribing, depending on the person’s recollections of what was said, but also attempts to clarify, justify, or perhaps revoke or alter aspects of what was said (p. 644).

The majority of interviewees made either no changes or only slight changes of a clarifying nature to small parts of the text. One participant significantly changed the responses gathered from a face-to-face interview, and the resulting text was a more public, professional “voice” (Gall, Borg & Gall, 1996, p. 620), rather than the personal and
individual experience being conveyed for print. Irving Seidman (1998) makes the
distinction between a public voice and an inner voice, in “an outer, or public, voice always
reflects an awareness of the audience. It is not untrue; it is guarded” (p. 63). Such
significant changes in wording might indicate a degree of anxiety with how the original
verbal responses appeared in print (Poland, 2002). Rosanna Hertz (1996) writes of the
challenges to researchers of understanding and portraying human behaviour, for “voice
may be suppressed by the settings studied” (p. 3).

The member checking phase of the data collection process lasted for six weeks,
from the middle of February until the end of March 2003.

*Document Review*

The purpose of the document review was to “corroborate and augment evidence”
(Yin, 1994, p. 81) from the other source of data, the interviews, to result in more
convincing findings. The understanding of the perspectives of professionals and parents
gained through the interview process was enhanced by reviewing documents that were
relevant to the research focus. Borg, Gall and Borg (1996) state that the content of
written documents “comprises messages from one individual group to another individual
or group” (p. 357), an encoding that is “an important feature of human environments” (p.
356). The documents I obtained were those already in existence and in the public domain
and accessible to everyone, and included the organizations’ brochures, program handouts,
annual reports, policies and procedures. Other documents were more accessible only to
stakeholders within each particular organization such as agency personnel and Board
members, and included the organizations’ job descriptions, assessment, intake and referral
forms. The documents were either readily provided to me at each site by agency staff,
accessed by me from the public domain (for example, agency web site), or were deemed relevant by individual study participants and provided to me. The selection, review and analysis of the documents were guided by the research question themes, and the key propositions gained from the extensive literature review. The quantity and range of documents accessed and reviewed from the two sites for this case study are shown in Table 1.
Table 1.
Type and Quantity of Documents Reviewed

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization Mission Statement and Goals</td>
<td>1</td>
</tr>
<tr>
<td>Agency brochure</td>
<td>2</td>
</tr>
<tr>
<td>Program brochure</td>
<td>9</td>
</tr>
<tr>
<td>Resource package for parents/participants</td>
<td>1</td>
</tr>
<tr>
<td>Orientation package for volunteers, Board members, new employees</td>
<td>1</td>
</tr>
<tr>
<td>Policies and Procedures Manual</td>
<td>2</td>
</tr>
<tr>
<td>Annual Report</td>
<td>8</td>
</tr>
<tr>
<td>Job description</td>
<td>5</td>
</tr>
<tr>
<td>Summary of qualifications required for worker’s roles</td>
<td>1</td>
</tr>
<tr>
<td>Job posting for Family Resource Program staff position</td>
<td>1</td>
</tr>
<tr>
<td>Intake and Assessment form for Family Resource Program</td>
<td>1</td>
</tr>
<tr>
<td>Agency Web page information</td>
<td>1</td>
</tr>
<tr>
<td>Federal funder’s newsletter showcasing Family Resource Program</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>34</strong></td>
</tr>
</tbody>
</table>
A total of thirty-four documents from the two sites were reviewed and analyzed. For efficiency in data management, the documents were organized into groups depending on their type and purpose. The organization of the types of documents analyzed is presented in Figure 2.

![Figure 2](image.png)

**Figure 2.** The type and purpose of documents reviewed.

In my preparation for document review and analysis as a data collection method, I have been intrigued and informed by the approach of institutional ethnographers and their handling and treatment of texts and documents. While I have chosen a case study approach to conducting my research, I have found it valuable to immerse myself briefly in the institutional ethnography literature provided by Marie Campbell (1998) and Marjorie DeVault and Liza McCoy (1995), as it has aided me in reading and analyzing the texts/documents obtained from the two sites in my case study. While the qualitative methodologies are different, I have found the rationale for document review and analysis in institutional ethnography to be relevant to my study. Campbell (1998) writes that one of the “first working assumptions was that organizational knowledge is text-mediated in
contemporary organizations in post-industrial society” (p. 58). The author emphasizes that, in her research, attention is paid in the field “to how the written word organizes what gets known and how it authorizes that version of it” (p. 59). The Canadian sociologist Dorothy E. Smith is cited by Campbell (1998, p. 58) in the following quotation, highlighting the assumption that different interview respondents within a workplace would understand the workplace and its work from their own perspectives:

This meant that as we gathered observational and interview data, we operated on the assumption that we would find different versions of what was understood, even of what was actually happening, as people we talked to spoke from different ways of knowing the workplace and the work. Implicit in this assumption is our understanding of the discursively organized character of everyday life in organizations (Smith, 1990b:209-224).

In outlining the research strategies and steps in institutional ethnography, DeVault and McCoy (1995) note that in the examination of institutional processes, the researcher may investigate “institutional work processes by following a chain of action, typically organized around and through a set of documents, because it is texts that co-ordinate people’s activity across time and place within institutional relations” (p. 756). The authors detail the interview and document review process in institutional ethnography, as “an approach designed for the investigation of organizational and institutional processes” (p. 751), and it is their explanation of this form of investigation that resonated with me as I reflected on my own case study research. The authors note that interviewing front line professionals is very important “because they make the linkages between clients and ruling discourses, ‘working up’ the messiness of an everyday circumstance so that it fits
the categories and protocols of a professional regime” (p. 760). In reviewing documents and texts, the institutional ethnographer is trying “to find out how things work and how they happen the way that they do” (p. 765), and the authors give examples of texts such as job descriptions, and intake and assessment forms. The development of institutional ethnographic approaches “has occurred among professionals concerned with their relations to clients and the forces shaping their work” (p. 771). As a practitioner working in the human services and family resource program field, I strive to better understand on a day-to-day level the relationships between clients/service users, workers, and setting. In posing my research question and conducting the study, as a researcher, I am “an active participant[s] within the research process” (Hertz, 1996, p. 5), and acknowledge my role “in shaping the research process and product” (Doucet & Mauthner, 1998, Para. 2).

Data Analysis

Bogdan and Biklen (1982) define qualitative data analysis as “working with data, organizing it, breaking it into manageable units, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others” (p. 145). The data analysis process is described by Cresswell (1998) as a reading, memoing, describing, classifying, and interpreting sequence, loop or “spiral” (p. 145). Glesne and Peshkin (1992) describe data analysis as the “process of organizing and storing data in light of your increasingly sophisticated judgments, that is, of the meaning-finding interpretations that you are learning to make about the shape of your study” (p. 129).

Cresswell’s (1998) strategies for data management and analysis (pp. 141-148) has provided me with an initial, general framework for how I managed the raw data and
conducted the analysis process. The whole data base was reviewed in a broad-sweep manner initially, with notes of key concepts jotted in the margins of the transcribed material and the document texts. I made reflective notes and summarized initial findings in memo form. Post-it notes were used to record key themes and concepts from the data, and later transferred to theme charts to aid in the organization of the data. The entire database was ultimately surveyed for establishing major organizing ideas, followed by preliminary categories being formed, with multiple sources of evidence to support each category.

With regard to specific data sources, the following is an outline of how the material was handled:

- Interviews were listened to in their entirety several times to receive a general sense of the interviewee’s perspective, followed by reviews of the transcriptions. The methods outlined by Kvale (1996) for condensation of the natural meaning units and identification of the central themes from interview data, and of narrative analysis, were the basis of my reconstruction of the data.

- My informal field notes were reviewed to elicit what Yin (1994) describes as “new dimensions for understanding either the context or the phenomena being studied” (p. 87).

- Agency documents were analyzed “to corroborate and augment evidence from the other [data] sources” (Yin, 1994, p. 81), to aid in the emergence of substantive themes and patterns.
I have kept in mind the distinction made by Gall, Borg and Gall (1996) between quantitative and qualitative approaches to document and text analysis, in that “qualitative researchers believe that the meaning of a text resides in the minds of its writer and its readers” (p.362). As mentioned earlier, one of the main attributes of case studies as a methodological approach is the opportunity to triangulate data, to search for convergence of information (Stake, 1994) in order to strengthen the research interpretations and conclusions as they relate to the stated theoretical propositions and the original research questions.

I used analytic techniques such as data arrays, matrices, and flow charts to assist with the management and clarification of the data. One example is Figure 3 below, where the unit of analysis for this study, the interconnected relationships, roles, policies and practices that influence and shape the inclusion of parent’s voices in agency-based family resource programming is represented as a flow chart resulting in sources of data.
The unit of analysis for the case study: the interconnected relationships, roles, policies and practices that influence and shape the inclusion of parents’ voices in agency-based family resource programming.

Such techniques aid in forming meaning units, as well as in identifying gaps where more data is needed (Glesne & Peshkin, 1992; Miles & Huberman, 1984). Visual representations are described by Glesne and Peshkin as important in the areas of “developing the problem statement, data collection, analysis, and final presentation of the study” (p. 137).

Marshall and Rossman (1995) note that further re-readings of the data will elicit further groupings of key concepts. In the process of the re-readings I explored the themes and patterns within individual perspectives and agency documents, as well as across individual perspectives. Agency documents were explored to highlight diversities and commonalities across the two sites.
Glesne and Peshkin (1992) suggest that data analysis is best conducted simultaneously with data collection as it promotes the focusing and shaping of the study as it moves forward (p. 127). The authors stress the importance of organizing, storing, managing, reviewing, and reflecting on the data as it is collected, so that the study's focus is sharpened, while at the same time, aiding the researcher in being open to new opportunities and insights. I found the above to be true in conducting my research; data analysis was not a discrete phase towards the end of the project, but occurred at different points in time throughout the interviewing process and document collection at each site visit. For example, the reflection on one interviewee's story and experiences made me more attentive and perhaps probing, for the next interview. As noted earlier, the sites were visited six times, across a three month period. Such a time frame gave me ample time to reflect on the data gathered to date, to think analytically about the process of the research and the themes emerging. Each site visit, interview meeting with a participant, or reading a recently acquired document allowed me a keener engagement in the research process, as my personal confidence in conducting the research grew, and the research focus sharpened in its definition, due to the ongoing nature of the data collection, and the accumulation of my thoughts.

Data Presentation

Stake (1994) states “the purpose of case study is not to represent the world, but to represent the case” (p. 245). The aim of my data presentation is to report the findings from the case study in a way that conveys the phenomenon in an easily understood manner, as well as aiding the reader in achieving a depth of understanding. As mentioned above, visual representations are used to demonstrate patterns and connections, providing
"an organized assembly of information that permits conclusion drawing" (Miles & Huberman, 1984, p. 21). I have used techniques such as matrices of information, charts of constructs and themes, and charts of comparison of data sources for congruency, as suggested by Yin (1994), to not only aid in my analysis of the data, but to present the data and findings in a coherent format in the following pages for the reader. The research findings of the perspectives of professionals and parents and of the document review will follow in the next chapter.
CHAPTER FIVE: STUDY FINDINGS

The data generated by this case study was analyzed using the strategies outlined in the previous chapter, in order to discover significant themes and interrelationships in the data. In this chapter I will present:

- The document review findings, including the framework used to organize the data from the document review at the two sites, and the key themes that emerged from the review;
- The interview findings, including the framework used to organize the data from my field visits to the two sites, the nine individual interviews, and the key themes that emerged from the interview data.

Document Review Findings

As noted in Chapter Four, a total of thirty-four documents were analyzed for this study. The analysis of the texts and the written words generated by an organization is viewed by researchers as an important step in the exploration of processes within that institution, “to find out how things work and how they happen the way that they do” (DeVault & McCoy, 1995, p. 765). The documents reviewed were:

a) Agency internal documents

b) Agency and program annual reports

c) Agency and program promotional material

I found it important to pay attention to the documents available to me, as they represent a significant version of what is known or understood about each of the organizations and provide insight into the manner in which each organization operationalizes its mandate. Whether the reader of the texts is a researcher like myself, or
a newly hired front-line practitioner within an organization seeking insight into policies, or a potential service user reading a program brochure displayed in the community, the written words provide a source of knowledge about the organization and its practices and relationships. As a researcher, I was able to review both the document data and the interview data and was therefore better placed to ask and reflect upon the question, “Does it indeed work that way?” (Smith, 1987, p. 160) within the research settings.

In the following sections, I will present the findings from reviewing each of the document types listed above and will include some excerpts from the documents to highlight these findings. As with the interview data, these findings reflect the factors that impact the unit of analysis for this study, namely the interconnected roles and relationships, policies and practices that influence and shape the inclusion of parent’s voices in agency-based family resource programming.

*Agency Internal Documents*

The agency internal documents reviewed included policy and procedure manuals, intake and assessment forms, job descriptions and job postings, and an orientation package for new staff and volunteers. The following sections will outline each of these categories in more detail.
Policies and Procedures Manuals

Policies and procedures manuals are the written explication of an organization's definition of the system of management or guiding principles under which it operates and the steps to be taken to carry out policies. The manuals reviewed included guidelines primarily to explain the relationship between the organization and its employees in order to address employment practices and conditions. One agency’s policy manual stated:

(The manual's) purpose is to establish fair, consistent and workable policies concerning employment practices and conditions. (I:2)

Within the manuals, agency mission statements, principles of service delivery, and human resources policies and procedures were also outlined. The content of the manuals relevant to this study reflected some key themes that will be described in the following points.

Mission statements.

Agency mission statements emphasized volunteer-driven, community-based services, with the goal of individual, neighbourhood and community strengthening (I:2, I:8). One agency’s manual stated its mission statements as follows:

The (organization) is a volunteer-driven, community-service agency. Our mission is to make neighbourhoods a better place to live. Our goal is to enable people to enhance their lives and strengthen their communities. (I:2)

One site’s mission statement also highlighted the partnership with the community to develop and provide relevant services (I:2). As well, in one agency’s manual, the principles of service delivery included an acknowledgement of diversity and a commitment to hire workers that reflected the community that was being served (I:2). Personnel
policies and procedures from both sites reflected reporting lines and responsibilities within the organization, as well as outlining hiring procedures, conditions of employment, and employee conduct expectations (I:2, I:8).

Employee conduct.

At one site, employee conduct was addressed regarding issues of conflict of interest, political activity and receipt of gifts (I:2). At the second site, employee conduct policies included stipulations regarding the nature of the employee/client relationship; however the focus dealt with relationships that may be of an intimate, sexual, or harassing nature, or dealt with situations that may place the employee or client at risk of physical harm. The personnel section of the manual outlines employee conduct and behaviour, and states:

While friendly and professional relationships between employees and residents/clients are acceptable and expected, employees are prohibited from participating in or initiating intimate or sexual relationships with residents/clients, both during and outside of work hours. Breach of this policy is cause for dismissal. (I:8)

Positive workplace behaviour.

Positive workplace behaviour was outlined briefly in the work place behaviour section of one manual, encouraging employees to work in collaboration with each other:

Employees are encouraged to work in collaboration to create a situation where each individual can achieve their maximum potential and contribute in a positive way to the work of the agency. (I:8)
Confidentiality.

The confidentiality policy section of one manual outlined the confidentiality of client information and cautioned that breaches are a cause for dismissal. Exceptions to the rules on confidentiality were outlined in this same manual as they pertained to Community Living programs offered by the agency (I:8), and referred to the role of advocacy on behalf a client.

Volunteers.

Volunteer roles were emphasized in one manual and included an acknowledgement that volunteers were considered team members in fulfilling the agency’s mission. The definition of volunteer included in the manual stated:

They (volunteers) are considered to be team members working alongside paid employees and other volunteers in fulfilling (organization’s) mission. (I:8)

Service users.

Of significant note, clients received little mention in both policy manuals. When they were mentioned, it was mainly in very general terms, such as being treated in a respectful and professional manner. In one of the manuals, employee conduct and behaviour included the following statement:

Employees will demonstrate respect and compassion for the client/resident and his/her family. (I:8)

Management of disruptive and aggressive behaviour.

Sections of the manual also provided guidance for the management of disruptive or aggressive clients (I:8).
Team building.

Policies and procedures that addressed teamwork and multidisciplinary collaboration and client-centred service planning were absent from the manuals.

Intake and Assessment Forms

A package of blank intake and assessment forms were gathered from the family resource program at one site (I:11). The documents in the packages relevant to this study included Intake Forms, Consent for Release of Confidential Information Forms and Family Assessment Forms. These forms allowed for the recording of individual and family information, referral sources and reasons for referral, participant/client consent for the release of confidential information to another party, participant/client acknowledgement of exceptions to the informed consent policy in cases of child abuse or physical harm to self or others, service goals and action plans for the participants/client, type and location of services to be provided, and tracking of service contact.

Also contained in the forms were references to working in co-operation with other service providers and professionals and the possibility of sharing relevant information in order to provide the best possible service. The forms stated:

The (program)...provides support, education and counselling to parents.

Part of that support may include working in cooperation with other professionals or agencies. This means that it may be important to share relevant information with those other persons to provide the best service possible. (I:11)

The client’s service goals were also able to be recorded on these forms:
Goal(s) have been negotiated with the participant or family (by end of 3rd contact). (I:11)

Job Descriptions and Job Postings

Job descriptions and job postings were reviewed from the two sites, and included those for the family resource programs and for other positions within the organizations linked to the family resource programs, concerning both the front-line practitioner and managerial levels. Examples of position requirements, duties and responsibilities relevant to this study include the following:

The provision of a warm, welcoming atmosphere.

The provision of a warm, welcoming atmosphere to all families was a common theme. The job description for a Playgroup Leader at one site included the statement:

The primary duties of the employee include...providing a warm, welcoming atmosphere to all families. (I:3)

The ability to work with a steering committee.

The ability to work with a steering committee comprised of volunteers, professionals, community groups and service users was a requirement at one site (I:9, I:15). The job posting for a Family Resource Program Coordinator stated:

Coordinator must be able to work with a volunteer steering committee and accept input from consumers and professionals in the community. (I:9)

The ability to perform a liaison role.

The ability to perform a liaison role with other professionals within the agency to provide interventions for clients (I:9, I:10), and was a stated requirement in the job description for a Family Resource Program Coordinator at one of the sites:
Liaise with other professionals at (organization) to co-ordinate counselling and therapeutic interventions for clients as necessary. (I:10)

*Attendance at staff meetings.*

Attendance at staff meetings was a requirement stated in the job description for a Playgroup Leader (I:3).

*The ability to conduct program evaluations.*

The ability to conduct program evaluations was a requirement stated in a job posting for a Family Resource Program Coordinator:

*Program evaluation, including consumer feedback, is required.* (I:9)

*The ability to assist in identifying community needs.*

The ability to assist community in identifying needs, and assess organization's ability to respond to those needs were some of the requirements outlined in a job description at one site for a Child, Youth and Family Programs Manager (I:5).

**Multidisciplinary Collaboration, Teamwork and Parent Inclusion**

Of significance to the research, apart from the above, the job descriptions and postings did not provide additional evidence of requirements, duties and responsibilities related to multidisciplinary collaboration, teamwork, or client or parent inclusion in service planning.

**Orientation Package for New Staff and Volunteers**

An orientation package for new staff and volunteers at one site was reviewed (I:1). The package contained a variety of materials to provide orientation to a new volunteer, board member or staff person, such as a Consent for Criminal Record Check form and facilities information. Relevant to this study, the package included a statement of
commitment by the organization to make itself accessible at all levels to diverse
populations of community members and service users. The document states:

(The organization) has made a commitment to serving all residents of
(community), and ensuring that all levels of the organization are accessible to
everyone, regardless of race, sexual orientation, economic level, ability, age,
gender or religion. (I:1)
Agency and Program Annual Reports

Two agency and six program annual reports were reviewed for this study, covering the time period from 1995 to 2002. Key content relevant to this study, contained in the annual program reports, included a listing of the number of case conferences held by family resource program staff within the year with teams from the organization as well as with other community agencies (R:3, R:4, R:5, R:6); the number of team meetings attended by family resource program staff with other agency staff within a year (R:3, R:4, R:5, R:6); the number of staff meetings attended by family resource program workers within the year (R:3, R:4, R:5); the number of client referrals made to other programs, and the type of service referred to, within the organization, within a year (R:7, R:8).

Contained within the reports, were the values of the agencies that included an expressed commitment to welcoming facilities, staff and volunteers, the organizational goal of building strong, effective, safer and more caring communities through mutual support and social interaction (R:1, R:2), and the provision of a range or continuum of services to all age groups to meet a variety of needs (R:1, R:2). As well, the agencies expressed commitment to volunteer involvement and contribution (R:2) and the commitment to collaboration and partnerships with other groups and organizations to meet the community need (R:2).

Agency and Program Promotional Material

The agency and program promotional material consisted of a total of fourteen items and included brochures, resource packages for new participants/clients, agency web page information, and a funder’s newsletter showcasing one of the site’s family resource program. The material was primarily targeted at potential and new program users and the
public in general. The contents of the promotional materials reflected the agencies’ values. The programs were advertised as welcoming everyone, free or low cost in three brochures for different programs at one site and in an agency’s resource package for new parents (P:3, P:5, P:6, P:9). The documents emphasized a comfortable, fun, welcoming, informal, supportive atmosphere (P:2, P:4, P:10, P:13).

Principles of service delivery were articulated in three agency and program brochures and on one agency’s Web site. The principles included a commitment to diversity, volunteerism, and community involvement in planning services (P:1, P:3, P:10, P:11).

Community partners were listed in an agency’s resource package for new parents and in a brochure from the second site, and included partners such as Public Health Nurses and other family serving agencies (P:9, P:11). Programs and their staff were described in one site’s agency brochure and a Wellness program’s brochure as being linked to other services within the organization and to other community services to provide referrals, support and advocacy to participants/clients (P:11; P:12).

One of the programs offered by the family resource program at one site, and showcased within a funder’s newsletter, was described as founded on community partnerships and committed to the involvement of parents in the planning, decision making, and running of the programs and services.
Summary of the Document Review

The thirty-four documents reviewed provided data to illuminate the research question from an additional perspective to the interviews. There are limitations to the document review however, in that I was only given access to a certain number and type of internal agency documents. In light of this, the documents I reviewed may not be fully representative of all documents generated and used within the agencies, and certain documents that may have been pertinent to this study (such as client case management meeting minutes) were simply not made available to me for reasons of concern regarding privacy and confidentiality of client information.

The document analysis revealed that the organization and the programs offered adhered to many of the principles of family support programs highlighted in the literature outlined in Chapter Three. The data provided evidence of commitment to partnerships between staff and families to deliver services, and to mobilize available community resources. Opportunities were provided for parents/clients to network with each other for mutual support, and evidence was shown of acknowledging the diversity of specific communities. In addition, there was evidence of a wide range of informal and formal services being offered, and the use of the family resource/support program within the wide range of services provided, as a strategy to build stronger and healthier communities. The document data revealed evidence of the agencies' attentiveness to changing individual and community issues, and the desire to be flexible and adaptable to respond to individual, family, and community needs.

The document review indicated that, while community and service provider partnerships and cooperation were evident, those service delivery approaches articulated
by practitioners and managers in the individual interviews (i.e., a commitment to multidisciplinary collaboration, teamwork, client-centred services, and parent inclusion in service planning), were for the most part not strongly reflected in the written material provided to me. This significant finding was consistent with the interviewees’ comments concerning their understanding of the implicit nature of these service principles and approaches within their individual work settings.

Interview Findings

Organizing the Data from Field Visits and the Interviews

My field notes from my visits to the two sites and the data gathered from the nine interviews provided me with a wide range of research material. In order to manage the data, I have organized my findings into three broad categories:

1) The Larger Domain beyond the Organization (the bodies external to the organization to which it was accountable);

2) The Organizational Domain (the internal systems and service structures that were in place to fulfill the organization’s purpose);

3) The Employee Domain (the understanding and beliefs of management staff and front-line practitioners regarding the work that was conducted).

From the raw data, the three broad categories were further organized into nine major constructs, which provided a framework for the emerging themes. The process of data analysis described in Chapter Four elicited the factors that impact the unit of analysis for this study, the interconnected roles and relationships, and the policies and practices that influence and shape the inclusion of parent’s voices in agency-based family resource programming. Within each of the domains, I examined the prevailing or shared
perspectives of the interviewees. In order for my study to highlight the experiences, understandings and reflections of the interview participants, excerpts from individual respondents' interviews that typify common or pronounced perspectives will appear throughout the following text. Additional exemplifying quotes taken from the interviews are given in Appendix G.

1. Larger Domain Beyond the Organization

Service contracts

The two organizations had a variety of relationships with a wide range of funding sources to conduct the work in their respective communities. Some of these relationships were long-term and ongoing, others were one-time only grants and for short periods of time. Many of the contracts were in a state of review or flux. Two themes were noted under this construct relating to the two organizations' contractual obligations for service delivery.

_Territorialism created by the funding._

The community agencies were funded by a variety of government sources, as well as by grants and donations. Managers at both sites and front-line practitioners at one of the sites reported that the diverse funding sources for different programs often resulted in a program or role territorialism, which hampered joint planning across roles and programs, and often resulted in a sense of isolation. A front-line practitioner reported:

_Well, what's more of a problem here is that our agency is not globally funded. It's every program is funded by different places, so we're funded by Health, we're funded by Child and Family, and we're funded by other things_
...[for example] Federal dollars for the [program] Centre and people tend to be a little territorial about their own little thing. (4-5:6)

*Expectations of collaboration, joint planning and parent inclusion are project by project.*

Funding sources often required certain practice approaches to be embraced by a program. A family resource program coordinator reported that encouraging parent volunteerism and memberships on advisory committees or agency Boards of Directors was part of one funder’s requirements for a particular program, but it was not an expectation evident throughout the whole organization. She stated:

*It’s project by project...if that’s an expectation [of the funder]... for example the [name of project]...there was an understanding that parents would be involved in planning and delivery. But there’s no direction [from the organization] to involve parents. (6- 12:8)*

Another practitioner noted that different funders required different data to be kept on participants and clients, and different program records, resulting in a lack of consistency in file and data keeping within the organization. A manager expressed that different data and file keeping methods by different teams throughout the organization was a barrier to joint planning and effective case management, which was being slowly overcome.

The Ministry of Children and Family Development recently encouraged funded agencies in the region of one of the research sites to include their workers in training sessions for Integrated Case Management (ICM). ICM has been defined as:
A team approach used to create and implement a service plan for clients. In this approach, each person is an equal member of the team. The team works together to identify an integrated case manager, who may be the client or one of the service providers, and to develop, implement, review and evaluate an integrated service plan (Courtenay ICM Steering Committee, 2002, p. 1).

The practitioners and manager respondents at this research site consistently reported that although they have embraced the practice approach, and support the ICM principles, the training thrust was viewed as only the small first step in trying to achieve full implementation of the approach. Interviewees reported that steps were still needed to be taken to successfully implement ICMs, such as the training of clients/parents in the approach. The following quote from a program co-ordinator highlights some of the needed steps:

So it's all good and well that we've been involved in the [ICM] process, so parents also, they have to be trained...and money for ...opportunities for them to learn about the ICM process. (6-15:37)
II. Organizational Domain

Organizational mandate

The major construct of organizational mandate consisted of the following elements: the focus or goals of each of the two organizations within their geographic community, the range and type of services provided, and the way the services were provided. Four themes were identified within this construct.

The goal of helping families to be successful in their own terms, and connected in, and supported by the community.

Individual, family and community strengthening and healthy functioning was the stated goal of each of the two organizations. A manager at one site described the agency’s goal in the following:

We want families to be successful in their own terms, and to be healthy and happy, and connected in the community, supported by the community. (2-3:24)

To achieve this goal, programs and services were often offered in partnership with another community group or organization, and such partnerships and linkages were viewed as intrinsic to the goal of community building.

A continuum of resources offered.

The organizations offered a range of services to meet the needs of their respective communities. One site offered services that predominantly involved voluntary participation (e.g., drop-in or registered community and recreational programs), while the second site’s services were provided for a mix of voluntary and mandated participants. The latter group included, for example, clients involved in the child welfare system who were required to
complete a specific program in order to reduce risks in the family. The majority of respondents from both sites reported that services were offered in a continuum, such as for pregnant women, infants, toddlers, pre-school age children, school-age children programs, and teen groups; or they offered the continuum of prevention, early intervention, and intervention and treatment services. Services were seen as ranging from the informal, such as drop-in groups, to the formal types of services such as individual counselling, parent education groups, or language classes. A program manager articulated one of the goals of the agency's family and parent services in the following:

The continuum of resources....If a person comes to us with a new baby ... we provide the resources in that immediate moment and the support, but also make them feel at home here that they know once the child is older they can go into our other programs. (5-4:9)

The range of services and/or continuum of services were noted by all respondents as a key feature of the organizations.

*Volunteers and staff come together as a team.*

Both the organizations had a strong commitment to providing volunteer opportunities. These opportunities were reported to be available at different levels within the organizations. At the governance level, volunteers made up the Board of Directors or Management, and those volunteers could also be clients. A parent respondent reported on her volunteer work with one agency:

I was a volunteer on the Board of Directors... (9-4:10)

At the program level, volunteers were reportedly involved in advisory committees and were recruited, trained and supported to assist with the day to day operations of
facilities and programs. Volunteers also assisted with fund-raising ventures, such as thrift store operations and with annual special events. Volunteers included work placement students, university practicum students, and neighbourhood or community volunteers. Program managers at both sites, as well as some front-line practitioners reported that a key part of their role was the recruitment, training and supervision of volunteers, with one manager respondent noting that such training to equip volunteers with skills was one of the goals of the particular program. Special events that were planned by both staff and volunteers were viewed as team building activities. A manager gave the following example:

...We have certain events...that we’ll get volunteers for and they’ll [staff]

come in together and volunteer and that really brings the teamwork again.

People just coming together...and we all volunteer together. (5-7:28)

A parent interviewee at one site expressed a strong sentiment regarding the barriers that were created to the integration of volunteers in the agency when the setting became unionized. The interviewee believed that the result was more rigid role distinctions between staff and volunteers, many of whom were parents receiving services like herself. The parent reported on her experience:

It was more non-hierarchical before the organization became unionized, then something changed...(9-1:28)

While this is only one respondent’s perspective, I have included it in the research findings, as the interviewee’s experience provides insight into an organizational system or structure that was believed to have had significant impact on the focus of this study, that is, parent inclusion in service planning.
Services for everyone regardless of their socio-economic status.

The interview data indicated that the two non-profit organizations were committed to providing no cost or low cost services to their respective communities. One site was reported to be the only organization in its community which was able to offer certain services at no cost to families in high need of support. Most interviewees noted that it was an important part of the organization’s mandate to provide no cost/low cost services, in order to make services accessible to low-income and fixed income residents. A frontline practitioner stated:

...one of the mission goals ...is to cater to everyone regardless of their...socioeconomic status...(8-2:44)

Funding

A significant theme related to the construct of funding emerged from the data, and concerned the adequacy of the amount of money to conduct a program or service, as well as the requirements of government and other funding sources regarding the use of funds.

Insufficient funding posing challenges for collaboration and joint planning across roles and programs.

Frequent references in the practitioners’ and managers’ interviews pertained to the limitations of funding, making this a significant finding. Insufficient funding reportedly allowed for only part-time hours for different roles, limited program availability, and offered only limited administrative and technical support, and subsequently posed challenges to successful joint planning and team development. One of the family resource program practitioners stated:
Our biggest challenge is insufficient funding; and we try to cope with it by improvising. (3-4:9)

The reported lack of funding for administrative support at one site compromised the maintenance of central files, records, or databases for direct service and evaluation purposes. The lack of such maintenance was viewed as posing a challenge for collaboration and team planning across programs.

Lack of money to improve communication systems (electronic mail and voice mail) and upgrade technology was also noted at the two sites by both practitioners and managers. Such gaps were seen to create a barrier to effective communication, collaboration, and to joint planning. A family resource program coordinator reported:

I need more technical support...for the accessibility in the agency. We don’t have voice mail...the frustration of trying to contact somebody...when voice mail would be so much more efficient. (6-15:18)

Practitioner and manager respondents at one site noted that full caseloads and the geographic scope of the work (involving a lot of traveling time) mandated by particular funding sources, limited the amount of time for team development, meetings and collaboration. As a result, it was reported that staff members needed to be very creative in the ways they accessed each other to plan services or support a common client. A manager highlighted the challenges of allocating time for teamwork with the following:

[Trying to meet with co-workers]...it’s just time. When people who are busy, they have really busy, full caseloads, it’s tricky to find the time to do that. (2-6:16)
While the one organization involved in implementing ICMs was able to fund the training of all counselling staff in ICM, there was uncertainty about funding a similar parent training. A respondent at this site noted that while practitioners were being encouraged to implement ICM meetings and to include parents as clients, in order for those meetings to be successful, funds needed to be available to provide child-care for parents. The front-line practitioner stated:

*If you’re going to do an ICM meeting...there isn’t child care available. There isn’t funding for that and that’s truly an obstacle.* (6-6:45)

**Policies and procedures**

Policies and procedures are an organization’s definition of the system of management or guiding principles under which it operates. Procedures specifically outline the steps (or series of steps) that are taken to carry out policies. Policies and procedures communicate in writing the roles, responsibilities, procedures and practices that guide the work of an organization in fulfilling its mandate. Responses by interviewees concerning this area can be divided into five themes. These themes related to the practice approach regarding teamwork, collaboration and parent inclusion, data and information management, confidentiality protocols, human resources management, and union membership.
Teamwork may happen by osmosis, with a mixture of expectations regarding collaboration and parent inclusion.

Practitioner and manager interviewees at both sites reported that collaboration and teamwork were for the most part encouraged by supervisors, through modeling and verbal expectations, and were practiced on a regular basis. A manager described how teamwork happened in the one agency:

[Regarding teamwork] somewhere it happens...by osmosis or something...and in the end it seems people say ‘yes, we’re doing that. This is how we do work’, but where it comes from...it’s a mixture. (5-5:41)

However the interview data from both sites consistently reflected that there were very few policies or procedures that referenced or directed this practice approach. Policies and procedures that addressed the way staff might work together and with parents were also believed by respondents to be lacking. For example, the practitioner interviewees at one site noted that the ICM approach, while encouraged by funders and management, currently lacked the articulation of policies and procedures within their organization to guide the practice direction. A front-line practitioner at the site noted:

They [the organization] really support it and we’re going to...we’re having upgrades...there’s going to be a change to put it into job descriptions that ICM is sort of an expectation when there’s two or more professionals involved... (4-10:39)

The principle of client driven service and program planning was also mentioned frequently by the practitioner and manager interviewees as a practice approach that was
fostered by the organization and the staff members themselves. A program co-ordinator stated:

You know it needs to be pivotal around the family and that's why I am supportive of ICM where the parent takes charge and the parent controls the planning. (6-6:38)

It was noted by the respondents that policies and procedures did not reflect this principle. A manager at one site noted that job descriptions did not include expectations of this service approach:

There's nothing in our job descriptions that state that you have to do this...to include the parents in the whole planning and decision making around programs. (5-5:20)

The need for centralized files and record keeping.

The theme of policies and procedures for information management emerged from manager and practitioner interview statements regarding client intake procedures, client file closure procedures, and record and case file management generally. Client file management was reported by one program manager to be a work-in-progress:

We've been trying to expand the [client] database, so that we can cross-reference better...so we're working on that. (2-8:22)

The practitioner and manager respondents at this site reported on copious files and record keeping, but also indicated that different program areas recorded information differently. Forms were often different for different programs, and that these variations may present a challenge to joint planning and collaboration across programs.
By contrast, at the other site, where programs and services were offered to mostly community residents rather than mandated participants, very little client or participant information was recorded by staff, and often only when there was deemed to be a legal requirement to do so. A manager reported:

There’s no case files on anyone…just the incident one basically. (5-12:2)

The problem of confidentiality.

The issue of sharing information on clients/participants across different programs within an organization constitutes this third theme. This theme is very significant to the findings, as respectful and confidential management of information regarding clients and program participants is a cornerstone of positive and productive relationship building in human services. Joint planning of services was viewed by a manager at one of the sites as efficient service provision; however the programs reportedly struggled with the issue of confidentiality:

Well I think there’s always the problem of confidentiality that comes about…So I think that’s a problem…it’s understandable but I think it might not be as beneficial to the client as it could be if we were able to discuss openly how we could all work together. (5-9:30)

The interview data revealed that protecting confidentiality, and recording the release of information to third parties, required clear organizational policies and procedures that informed and supported staff in their practice. A front-line practitioner reported:

There’s an implicit expectation…that there’s a certain amount of documentation. For example, the confidentiality or release form, that you
document contacts and a plan and a stated outcome. But there's no auditing of information and there isn't a consistent format for recording in the agency. (6-12:32)

All respondents believed that up-to-date and meaningful policies and procedures in this area facilitated joint planning across programs within an organization to better meet the needs of a client or participant and, at one site, to be able to organize and implement an ICM that involved workers from other agencies.

*Hiring procedures, job descriptions and supervision - teamwork and collaboration taken for granted.*

Manager and practitioner respondents at both sites spoke frequently of issues concerning human resources or personnel policies and procedures. The organizations' relationships with its staff and the articulation of roles and responsibilities constitute this fourth theme. Policies and procedures for recruitment and hiring were viewed by most respondents as the first step in ensuring that all staff had a commitment to teamwork and collaboration and to client driven services. A manager described the hiring process at one site:

...When they're hired they're always questioned about working as a team, but everyone answers positively to that one...it is put out there in terms of hiring procedures and always on the job description which says something about the liaison with other team members and multidisciplinary etc etc ... all those kinds of words are used so ...it seems to be taken for granted. (2-4:21)
Job descriptions that explicitly articulated the roles and responsibilities regarding collaboration and teamwork were also viewed as a requirement by most manager and practitioner respondents. It was also acknowledged by some of the respondents that their own job descriptions lacked this articulation. A manager at one site stated:

[Regarding teamwork] so for me I think it would be a lot in the hiring practices but it's not stated in the employment agreement or their job description per se. (5-6:3)

The roles and responsibilities relating to staff supervision and organizational lines of reporting were frequently highlighted by the manager and practitioner respondents in the interviews. The amount of supervision and support sought by practitioners and managers, the degree of independence or sense of working in isolation, and the role of performance planning in guiding practice approaches were areas reflected in the data. The majority of practitioners and managers spoke of working very independently, without a great deal of supervision. A program coordinator reported:

There's a problem maybe with supervision in terms of schedules...managers are not available or the Executive Director is not available, so there's a lot of autonomous work done with sometimes very minimal guidance, so you need to be really self-reliant. (6-7:44)

Managers at both sites expressed that their roles were to provide supervision to many staff and volunteers, and they believed they fulfilled this requirement to a high level, as well as encouraging collaboration, both through formal (regular meetings) and informal ways (debriefing as needed). One of the managers reported:
We do expect our staff to work as part of a team.....and meet on a regular basis as well. (2-4:1)

It is therefore unclear as to the extent of staff isolation and autonomy, as the theme of supervision, while clearly a strong one, involves complexities evidenced in the data that were beyond the scope of this study to unravel.

Expectations of supervision and performance planning were viewed by all practitioner and manager respondents as key to ensuring teamwork and collaboration. Practitioner and manager respondents consistently noted that teamwork needed to be encouraged and articulated consistently by all supervisors, guided by policies and procedures that directed hiring practices and supervision practices, to ensure that the approach was embraced by all staff. As noted above, the data offers mixed evidence as to how much supervision was indeed provided, and at the same time, it was felt to be essential to a productive collaborative environment. A manager at one site stated:

...There's not much supervision in that way [regarding multidisciplinary teamwork] at all and I just don't think it exists...and I think if we had...more supervision, then I think we would be a lot more effective as an organization. (5-12:26)

On a different note, one parent interviewee noted that certain job descriptions could include roles and responsibilities that reflected a commitment to a strong involvement or collaborative relationship with the community as a whole, rather than reflecting only specific program or service work. The parent stated:

Staff need to take an interest in the larger community, to get out and see what the issues are, poverty for example, and to be involved, not only deal
with what comes through the agency door...there is a need for position review(s) to address that. (9-4:7)

The respondent believed that staff relationships with service users would be stronger and more productive if there was a more complete understanding by agency staff of the community as a whole.

Unionization - open doors have turned to closed doors.

As noted in the earlier theme of ‘volunteers and staff come together as a team’, the theme of the effect of unionization on parent and staff relationships was reflected in the data from only one respondent. A parent identified that there was a need for the organization to address changes in relationships between practitioners and parents as program volunteers due to unionization. The respondent indicated that clarity could come from policies and procedures that guided parent/volunteer involvement in programs. The data is important to include as a theme, as the interviewee believed that it was difficult to speak to current parent and practitioner collaboration when the relationships between parents and staff had become rigid due to unionization of the organization. The parent reported:

Relationships have become more rigid since the union came in; open doors have turned to closed doors. (9-4:17)

Facilities

Physical space emerged as a factor that had an impact on the type and success of relationships between clients/participants and the staff, and the organization as a whole. It was also reported to have an impact on the types and success of relationships and practices between staff themselves. Two themes emerged in the interviews relating to the
physical spaces or facilities that were used for programs or used by staff and clients. These themes related to the accessibility of the spaces for programs for participants and clients and the availability of formal or informal meetings spaces for staff.

*Open doors and accessibility.*

All respondents described the importance of having a space that was accessible to community residents, and was seen as focal point of the community, where connections could be made to services. A parent describes her experience gaining access in one setting to a variety of services for herself and family members:

> So it's a door opening to different stepping stones you know... [Connections to service provider are made] in a comfortable environment...the doors may be opened a lot more than they would be in [another named setting]. (7-5:13)

*Spaces that promote collaboration.*

Availability of suitable spaces to have private or team meetings, or to cross paths with fellow staff on an informal basis, was seen by most practitioner and manager respondents as essential to strong relationships and the flow of communication between programs. A team manager at one site reported on the benefits of the team members being in close proximity to each other:

> The ...team is really happy to be on the same floor [now]...they can talk to each other in a more informal way, more intimate. They used to be spread away out. (2-11:33)

Barriers to teamwork and collaboration included diverse locations of work sites (e.g., spread throughout the community or in different buildings), insufficient meeting spaces, and the lack of informal opportunities for staff to cross paths in their day to day
work, such as passing each other in a hallway. A family resource program coordinator spoke of the space restrictions within her agency for family meetings:

[Regarding collaboration] within the agency...there are some physical restrictions, we don’t have a family room...we don’t have another meeting room within the agency. (6-7:36)

Program characteristics

An analysis of the construct of program characteristics encompassing roles, responsibilities, policies and practices, resulted in nine themes emerging from the data.

Prevention and community building as a goal.

Echoing the themes noted earlier in ‘organizational mandate’, programs were described by respondents as preventive, risk reducing, and having the goal of individual, family and community strengthening and healthy functioning. The family resource program coordinator, at one site, described the goals of the programs in the following way:

...To provide a resource centre, which helps reduce isolation in families with young children, to risk and harm reduction and prevention services for families... and community building. (6-1:26)

Manager and practitioner respondents described the programs’ approach as holistic, namely being able to respond to many aspects of individual and family circumstances and need. A manager at one site reported on this service approach:

We try to look at the family... in a holistic kind of way, where we look at all the needs... (2-2:32)

The respondents also indicated that the goals of the programs included opportunities for partnerships with other programs to assist with activities such as
recruitment of participants. A manager from the second site described her role in building partnerships with other agencies in the following statement:

I also liaison with other community agencies to...work together... to work collaboratively...to perhaps work together on creating programs where we could help each other with recruitment of participants...for example the co-sponsored program, [named]) Group with the [another organization]. (5-1:25)

To what extent these goals were realized is tangential to the purpose of this study, and will not be addressed in this thesis.

*Parent input into program evaluation for funding purposes.*

A significant component of any program goals and service delivery includes program evaluation, to ensure that the program is meeting funder expectations and the stated goal of the program is being met. The interview data included references to both formal program evaluation and to other more informal mechanisms available in the agencies for seeking client feedback and input into shaping service delivery. The data provided mixed evidence at both sites as to how or if participating parents were routinely consulted, either formally or informally, regarding the success of the programs in meeting individual needs. A parent expressed her satisfaction with being able to provide verbal input to a family resource program manager:

[Family resource program manager] is open to all I have to say and I have given her written input regarding my concerns about the program and how we have been wanting something more; [staff person's] door is always open
to us...I haven’t had input into surveys or evaluations but I feel OK to ask questions independently and seek to give my feedback. (1-1:27)

A practitioner at the same site provided contrasting evidence of the type of evaluations that were conducted:

Parents’ suggestions are always welcome. Their participation is encouraged.

There are yearly evaluation forms where the parents can tell what they think about some of the programs. (3-3:20)

*Flexibility in how the services are offered.*

Within particular service areas, it was noted by interviewees that it was important to have a flexible range of services that participants could choose from to suit their family’s schedule, or from which they could choose to best meet their particular needs.

Flexibility of access to the services was also considered important. The term ‘flexible’ appeared to denote a range of characteristics that included the means by which a service user was referred to, or accessed a service; the type of topics offered in a parent education group (i.e., learner-centred topics as opposed to a prescribed curriculum); and choices in program schedules, duration and locations to suit the majority of participants (rather than a rigid schedule and solely centre-based activities). A family resource program coordinator described the characteristics of the services offered in the following:

*So there’s lots of ways [and] flexibility as to how the services are offered...some of it is satellite work [at other locations].* (6-2:20)

A parent respondent expressed the importance of being able to give input into the content and the scheduling of the group she planned to attend:
In the beginning of the [group], we were asked 'what is it you really want to get out of the program? ...what time would work best for you to attend? In [group] a First Aid course was wanted, and we received it. (9-2:13)

Clients/participants step in and out of services 'like a stream.'

The ease of access to the programs was considered significant by respondents, and was described as clients being able to enter or re-enter the program or service through a variety of ways and points of connection. The length of time a client file was kept open demonstrated access flexibility for service users, as was described by a manager in the following:

*We keep files open for long periods...it’s quite common for families and youth to sort of step in and out of services, like a stream. They might step in the stream for awhile and then they step out...*(2-3:14)

A parent at this site confirmed the ease of access to counselling services in the following:

*I was...not dumped after being seen a limit of six times, for example. (9-1:22)*

Lack of long wait lists and low cost or no cost services were also described by respondents as important for successful program delivery. Accessibility also denoted the ability of clients to be quickly connected with a practitioner who could assess their needs and make a timely appropriate referral to a program or to another organization. A parent reported on the minimal wait she had experienced for accessing counselling services:

*And going in for counselling...same thing, initially got in right away for a consultation... It was a minimal wait but I didn’t feel it was an unreasonable wait especially as there wasn’t a charge for it. (7-1:39)*
Staffing schedule limitations.

Linked to the earlier theme of ‘insufficient funding’, the theme of staffing schedule limitations reflected data indicating that supervisors and managers were often unavailable to staff during their working hours, due to scheduling of shifts. A front-line practitioner stated:

*Our biggest challenge is... more leaders and supervisors could be needed at some times.* (3-4:9)

Respondents identified that the limitations of supervision schedules, and the number of part-time staffing roles curtailed the success of programs attempting to work in partnership with each other, or for programs to feel well integrated into whole-organization activities. In reflecting on the opportunities available at one site for team meetings or joint training in teamwork, a manager reported:

*No, I would say we have none of that [team meetings or team training]*

*...partly because of time restrictions and partly because the staff that I have come at different times. Some come at four, some come at six and sometimes I'm not here because my shift is only nine to five, so it's a challenge...a major challenge.* (5-10:20)

While two of the parent respondents expressed satisfaction with the range and type of services offered, they also acknowledged accessing services at other agencies in their community to meet all their needs. Another parent respondent expressed that the program or service schedules available to her at the site were limited, and staff were not consistently available to participants, and she stated:

*Here at [organization] there is a very limited range of services...*(9-3:19)
Friendly staff.

Key staffing roles that were viewed as open and friendly within certain program or service areas were viewed by respondents as important to the types of relationships that were established by clients with a particular program or with the organization as a whole. Parent respondents identified two roles within the service areas that set the tone and the foundation for their involvement with a wide range of services within the organization. These service roles were identified as the receptionist for the organization and the family resource program coordinator; they were viewed as the main points of connection to a variety of services and supports accessed by the individual parents. A front-line practitioner identified the volunteer receptionist as a key role in setting the tone of the setting:

The staff here are really friendly and that’s the way you want it, like [receptionist]... she knows a lot of the people and a lot of the people know her because she’s so outgoing and friendly. She greets everyone that comes through the door. (8-2:36)

A parent at the other site described how she would refer a friend seeking services to the setting because of the friendly staff:

I would suggest going directly to the family resource program coordinator to get information on different things going on there; the receptionist at [the agency] can also direct you to services. (9-3:26)

A warm, welcoming and safe atmosphere.

The theme relating to program atmosphere was a significant one, being depicted in detail by all the respondents. Important aspects of atmosphere were consistently described
by the respondents as a welcoming approach, programs that acknowledged and planned for diversity, fair and respectful treatment of everyone, approachable staff, well maintained and safe space, and the availability of privacy. A manager described the commitment by one site to the characteristics of the service approaches:

We create a very warm and welcoming, open-minded atmosphere for them to come, a place to come... We do have lots of staff who speak different languages, which makes it also more welcoming for them... and shows that we’re open-minded and diverse community. (5-2:33)

Parent respondents indicated that the initial contact and sense of program atmosphere had a significant influence on subsequent relationships and service use. One parent described her initial and ongoing experience of the programs at one site:

...approachable staff, very easy to approach, open door policies... and that message is there right from the beginning, at that first contact with you. (1-3:18)

Teamwork, collaboration and being in the ‘know-all.’

This theme emerged from the data as relating to the way inter-program referral was managed, the type of joint team meetings involving more than one program area, and the way parents could give input and be involved in shaping services and programs. A manager described the manner in which two service teams collaborated in the following:

...the two teams meet on a regular basis... so they all know each other, they know what each other does, and... they refer clients to each other... we always know if there’s someone that they’re working with in common. (2-4:4)
In addition, this theme related to the manner in which ICMs might be planned and implemented at one site. A front-line practitioner reported on setting up an ICM:

*I’ll set up an ICM...and bring in a team that are working with...create a team...and if you don’t include everybody...it can get really difficult.*   

(4-7:14)

In one setting, the occurrence of regular staff team meetings and joint team meetings across programs was valued as a means to provide support to team members and to keep up to date with each other’s work and program issues. A family resource program coordinator at the site described how follow-up on a client happens at joint team meetings:

*...If I’ve seen somebody once or twice, and I do an assessment...somebody who needs to see the [other practitioner] I’ll make a referral, and then there’s a cross referencing and a feedback and usually...case conferencing and tracking occurs at the team meetings, so there’s a follow-up that happens, and you know if there’s been any closure, or successful transfer.*   

(6-3:23)

A manager at one of the sites described how she encouraged staff to consult with her on their work:

*[Supervisor speaking of encouraging the staff] to always let me know ... they are dealing with this family and what they’re doing so I’m in the know-all...so I’ll know what’s going on as well.*   

(5-5:29)

Of significance to this study’s findings, while one practitioner respondent was able to ensure that parents were involved and present at ICM meetings, another practitioner noted from her experience that in the ICM training sessions, parents as clients were not currently invited or involved as active participants in the process. The practitioner reported:
Now they've trained the professionals [in ICM] but not the parents... What's wrong with this picture? It's supposed to be client focused except there aren't any clients there... or parents there. There are none! (6-16:2)

The practitioner also indicated that the implementation of the actual ICMs was a work in progress, and while the meetings were viewed as client-centred, they often did not include the presence of the parent or family:

...there's been reticence to do the integrated case conferencing, and that's something that we're working towards now... There's always a venue to conference... but it's not always done... with the family present. That's how I would like it to be different. (6-4:14)

*Barriers to collaboration - looking at things differently.*

Challenges to effective joint program endeavours and collaboration with parents were also noted by interviewees, and while reportedly rare, they included the occurrence of different practice philosophies in different teams, different perspectives on family work based on cultural differences, and personality conflict between staff members. Reporting on the factors that might inhibit collaboration, a manager stated:

It's different philosophies... on families and raising children. Cultural differences also make a big difference... you look at things differently and it's not right or wrong but it can also be a barrier I think. (5-10:5)
III. Employee Domain

Employee roles

Five themes emerged from the construct of ‘employee roles’ in the data analysis and reflected the factors which impacted the relationships between individual staff, and between staff and clients, and influenced practice. The five themes related to employee schedules, the range and variety of work within each role, and teamwork and collaboration as part of the roles.

It’s just getting the time.

The topic of staff schedules for different roles was mentioned frequently by respondents as important to the manner in which services were delivered and to the way clients were able to access staff. The number and focus of staff hours reportedly set fixed parameters around service schedules, staff availability for meetings and supervision, and was mentioned as a challenge to joint planning and collaboration in the work environment. One manager described the challenge to collaboration across two teams at one site in the following:

[Regarding challenges to collaboration] ...it’s just getting the time. [Other manager] does some clinical work as well. I work three days per week, and that’s it, so sometimes it’s difficult to set time to talk about things. You know we do that, but we don’t have a regular time. (2-7:36)

At the other site, a manager described encouraging her program leaders to drop-in at least once per week on an ad hoc basis to keep her up to date and share information:
So amongst the leaders, they talk to each other and they bring it back to me and we’ll sit down every once in a while and I’ll say “how are things going?” and they’ll tell me what’s going on...(5 - 7:16)

The pressures of being ‘it’ and wearing ‘many hats.’

Practitioners and managers at both sites reported on the ‘many hats’ they wore within their roles in their work environment. I have detailed the scope of the work of both these respondent groups in the Data Collection section of Chapter Four. The respondents indicated a certain amount of pressure being the sole practitioner or manager that was responsible for a large and diverse role. A family resource program coordinator described this pressure:

...When you’re the only person in a family resource program...I’m IT, and if I’m unavailable because I’m having to go... to this planning meeting...for funding opportunities, I would like there to be some back-up so I would have some relief....So I don’t have any backup and if I’m sick, I’m worried because I cannot, I really can’t be sick. (6-16:12)

A manager described both her role as a front-line practitioner and as a program manager in the following:

It’s [manager explaining role] mostly program management and development. I do some direct service. I facilitate...[four] groups and whatever else I come up with if I don’t have the funds to hire somebody, that I can do myself, that I have enough training to do myself. (5-2:8)

Practitioners and manager respondents also reported on the importance of maintaining the boundary between professional roles within the organization, when
collaboration and teamwork takes place to support a client. Skill was also needed to maintain the boundary between the professional role and that of also being a community member, and the two roles were reported to co-exist with a certain amount of accepted tension. A front-line practitioner reported the following challenges:

...the confidentiality is a very big issue in [geographic area]...everybody knows everybody...the difficulty with it is we all live in the community and we all wear lots of different hats...(4:11:40)

Maintaining role boundaries regarding workload was also viewed by respondents as essential to personal health and practice quality in settings where programs were viewed as underfunded for the work at hand. A family resource program coordinator at one site reported on the self-care aspects of her work in order to juggle her many roles:

[By attending clinical group supervision session] not only are you dealing with your own [program's] families but you’re hearing case histories of some really horrendous mental health issues and I’m exhausted...and I used to have the drop-in open...and I would come back and do counselling or even continue the drop-in when I got back and I found it was too much...So it’s a matter of pacing yourself and having the freedom to do that...when you’re wearing so many different hats and multi-tasking in a family resource centre...you need that support in terms of being able to look after yourself, self-care. (6-17:20)
Knowing and using all the resources available.

Practitioners and managers identified that in order for teamwork and collaboration to take place, workers needed to understand each others' roles and duties to prevent duplication of services. Such awareness was believed by the respondents to lead to a maximization of available resources and the best service for a client. All the respondents believed that they were highly up-to-date and aware of available resources within their organization and in the community. The following was reported by a manager in describing how practitioners in her team looked for additional resources for a client:

They’re [staff] always saying “Am I the best person for this? Is this what needs to happen? Or, how can I get more help here? I’m working with the kid but is there something else missing here. Maybe I’ll try and get the parent to go and see a mental health worker” whatever...there’s so few resources ... that we know what they all are and we try and use them all. There’s no protectionism, there’s not enough of us. (2-4:38)

The importance of having a co-worker to trust for mutual support.

The respondents also identified that, within their roles, there was an expectation of mutual support within and across different teams, which was very satisfying. A practitioner talked of working in a program that was held off-site to the central facilities and described the importance of having a co-worker to trust:

It also helps to have someone, whom I trust, there to talk things over with. I am not an expert in everything. We help each other out along the way. (8-3:49)
At the second setting, a program coordinator spoke of valuing the accessibility of other co-workers in the following:

Other [co-]workers are very accessible and there’s always a venue to case conference or to brainstorm or gain support or receive feedback... (6-4:17)

Staff roles and crossover to parents.

The respondent’s experience of how collaboration might occur between two or more program areas to support a parent is a focus of this study. ‘Cross over’ is a parent’s term which refers to the interface of staff roles and functions between two different program or service areas in support of a common client. Interviewees gave mixed responses regarding teamwork and collaboration in staff roles, either that they had experienced themselves or they believed to be the manner in which staff practiced. For some, staff roles appeared somewhat seamless for joint planning, and individual staff were seen as complementing another’s expertise. A parent reported on her perceptions of how staff worked together in providing her with services:

[Referencing working with two workers]...is a really nice balance because they’re very different types of people, but they work well together...(7- 5:11)

However, one parent respondent indicated there was little joint planning or coming together of roles within the organization in the provision of a series of services for herself:

[Referencing working with two workers and opportunities for joint planning meetings]...they have been separate [meetings] with no cross over between programs and services. (9-3:9)
Knowledge and skills of individual practitioners

The knowledge and skills of practitioners and managers were a major construct within the data management framework. The types and quality of connections and relationships between practitioners and their managers, practitioner and practitioner, practitioner and client, and program and funding body were influenced by individual employees' knowledge base and skill set. The six themes regarding knowledge and skills related to the assessment skills of practitioners, their knowledge of other roles and services, a belief in each other's expertise, the training and professional development undertaken, ethical practice skills regarding confidentiality, and practitioner's ability to seek client input into program and service planning.

Being in the right place - making a good fit between parent needs and available services.

The theme of assessment skills related to the ability of practitioners to assess, diagnose or 'fit' the specific needs of a client to the type of service or program that would best meet the individual or family's needs. The majority of respondents stressed the importance of the match between a participant/client's needs and available service. A parent described how safe and connected she felt in this process:

When you walk in the door the [worker] sees you and refers you to the appropriate service, I felt in the right place, felt safe, was reassured a number of times, felt connected somehow... (9-1:20)

A manager reported on the process for assessing the needs of a walk-in client:
[In reference to a walk-in client]...I'll invite them *[sic]* into my office...and we talk... and immediately you sort of assess the situation and know what you can provide to them and what you can’t. (5-11:28)

Another parent described the movement she made to other practitioners within a team as her counselling needs were identified:

They [agency staff] were diagnosing what I needed in the counselling area...I moved around a little bit within the counselling department to different people as needed, with different problems that came up. (7-2:7)

*Knowing who is doing what and being ‘on the same page.’*

The second theme relates to the importance respondents placed on staff’s knowledge of available staff resources and expertise within an organization, and of services available elsewhere in the community. A manager reported on the significance of her role in knowing what was going on across different programs in the following:

*I do know, because I supervise people, I know whose doing what, and I supervise programs that don’t always talk to each other...and so I know what’s going on with each of those.* (2-5:21)

Practitioners reported that knowledge and understanding of different practice approaches in their field was important, as well as workers being consistent in their approaches when working with common clients. A front-line practitioner described the manner in which information on service provision to clients was provided in the following statement:

*The workers meet once a week and we talk about difficult cases for support, direction, and to ensure that we’re not duplicating service in terms of us*
providing somebody with different things, so we try and ensure that we’re all on the same page, in terms of the direction we’re working with families, and quite often we are working with the same families. (4-4:17)

Manager respondents noted that their role involved knowing what others in their teams and in their organization were doing, as well as knowing about resources in the community. A manager’s many years of practice in the community was reported to have enabled her to know about all the services and workers:

...To know who’s who of all this... (2-8:28)

Belief in one’s own and each other’s specialization.

Front-line workers and managers reported that an awareness of the extent of one’s own skills and expertise was an essential component to their practice. A front-line practitioner reported:

I believe each of us have our own specializations... [in reference to co-worker] there may be some things that she is good at, while I may not be. (8-3: 46)

The same group of respondents reported that teamwork required a valuing of others’ skills and expertise and also an awareness that one role did not have to ‘do it all.’

One parent respondent spoke about her own successful move to another practitioner, based on the referral made by one practitioner who was professionally and personally aware of the limits of his knowledge and expertise in meeting her needs:

I was very lucky with the counsellor, I was, and I think he figured out right away that what we were working with wasn’t a general topic, that it needed
specific concentration, and someone who was more experienced at that. (7-2:36)

Knowing what you are doing and knowing about teamwork and collaboration.

The importance of training and professional development was frequently reported by all respondents. A family resource program practitioner at one site stated:

**Training and education are very important to have strong skills for the job, and strong multicultural skills... [workers] need a mosaic of skills that have to brought to this kind of position, as there are complex family needs and a large range of cultures.** (3-5:10)

At one site, the value of the initial ICM training was noted by all practitioner and manager respondents. A manager reported:

**We’ve recently embraced ICM. We’ve all been trained and in fact in the whole region, I think we’re the [only] ones that are actually doing it.** (2-5:42)

One parent respondent reported that a core skill set relating to addictions work needed to be a part of all counselling staff’s repertoire. The parent suggested that training was essential because of the following reason:

**...If they don’t understand how addiction affects a person then they can’t get at any of the other stuff anyway...** (7:7:41)

At both sites, practitioner and manager respondents stressed the importance of training in teamwork, multidisciplinary work, collaborative work with families, and training together to strengthen teamwork. A manager of one team described how practitioners from different teams at one site, as well as other professionals in the
community participated in professional development together as a strategy to build collaboration:

...through professional development we’ll bring somebody in or we’ll send people off from different programs to some professional development so that they actually spend the day together learning about something...with this ICM we’ve done that training and we mixed and mingled people from different programs. (2-9:32)

At the other site, a manager noted the lack of teamwork training available to employees:

[Teamwork training] is lacking in this place... and I think if we had more professional development and supervision, then I think we would be a lot more effective as an organization. (2-12:34)

Paying attention to the fine details of confidentiality.

It has been noted earlier that ethical practice and confidentiality guidelines were viewed by respondents as needing to be outlined in detail in organizational policies and procedures. An additional significant theme from the data is that of the skills required of practitioners to ensure ethical practice and the management of client information in a competent manner. The theme relates to the maintenance of confidentiality and to the manner in which the release of private information occurs when a practitioner is working with others to support a client. It is a significant finding, not only because of the ethical, professional and legal implications attached to confidentiality, but because it was viewed by respondents as an important factor in the quality of relationships between clients and
practitioners, and between practitioners and other professionals. A practitioner reported on the importance of competence in managing confidentiality:

[Factors that contribute to collaboration include that] there's somebody confident and properly qualified...credentials are important, counselling credentials of the helping professionals involved and the community confidentiality. (6-7:17)

It was viewed as an essential professional skill and competency area, whether or not it was directed and monitored by the organization through policies, procedures and supervision. A parent at one site suggested that the organization in which she was involved needed to be more attentive to aspects of confidentiality:

Confidentiality is an issue...more attention could be paid to it. (9-4:5)

Practitioner and manager respondents indicated that they mostly managed this aspect of their work successfully and sensitively. Both groups of respondents provided evidence in the data of the attention and sensitivity they gave to this aspect of professional practice and demonstrated a high degree of awareness in managing the issue. A front-line practitioner described how she would handle confidentiality if she met a client out in the community:

And another thing that we will say to people, I know a few of us, that “everything that we say is confidential. After today...between the week, if I see you in the grocery store, I will not come up to you and say anything. If you choose to say ‘Hi’ to me, fine, but that’s your choice that we don’t have to acknowledge each other. So you’re really paying attention to the fine details of [it]. (4-13:35)
A parent respondent described an experience that contrasted with the practitioners' and managers' view. The parent reported that practitioners within the organization had not managed the sharing of her information very well and that it had resulted in a less trusting relationship with the organization:

... there was a breach of confidentiality, [worker] usually always asked for my permission; when the confidentiality breach happened it was awkward and distrust came about, and I worked at feeling more trusting, and I also became more careful about what I disclosed. (9-2:23)

The parent's experience highlights the significance of competence in the area of managing the issue of confidentiality in collaborative practice. It also provides insight into key dynamics of being involved in a helping relationship; being able to trust in the sharing of information for therapeutic benefit; and the manner in which the helpfulness of the relationship may be significantly compromised if there is a breach of trust, or lack of competence, in this area.

Encouraging parents to step up to the plate and be involved in service planning.

Service and program development and planning, as well as program evaluation skills were viewed by respondents as necessary skills for practitioners and managers, particularly in regard to service user involvement. One parent respondent noted that she had been able to provide input into one program area, but it was not a consistent invitation across other services with which she was involved:

I have provided input through the [Health Canada funded program] evaluation. (9-1:27)
Respondents suggested that it was important for practitioners to have skill in allowing clients/participants to have control in shaping services, within the parameters of available resources, and to be able to provide a range of opportunities to ensure the involvement of clients/participants in this process. A parent described the manner in which she had been approached by staff to give input into service planning, and noted how others may not always wish to be so involved:

They [staff] definitely opened it [service decisions] up for parent’s involvement. Parents don’t always step up to the plate you know. And so feeling it out and then making a decision is a very difficult role you have to play. And they don’t always get feedback from people...I’ve always been approached, ‘what do you think of this idea? Would this be something that would serve you?’ And yeah, I was always clear about whether it would or not. (7-4:12)

*Employee characteristics*

The final construct of employee characteristics involves areas that are more individual in nature, and relates to the beliefs and values that managers and practitioners indicated they brought to their work setting and practice, and to their relationships with co-workers and with clients. Three themes emerged in the interview data that reflected personal employee characteristics related to self-direction, to the commitment to provide practice based on relationships, and the beliefs held regarding teamwork and collaborative practice.
Working independently and in isolation.

Although practitioner and managers reported that they operated within team environments and that reporting lines were clearly articulated within their organizations, most reported that they needed to be self-directed in their work and that they worked with a great deal of independence, and in some cases in isolation. This theme is linked to earlier themes, namely ‘funding’, and ‘hiring procedures, job descriptions, and supervision’, where evidence of the levels of supervision and degree of isolation in the work setting were mixed. A front-line practitioner described how it was necessary for workers to be self-reliant:

People have been working in an isolated manner with the outside agencies...There's a lot of autonomous work done with sometimes with very minimal guidance, so you need to be really self-reliant. (6-7:35)

Another practitioner noted that it was understood that workers would function independently:

There's not a lot of questioning about what we're doing...it's understood that we can do it, and we'll do it in a professional way. (4-10:25)

A listening ear and a door always open.

The data revealed that practitioners were committed to building relationships in their practice, and evidence was provided of a high degree of interaction, tuning in, and checking in with clients and with each other. A parent reported:

She [family resource program worker] was always there. In and out, on and off as we needed it...she was always a listening ear and was supportive. (7-1:35)
In working as staff together in the organizations, managers and practitioners indicated that mutual support was provided within and across their team settings. A manager described her availability to the staff she supervised in the following:

I have a very open door policy with my staff so they feel very comfortable in just coming in at any time and asking questions and a lot of time we’ll just communicate by e mail...there’s a lot of interaction between most of my staff and I [sic]. (5-6:21)

This is in contrast to some of the reports of practitioners working in an isolated or unsupervised manner in some of the teams. Despite the mixed evidence related to the work environment, the statements reflecting the high degree of interaction and availability indicated a commitment to relationships at various levels within the organizations, a commitment that employees brought to their role and their understanding of their work. A manager reported on this commitment:

I always say, and I’m very sincere, and I say, ‘You know if you ever need anything or if you’re ever concerned about anything my door is always open, please call me or come in and we’ll talk about and deal with it.’...I’ve showed them [staff] that I’m open to them, that it’s a two way street that they can come to me and that I’ll go to them also if I have a concern. (5-7:8)

Another manager reported that she checked in with a counterpart from another team on a frequent and ad hoc basis. During the interview process there was an exchange between them via a telephone call:
That's my counterpart just phoning me now from wherever. But we do it on an ad hoc kind of thing and we do talk to each other [despite their work scheduling challenges]. (2-8:39)

*Teamwork and collaboration: support, trust and communication.*

For the final theme of beliefs regarding teamwork and collaboration, practitioner and manager interviewees reported valuing being part of a team where effective communication, trust and mutual support were offered. These factors were viewed as essential in order for collaboration to take place. A family resource program coordinator reported on the importance of feedback in regard to making a referral to another team:

If I'm going to make a recommendation to [other team] and make the referral, I need the feedback that that person has been seen within a week, not have to wait two weeks for somebody to be seen. (6-14:31)

A manager described the importance of communication and trust in her relationships with her staff:

There's just always a very open communication between my staff...because of that I think that's how we work collaboratively together. We sort of have a trust with each other and we all get along very well. (5-7:13)

*Summary of the Interview Findings*

The interview data confirmed many of the Document Review themes as they related to the principles of family support programs. These principles have been noted earlier in the Summary of the Document Review. The interview findings gave additional insight into the actualization of these principles within the two organizations, and will be discussed further in the following chapter.
Managers, practitioners and parents interviewed at the two sites spoke in detail of the relationships with each other and with the community-based agency and its programs. The manager and front-line worker respondents spoke of the influences of varying funding bodies and the accompanying mandates, objectives and expectations for individual programs and roles. Both these respondents groups provided a detailed picture of the work they conducted, the stresses they experienced, and the training, skills and competencies required for their positions. All those interviewed spoke of the various organizational structures and program and worker characteristics that contributed to a meaningful agency presence in the community, effective programming and positive relationships. The factors that foster or challenge relationship building, teamwork and collaborative endeavours were reflected upon in the interviews.

Collaboration, multidisciplinary work and parent inclusion in service planning were reported as practice principles by practitioners and managers and were viewed by the respondents as practices that were influenced by multiple factors within their work settings. As noted earlier in the Summary of the Document Review, a significant finding of this study is that for the most part, these practice principles were viewed by respondents as implicit, rather than clearly articulated expectations of both the organizations. The manager and front-line practitioner respondents provided evidence of the ways in which these practice principles were incorporated into their work and the day to day activities of the programs and services. The findings indicate that to implement and maintain these practices successfully, fine tuning and attention by both workers and managers were required, and was believed by some respondents to require attention from the organization as a whole, with the practice principles demonstrated in policies and procedures and other
agency documents. In addition, some respondents indicated that funding bodies needed to be more aware of the unique pressures experienced by multiply funded and under funded community-based agencies when certain practice approaches were expected.

In the following chapter I will more fully discuss the significance of the study’s findings and their implications for practice, policy and further research.
A Discussion of the Key Findings

The previous chapter described some significant findings that are deserving of additional consideration. These significant findings will be reviewed and discussed in the following manner:

1) A discussion of the findings related to the general organizational milieu, which frames the service approaches of multidisciplinary collaborative practice and parent inclusion; namely the mandate and goals of the organizations, the involvement of volunteers, the continuum and range of services, service access and flexibility, space and facility issues, and the atmosphere of welcome and safety;

2) A discussion of the findings illuminating the nature of multidisciplinary collaborative practice and parent inclusion in service identification, planning and implementation at both sites; namely those findings relating to service contracts, funding limitations, organizational policies and procedures, the relationships between the agency and parents/clients, between programs, and between co-workers.

The Findings Related to the General Organizational Milieu

The Organizational Mandate and Program Goals

Both the interview data and document data were consistent in the representation of the organizational mandate and program purpose at each of the two sites. Community, family and individual strengthening and healthy functioning were the stated goals of the two organizations. To achieve these goals, both agencies and individual program areas sought working partnerships with the neighbourhood, residents, and community at large to offer an array of no cost or low cost services.
As the agency settings for this study, the family resource programs (within the array of services) demonstrated principles of service delivery consistent with the literature on family resource programs. In particular, the findings indicated the following program principles:

- a prevention and early intervention approach, with recognition of the importance of the early years in a child’s development;
- an ecological or holistic approach to service delivery;
- service delivery that was flexible, and adapted to the needs of the community;
- individual support to a child or parent was viewed as service to the whole family;
- supports and services were culturally sensitive;
- a developmental view of parents; and
- the value of support through social networks, and partnerships with parents (Comer & Fraser, 1998; De’Ath, 1989; Dunst & Trivette, 1994; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

The data demonstrated that there is not a ‘one size fits all approach’ to community-based services, for the two sites differed in the array of services offered, particularly in regard to mandated services. The Island Agency, as the sole service provider in its geographic area, appeared to have the greatest scope of programs, with a mixture of voluntary and mandated services that co-existed within the organization. The latter consisted of support and intervention programs for individuals and families who were mandated to receive services by different government agencies, such as the Ministry of Children and Family Development. Consequently, the data revealed that this
organization provided a greater amount of therapeutic or intervention services compared to the other site along with prevention and universal access services.

The literature underscores the fact that collaborative practice can look different in different teams and settings, with varying degrees of integration; and can depend on variables such as “the focus and goals of the work and the purpose and length of client involvement” (Nicholson et al., 2000, p. 64), and the continuity of members in a team (Anglin & Artz, 1998; Opie, 1998).

*Involvement of Volunteers*

The data for the most part indicated a strong involvement of volunteers at both the sites. Volunteers were involved in Boards of Directors or Management Boards, advisory and steering committees, special events, and in administration and program assistance roles. While most interview data indicated the involvement of volunteers at many levels within the organizations, and the expectations of certain funders to incorporate volunteers in service planning, the document data provided mixed evidence regarding the importance of volunteer roles within the agencies and how those roles interfaced with different services and staff roles. For example, one organization’s policies and procedures addressed in detail the role of volunteers, while such detail was absent from its program promotional material such as brochures. The policies and procedures of the second site did not include any details regarding volunteers and their role in the organization, while other types of documents such as annual reports stated the importance of the role of volunteers.

The interview data from one parent respondent revealed a lack of clarity concerning the role of parent/clients as volunteers since the setting became unionized, with changed relationships between volunteers and staff as the result. The involvement of
parents/ clients as volunteer service providers (such as peer support helpers) within a multidisciplinary collaborative team was not addressed in this study, though the issue has clear links to the study's focus, of parent inclusion in service planning and implementation.

The majority of front-line practitioners and managers considered the recruitment and supervision of volunteers as one of their job responsibilities and this was supported by the data in the job descriptions reviewed. The data suggested that the role of volunteers could be clarified within the organizations, particularly in regard to volunteers who were also program participants or clients. The data also suggested that it was important to offer different options for parents' involvement, allowing flexibility in the type of volunteer roles and tasks, to accommodate different parent needs and capacity.

**Continuum and Range of Services**

The organizational commitment at each site to provide a range and continuum of services as a strategy to achieve the agency's mandate was clearly evident from both the data sources. As noted above, while the organizations had similar mandates, each provided services with a different range and intensity, due to geographic and community characteristics. According to all interview respondents, the continuum of services offered was holistic in its approach to individual and community strengthening, and this enabled the organization to be able to respond to individual and community need. The interview data suggested that clients could "step in and out of services, like a stream," at many possible points along the continuum or range of services. The continuum included informal supports such as parent and child drop-in playgroups, as well as more formal and specialized services for targeted client groups, such as those with mental health issues.
The exploration of the capacity of different programs within each organization to assess a client’s needs, to recommend the appropriate ‘fit’ between the client and a service, and then to collaboratively support an individual or family (who may well be accessing more than one service at a given time) was a core element to the focus of this case study. In addition, the capacity of the programs to effectively support a client at different points in time through varied services was important to explore.

The interview data from parent respondents revealed lengthy and varied involvement with an assortment of disciplines within the relevant organization, with an average of four years of involvement and participation in four different services. In light of the commitment by the organizations to provide a continuum and range of services and a holistic response to individual, family and community need, any achievements in or challenges to collaboration and parent inclusion revealed in the data are significant, and will be discussed more fully in the next section.

Accessible, Suitable Spaces and Flexible Services

The data revealed strong evidence of the importance of the provision of accessible spaces for community members to come to, whether ‘accessibility’ referred to ease of access (e.g., no cost, central location, hours of operation, child-care offered to participating parents) to a cluster of services, or to a point of connection to other services outside of the organization. Spaces that also facilitated collaborative practice and parent involvement were identified in the interview data as an important factor in the success of the service approach. Such spaces were reported to include suitable facilities for team meetings, for staff informal interaction, for staff and families to meet, and for ICMs. Furthermore, according to the interview data, barriers to collaboration and parent
involvement included staff and programs being located far apart geographically, and lack of space for child care when parents had appointments with practitioners.

Service flexibility was noted in the data as it referred to allowing parents choices in location and scheduling, or types of topics covered in a group. The program characteristic of flexibility (allowing parents’ choice) was particularly important to parent interview respondents, as it was seen to demonstrate client-driven services, allowing parents to have choice and input into service delivery decision making.

A Welcoming and Safe Atmosphere

A welcoming and safe atmosphere was a pronounced theme in the data. All interview respondents noted the importance of program atmosphere, for individual service users and the community as a whole. A ‘welcoming’ atmosphere was seen as one that acknowledged and planned for diversity in the community; with a service approach that was friendly, fair and respectful; and with spaces that offered safety (emotional and physical) and privacy. All respondents reported that such an atmosphere was an important element in the quality of relationships within the organization and the delivery of effective practice. Managers and practitioners reported that they worked hard to provide a welcoming, non-threatening and safe atmosphere; and parents reported on the value they placed on these aspects of the services they had received. These elements of atmosphere were mirrored in the document data, from job descriptions to the promotional materials of the organizations.
The findings illuminating the nature of multidisciplinary collaborative practice and parent inclusion in service planning at the two sites

Service Contracts

The data overall revealed that each organization relied on multiple funders and contracts for service provision; in addition the interview data revealed that the variety of funders and service contracts created fragmentation and project by project expectations of service approaches. The interview data indicated that many of the practitioners and managers were funded for their positions from more than one source; they often performed a combination of roles within the organization (such as after-school program manager and parent educator) and ‘wore many hats’. The variety of funders and contract mandates, with diverse expectations of practice (in areas such as record keeping, the degree of client and community involvement, multidisciplinary collaboration, and integrated case management (ICM)), presented challenges to staff for successful joint planning in meeting the needs of clients and the inclusion of clients as part of a collaborative team.

While the varied funding sources posed collaboration challenges, it was reported that the agencies strived to weave the different funding threads together to make a cohesive service picture for clients. Practitioners worked extremely hard to find coherence in their roles and practice. Interview data from parents indicated that, for the most part, they were sheltered from or were generally unaware of the details of funding sources and their diverse service requirements, save for one parent who had spent considerable time as a Board member and volunteer at one agency, and who was well informed on agency
matters. However, the parent interview data generally was mixed in regard to the degree of cohesion evident when two or more practitioners provided support to a parent.

*Funding Limitations*

While the interview data revealed the significant impact of insufficient funding on many areas of service delivery for both organizations, these considerations and the subsequent impact on service delivery were only reflected in the document data in a minor way, such as a brief mention of funding 'shifts' creating a need for additional fundraising efforts. The reported examples of insufficient funding in the interview data included the limitations of part-time hours for staffing program positions, for team meetings and joint planning, and for service availability; the need for more effective information management or centralized records systems; the need for upgrades in agency communication and technical systems, and for enhanced administrative support. The data suggested that the high percentage of direct client service hours required by some contracts did not allow for practitioners to participate in team development and collaborative case planning. In addition, the power of funders in defining the scope of the direct service work (for example, number of clients and large service areas), and in prescribing new approaches (such as ICM), without an adequate funding base to ensure sustainable collaboration and client inclusion, resulted in manager and practitioner reports of frustration with the expectations. These reports also included a desire for a more supportive funding commitment.

In order to provide a coherent continuum and range of services, practitioners and managers reported the need for effective and consistent file and record keeping systems, an increase in administrative support, and effective systems to handle communications
(such as referral messages) in a timely fashion. These required both one-time funding and additional core funding. In particular, at one site, evidence was provided to indicate that the existing organizational administrative systems were challenged in their ability to effectively manage a client’s service record across different programs (case management) within the organization, and across time periods. Thus the success of service collaboration was reportedly curtailed.

Organizational Policies and Procedures

As noted in the previous chapter, policies and procedures communicate in writing the roles, responsibilities, procedures and practices that guide the work of an organization in fulfilling its mandate. The data revealed that there was ambiguity and inconsistency in the expectations regarding collaboration, teamwork and parent inclusion within the organizations. While the practitioner and manager interview data consistently demonstrated that these service approaches were not only encouraged by supervisors and strived for in practice, the same data also highlighted the fact that there was an absence of policies or procedures that directed the approaches. The document data did not include evidence of these service approaches, and the interview data was therefore confirmed.

The need for procedures to ensure consistent record keeping and the management of client information across different programs for effective joint planning was also highlighted in the interview data. Furthermore, the interview data revealed that protecting confidentiality, sharing of client information across programs, and releasing client information to third parties required explicit organizational policies and procedures, which informed and supported staff in their practice. The document data provided evidence of policies related to the safe and secure storage of client information, but very little on the
procedures for sharing of client information (for example, in ICMs), or for access to personal file records by a client.

According to the interview data, teamwork, collaboration, and parent inclusion in service planning and implementation were taken for granted in the hiring process, performance planning, and in supervision. The interview data revealed ambiguous evidence regarding the services approaches, with some reports of very clear expectations by supervisors of these approaches to practice, while other respondents indicated that the expectations were dependent upon which manager was in the hiring role or which manager wrote the job description. The document data did not provide substantive evidence of expectations regarding multidisciplinary collaboration, teamwork, or client/parent inclusion in service planning and implementation; and thus supported the interview data that the approaches were mostly implicit and taken for granted.

The Relationships Between the Agency and Parents/ Clients, Between Programs, and Between Co-Workers

In both the interview and document data, there was evidence of collegial and cooperative working relationships with staff from other disciplines and programs within each organization and with professionals outside the organizations to provide services to a client and to build community partnerships. Both the data sources revealed the occurrence of case conferences, referrals to other service providers, networking with other professionals, and goal setting by clients to different degrees within each organization. The interviews provided evidence of practitioners meeting together within program teams and across programs to consult and confer. Some respondents reported that clients were always invited to and/or present for these conferences, while others suggested that this
was not the case and the evidence overall is unclear on this point. According to the interview data, the meetings (with or without the client present) occurred in order to provide the most effective services for families and to maximize available agency and community resources. Each site varied in the formality and the frequency of this process, and differences were reported between programs at the same site. At the site where more formal ICMs were being implemented, the interview data gave many examples of different practitioners incorporating the approach into their work; however there was no evidence of the approach in document data. Practitioner respondents from this site indicated that organizational documents needed to catch up to this newly implemented approach in their agency.

The practice principle of client-centred service delivery was a key feature of the interview data; however this principle was not reflected significantly in the document data. Interview data included reports of the need for more explicit attention to this service principle in agency written material. Expectations regarding the practitioner/client relationship were revealed in the document data in general terms only, such as fair and respectful treatment, and received little other attention.

Also revealed in the data were the opportunities for the involvement of clients in service delivery, such as on program steering committees, in leadership roles with certain programs, in training opportunities, and in the processes to evaluate programs and to provide input into service delivery. The interview data indicated the importance of practitioners having the skills and ease to encourage and facilitate participant’s input into program development, planning and implementation, as well as the importance of offering different methods for receiving parent input. According to the document data, formal
program evaluation skills were a requirement of some of the practitioner and manager roles. The interview data from parents indicated that they valued practitioners encouraging input into program planning, both through formal and informal means, and they would welcome more opportunities for giving input into shaping services.

The two data sources provided inconsistent evidence regarding the importance of staff being up-to-date and informed of resources available to, or involved in, the support of a client ("being in the know-all"). According to the interview data, all the practitioners and managers viewed being informed in this way as essential to their roles, and relationships with other practitioners were fostered in order to be knowledgeable. However, this aspect of their roles received little attention in the document data. Parent respondents highlighted the importance of knowledgeable workers being available at the agencies and valued the linkages and connections made by the practitioners in the referral to services. At the same time, mixed reports were given by parent respondents of the manner in which they perceived practitioners to be working together within the same agency. For one respondent, the service delivery was fragmented, while the other parents believed there was teamwork and cohesion in the delivery of their services. The document data did not significantly reveal the linkages between roles, or the practitioner's level of knowledge regarding resources.

In a similar fashion, the importance of managing the confidentiality of client information across different teams was reported in the interview data, but was reflected minimally in the document data. This finding was also linked to the consistent reports evident in the interviews of both the importance of the maintenance of confidentiality in the helping relationship and the training and skills required to ensure practice standards in
this area. The document data provided mainly evidence regarding the storage and security of client information, and limited evidence of the importance of the management of confidentiality and the release of client information when working with other service providers.

There were very few documents from either site that addressed the constructs of teamwork, multidisciplinary collaboration and parent inclusion. While the interview data indicated that agency practitioners strived for parent inclusion and worked in a climate of trust, with acknowledgement of, respect for, and appreciation of colleagues' expertise and specializations, agency documents overall did not reflect this understanding of multidisciplinary practice and service delivery relationships. Similarly, while interview respondents indicated that the complementary nature of practitioner expertise was an agency asset, the document data gave limited evidence of this valuable attribute of the organizations.

The interview data suggested that practitioners sought and valued opportunities for training and skills acquisition in order to effectively build relationships, collaborate (by managing confidentiality and role boundaries), and be effective team members. However the data also indicated that such training opportunities were few and far between and then only provided at one site, with a focus on the ICM training.

The interview data, which indicated that practitioners worked in isolation and often without supervision, with a requirement of self reliance and autonomy, could be supported by the document data, wherein the constructs of teamwork and multidisciplinary collaboration were minimally evident. Thus the reader could assume a lack of relationships and the autonomous, discrete nature of the program entities within
the organizations. In contrast, some interview data gave evidence of a high degree of interaction and support amongst practitioners, and it was reported that mutual support was provided in and across team settings. The data therefore overall provides inconclusive evidence regarding practitioner isolation and program autonomy or collaboration.
Summary

In order to explore the significance of the key findings, it was important to understand where the two sources of data were in agreement, and where only one of the data sources revealed significant findings. Table 2 outlines the congruent and incongruent findings between the two data sources.

Table 2

The Congruency of Findings between the Two Data Sources

<table>
<thead>
<tr>
<th>Findings</th>
<th>Interview Data</th>
<th>Document Data</th>
</tr>
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<tbody>
<tr>
<td>1) Findings related to the General Organizational Milieu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Organizational mandate and goals</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>b) Involvement of volunteers</td>
<td>√</td>
<td>mixed</td>
</tr>
<tr>
<td>c) A continuum and range of services</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>d) Accessible, suitable spaces and flexible services</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>e) A welcoming and safe atmosphere</td>
<td>√</td>
<td>√</td>
</tr>
<tr>
<td>2) Findings illuminating the nature of multidisciplinary collaboration and parent inclusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Service contracts</td>
<td>√</td>
<td>mixed</td>
</tr>
<tr>
<td>b) Funding limitations</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>c) Organizational policies and procedures</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>d) Relationships- between the agency and parents/clients, and between programs, and between co-workers</td>
<td>√</td>
<td>mixed</td>
</tr>
</tbody>
</table>

There was agreement between the two data sources regarding many of the findings, particularly in regard to the milieu which influenced multidisciplinary
collaboration and parent inclusion at the two sites. The organizational mandate and goals, the commitment to a range and continuum of services, accessible, suitable spaces and flexible services, and a welcoming and safe atmosphere were findings that were congruent between the document and interview data. The commitment to volunteer involvement was one area where mixed evidence was demonstrated, particularly in regard to the role of volunteers and their relationship with the organizations.

There was less congruency or agreement between the two data sources in regard to the findings that illuminated the nature of multidisciplinary collaboration and parent/client inclusion. The receipt of, and dependence on multiple service contracts was demonstrated in both data sources; however the challenges to collaboration posed by the variety of sources was reflected only in the interview data. Similarly, the reported effects of funding limitations on the success of collaboration and parent inclusion, while substantive in the interview data, were absent from the document data. Organizational policies and procedures that addressed teamwork, collaboration and parent inclusion were identified as lacking by the interview data, and the document review confirmed the absence of such constructs in the written material. The evidence of the nature of relationships between the organization and parent/clients, between programs, and between co-workers which would support collaboration, while substantive in the interview data, was minimal in the document data, and thus another area of incongruence between the two data sources.
A Description of the Key Issues Suggested by the Findings

Yin (1994) describes data analysis as the “examining, categorizing, tabulating, or otherwise recombining the evidence to address the initial propositions of a study” (p. 102). In recombining the evidence to address the two underlying research questions, the data produced some major findings regarding both the organizational milieu and the nature of multidisciplinary collaborative practice and parent inclusion within and surrounding the two family resource program settings. Yin notes that it is important to examine the areas where sources of evidence are convergent or non-convergent. In particular, the author suggests that where “documentary evidence is contradictory rather than corroboratory, the case study investigator has specific reason to inquire further into this topic” (p. 81). For this case study, the interview data and the document data were corroboratory regarding the organizational milieu, with the exception of mixed evidence concerning the role of volunteers. While the interview data provided consistent evidence of the challenges that multiple service contracts and expectations and funding limitations posed to the success of multidisciplinary collaborative practice and parent inclusion, the themes were not corroborated by the document data. Furthermore, the interview data revealed collegial relationships, teamwork and collaboration, and client-centred service delivery at the two sites, and the importance placed on these service approaches by respondents. The document data provided very little evidence of these service approaches. The interview data and the document data were two methods for attempting to understand the organizations and their services approaches and the manner in which parents were included in service planning. I experienced the juncture of the two sources of data, or methods of understanding, as the terrain between the experiences of the interview
informants regarding service delivery and the text based accounts of the organization's work. Campbell and Manicom (1995) write that "A setting known through special texts may appear to be different from how it is known experientially..." (1995:11), creating problems to understanding. In the following sections, I will present my understanding of the key issues identified by the findings, and explore some of the possible reasons for the non-convergence of data.

Issue #1 - The Challenges Posed to Multidisciplinary Collaborative Practice and Parent Inclusion by Multiple Service Contracts and Funding Limitations

The finding of the challenges posed to multidisciplinary collaborative practice and parent inclusion by multiple service contracts and funding limitations is a significant, as well as a sensitive one, as it relates to the organizations' relationships with funding sources. At the time of this study, many service contracts were under review in the family services sector as the provincial government sought to rationalize services and meet budgetary targets. It would be difficult, in the best of times, for agencies to debate or expose in written form the less than positive impacts of multiple funding sources and limited funding on their organization's service cohesion and integration, and on collaborative endeavours, let alone in times of funding uncertainty and service redesign. While varied funding sources allow a multi-service community-based agency to be flexible in its service delivery and dynamic in order to respond to community need as it arises, the resulting varied expectations regarding service approach and focus can present challenges to the coherence of service delivery.

The Canadian Association of Family Resource Programs (2001) describes the status of funding for agencies and the inherent challenges:
Typically, funding for community-based organizations is neither generous nor stable. Depending on when, where and how they were started, family resource programs have different funding profiles, and many combine several sources of funding in order to ensure their survival. Government funding is often restricted to specific services or targeted at specific populations, creating further challenges for organizations that are committed to offering comprehensive services to the whole community (p. 4).

The same association, renamed Family Resource Programs Canada (FRP Canada), produced a report in 2002 which examined the diversity of funding sources for family resource programs. Of the programs surveyed, 77% received funding from the provincial/territorial governments, 60% received federal funding, 33% reported receiving funding from local governments, and 28% indicated they received from funds from foundations. In addition, donations, contributions, user fees, United Way funds, gaming revenue, and services-in-kind represented other sources of funds. At the federal and provincial/territorial levels, only some funding streams are targeted specifically for family resource programs, with the majority of the government funding having other specific mandates that can be delivered through family serving agencies.

As highlighted by FRP Canada (2002), and by this case study, unstable, limited funding and varied funding sources create challenges to an agency’s ability to provide a comprehensive and integrated array of services. As will be noted in the following pages, the organizations and their staff strive to counteract these structural funding challenges through a commitment to a specific type of service milieu, offering a range and continuum of services, with a commitment to practice based on partnerships and relationships. Other
authors have suggested that one of the main rationales for the move to multidisciplinary service integration and collaboration is to put the client front and centre as the starting point for planning services, such that the “various funding streams would no longer drive the system, but rather be regarded as tools to be used in whatever manner is most suited to the objective” (Levy, Kagan, & Copple, 1992, p. 19).

The challenges created by varied funding sources and limited funds noted in the findings curtail the success of the very service approaches that are designed to address fiscal pressures in human services and to maximize available resources for enhanced assessment, intervention planning and service delivery (Bruder, 1996), namely multidisciplinary collaborative practice. As noted in the Literature Review, the availability of funding to support shifts in policy and practice approaches impacts an agency’s ability to commit to and foster a collaborative practice approach. While overall, some authors believe that costs are reduced with a collaborative approach (Ovretveit, 1993), others have suggested that agencies need to increase their funding to support the commitment to the approach (BCMCF, 1999; Bruder, 1996; Hallett, 1995; McWilliam, 1996).

Aspects of the service approach identified in the findings (supported by the literature) that were impacted by funding considerations are outlined in the following bullets:

- Training in multidisciplinary teamwork and ICM training, which included parents, were identified in the findings as necessary to effective collaboration and parent inclusion. The literature suggests that effective and successful collaboration across disciplines requires an investment of funding in training and ongoing professional development (Billups, 1987; BCMCF, 1997;
Krueger, 1990; Opie, 1998; Ovretveit, 1993; Roberts, Rule, & Innocenti, 1998; Straka & Bricker, 1996; Winton, 1996). Opie (1998) suggests that changing the behaviours by service users, from passive consumers to participating and equal partners, also requires the training and orientation of those service users (with attendant costs);

- The lack of funds for effective communication systems (voice mail and e-mail systems) was identified in the findings. The literature highlights the need for effective and well used channels of formal and informal communication between team members, and between the team and the organization, in order for success in multidisciplinary collaborative practice (Billups, 1987; BCMCF, 1997; Graham & Barter, 1999; Krueger, 1990; McWilliam, 1996; Nicholson et al., 2000; Opie, 1998; Ovretveit, 1993; Winton, 1996);

- Part-time staffing hours and the amount of direct service hours were identified in the findings as limiting factors in the successful implementation of multidisciplinary collaborative practice. The literature suggests that within service contracts, staff time needs to be budgeted to include time for collaborative planning, team meetings, relationship development, and parent/professional meetings (BCMCF, 1997; Bruder, 1996; Bruder & Bologna, 1993; Graham & Barter, 1999; Hallett, 1995; McWilliam, 1996; Opie, 1998; Swan & Morgan, 1993; Winton, 1996);

- Administrative support and data management systems were areas identified in the findings as needing funding allocations in order to implement and sustain collaborative practice. The need for adequate allocation of resources to sustain
collaborative efforts is noted in the literature, with the hiring of additional staff being viewed as a possible necessity (Bruder, 1996), or the pooling of program resources (Graham & Barter, 1999) to implement central systems for handling data and client information. FRP Canada (2002) reports that one of the current issues regarding funding faced by family resource programs is the increased "demands from funders for more frequent data collection and more sophisticated evaluations" (p. 59) that will require effective administrative and data managements systems, which themselves require an infusion of funds;

- The inclusion of parents/clients in collaborative practice was found to require funding support for such things as child care and transportation costs. Swan and Morgan (1993) view such considerations as a "system that is child and family directed, rather than program directed" (p. 24).

Insufficient funding was seen in this study to impact the agencies' ability to commit to and foster a collaborative practice approach, and the varied demands of funders resulted in challenges to service integration and parent inclusion in service planning. As noted above, although the literature generally corroborates these findings, a need has been identified to further research the impacts of dependency on varied funding sources, with their differing mandates and service approaches, on collaborative practice and parent inclusion in multi-service community-based settings. These funding issues require further consideration for policy and practice in order to minimize their impact on attempts to provide comprehensive service delivery systems in community-based agencies. Furthermore, agencies are always actively seeking additional funds to meet the needs identified in their community. More funds from more sources, with accompanying
additional expectations and mandates, will only provide additional challenges to service integration and consistency in service delivery approaches unless the issues identified are addressed. The recommendations to address these challenges will be presented further on in this closing chapter.

**Issue # 2 – The Importance of the Organizational Milieu**

It should be highlighted that some of the key issues identified by this study include the areas where there was a high degree of consistency within data sources and a convergence of sources of evidence. The organizational milieu findings, corroborated by the two data sources, mirrored those described in the literature to be key elements of family resource programs and factors that foster multidisciplinary collaborative practice and parent inclusion. These findings will be outlined in the following bullets:

- The data findings from both settings indicated a range and intensity of services provided to individuals and families and was supported by data from service users revealing multiple-service use across many years. The literature notes that the holistic and ecological orientation of family resource programs means that families receive a wide range of services, a continuum of services, or multiple services in one setting (Weissbourd and Kagan, 1989). The range of services and diversity of disciplines within the settings was demonstrated by this case study to poses challenges to case management, to planning and evaluating services, and to evaluating individual outcomes to clients across services and over time. The finding links with that of funding limitations and the mandates and focus of diverse funding sources impacting organizational capacity, which will be addressed in the recommendations for policy and practice further along in this chapter.
The accessibility of the services offered in the settings, and the flexibility in their delivery, were demonstrated as elements key to the success of the programs in this study. The agencies' commitment to low or to no cost services, welcoming and varied locations, flexible program schedules, the provision of child-care and transportation assistance as needed, and services clustered together were not only demonstrated in the findings from both data sources, but were perceived to be practiced by interview respondents. These findings were supported by the literature as essential characteristics of the family support program model of service delivery (De'ATH, 1989; Dunst & Trivette, 1994; FRP Canada, 2002; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989). In addition, program space that was non-threatening and which reflected neighbourhood and community diversity and characteristics, was revealed as a key factor in effective service provision. Spaces that were suitable for team meetings, practitioner and client meetings, child-care, and for informal staff interaction were also revealed in the findings from the interview data as essential to effective community-based service delivery and to multidisciplinary collaborative practice and parent involvement. The interview data revealed that both agencies struggled with challenges to the appropriate allocation and use of space, which was viewed as having an impact on the success of professional and team collaboration and the inclusion of parents, as client, in service planning. The significance of facility characteristics to collaboration is reflected in the literature (Nicholson et al., 2000). FRP Canada (2002) reported that family resource programs are located in many different types of facilities, often as a result of partnerships and in-kind donations.
of other service providers. While the majority are reported to be located in facilities such as a community buildings/recreation centres, public libraries, schools, churches or their own facility, services were also offered from storefronts and shopping malls, health centres, public housing facilities, office buildings, hospitals, post-secondary institutions and private homes. Such diversity of facilities that house family resource programs, with the possibility of attendant mandates and approaches of umbrella organizations (such as health centres or schools) impacting the characteristics and atmosphere of the spaces used by family resource program clients and practitioners, requires careful consideration by program planners in order to ensure the service model and collaborative endeavours are successful.
There was a high degree of consistency within the interview data regarding relationships and collaboration between practitioners and different program teams in both settings. The document data did not show evidence of the interconnectedness of the roles and relationships between individual practitioners, programs and teams as was portrayed in the interview data. A reason for this could be the opportunity provided in an individual interview for respondents to detail their experiences of the type of relationships in which they were or had been engaged. These relationships were not static, and the characteristics of the relationships varied depending on the respondent’s perspective as a team member, or as a parent or service provider. I believe it would be difficult for text-based materials to portray the complex, multidimensional and changing characteristics of relationships from these different perspectives. The key issues from the interview findings will be outlined in the following bullets:

- The literature supports findings regarding collaborative practice, in that the relationship between practitioners was reported to be one of respect (BCMCF, 1997; Hallet, 1995; Straka & Bricker, 1996), interdependence (Bailey & Koney, 1996; Billups, 1987; BCMCF, 1997), and providing mutual support within and across teams. The quote describing collaborative practice from Graham and Barter (1999) citing Weissman (1983, p. 151) mirrors the characteristics of the professional relationships contained in the interview data from this study, “the capacity to listen, to be respectful, to understand the implications of other professional opinions, to be willing to recognize and accept areas in which the
expertise of colleagues is unique, and to defer to special knowledge when appropriate” (p. 10). Valuing the input and participation of others in practice planning and decision making was seen by Nicholson et al., (1998) as necessary attributes of collaborative practice. As noted earlier, authors have highlighted the need for allocating time for relationship building in order for fostering the integration of services and client and professional partnerships (Winton, 1996).

- The interview data revealed the importance of managers and practitioners being “in the know-all” regarding roles and responsibilities of others who are involved in or have the potential to be resources to parents as clients. Respecting and being aware of role boundaries, of the specific expertise within teams, and the limitations of one’s own professional knowledge and skills were highlighted as essential elements of practice in multidisciplinary settings. Such being “in the know-all” and awareness was often attributed to the length of employment in the setting, as was the trusting atmosphere noted in the previous bullet. Strong communication skills are viewed in the literature as essential to the clarity required regarding worker’s specific roles and responsibilities (Straka & Bricker, 1996); and BCMCF (1997) highlights the need for effective communication skills in order to work through conflict and to recognize and minimize potential turf battles in multidisciplinary settings, so as to keep the client front and centre in service planning.

- The interview data also showed evidence of the multiple roles and responsibilities that were held by many of the managers and practitioners. The ‘wearing of many hats’ in regard to varied staff duties and to the roles of agency employee, community volunteer, and community parent and resident was viewed as a juggling
act that required specific practitioner skills, such as self-awareness, length of time in the field as well as a supportive team and work setting. The parent interview data revealed that the blurring of roles (parent/client and agency volunteer) resulted in challenges to collaborative relationships and parent involvement in the settings. The literature notes that role blurring (shown in this study resulting from multiple service contracts and limited funding amounts within those contracts, the flexible nature of work demands, and the principles of client/participant and staff interaction within a family resource program) can be a challenge and necessary feature of the work (Nicholson et al., 1998; Zigler & Black, 1989). In a multi-service facility, the work can be planned and shared amongst a variety of disciplines (Barter, 2000; Lightburn & Kemp, 1994), or can be a setting where parents receiving services act as volunteers or peer helpers (Nicholson et al., 1998; Weissbourd & Kagan, 1989; Zigler & Black, 1989). The data revealed that there was minimal attention to policies and procedures in both settings that guided the interface of roles and responsibilities between practitioners, between teams; and between programs, practitioners and parents in the role of volunteers. The issue will be discussed in the Recommendations for Policy, Practice and Further Research section.

Graham & Barter (1999) write that collaboration requires a changed relationship amongst members and between worker and client; and the changed relationship is viewed by Anglin and Artz (1998) as founded upon learning how “to act together” rather than “to think alike.” Pappas (1994) writes of “becoming interdisciplinary” (p. 65), which is portrayed in the literature as a non-linear,
developmental process. Hallett (1995) provides a taxonomy of multidisciplinary collaboration, ranging from isolation to collaboration throughout an organization, where collaboration is where “the work of all members is fully integrated” (p. 9). Ovretveit (1993) and Nicholson et al. (2000) note the varying degrees of integration of professional roles in teamwork, and the challenges in trying to find a definition of ‘collaboration’. The authors highlight the fact that the degrees of integration can be affected by variables such as the length of time professionals work together, and the objectives of their program/service areas.

It was evident from the interview data that managers and practitioners, many with lengthy employment histories within the settings, and representing different teams, were indeed learning how to ‘act together’. Nicholson et al. (2000) write that while service systems and structure also foster and inhibit collaborative efforts, “the commitment to collaboration rests with the ‘grass roots’ level of worker” (p. 67). Hallett (1995) writes of the importance of the “many informal relationships and coordinating activities” (p. 22) involving workers that may be situated “alongside the formal machinery” (p. 22) of organizational structures, as requirements for collaboration. While examples of collaboration from the data (see Appendix F, Table F2), and aspects of such informal collaborative relationships were strongly evident in the interview data, it was also apparent that the managers and practitioners were seeking a more coherent direction, or more ‘formal machinery’, from the individual organizations in order for the principles of teamwork, collaboration and parent inclusion to be consistently articulated, and practiced across the many services and teams. The absence of these constructs in
the document data confirmed the respondent's reported need for an agreed upon and clearly articulated vision regarding these practice approaches. Kagan (1990) makes the distinction between cooperation and collaboration, with cooperation being a sharing or exchange of some resources for a specific purpose, while collaboration connotes a more durable and pervasive relationship. This author writes that new structures are formed that “transcend(s) individual or episodic interactions” (p. 11-12). The data from this case study suggest that a more durable and pervasive relationship of collaboration could be supported by the implementation of more formalized structures within each agency, which would include policies and procedures and hiring and supervision processes that delineate the service approaches of multidisciplinary collaboration and parent inclusion. The interview data also indicate that opportunities for training in teamwork and collaboration, for both practitioners and parents, would be welcomed, to formalize the expectations for these service approaches and to facilitate their implementation. Opie (1998) points out that most service providers do not have training in collaboration, and Krueger (1990) suggests that teamwork has to be taught as it cannot be learned by simply doing it.

- As noted in the previous bullet, multidisciplinary collaborative practice and parent inclusion require structural supports and systems within an organization in order for the service approaches to be well integrated and sustained among personnel over time. Tjosvold (1986) highlights the fact that teamwork within organizations requires efforts that must be carefully engineered. Bruder (1996) writes that “the organizational context and training provided at all levels are factors that will
influence teams and team effectiveness” (p. 40). Krueger (1990) writes that the goals and objectives of the team need to be easily evaluated, with clear definitions that reflect the beliefs and values of team members and the practice beliefs of the agency or program. Policies and procedures which are regularly reviewed and refined, that explicitly state how team members would work together, are suggested in the literature as additional necessary elements to support and nurture the service approaches (Bruder & Bologna, 1993; Krueger, 1990; Ovretveit, 1993). The findings from this case study indicate the need for the service principles and practice approaches to be explicitly understood and stated throughout the organizations, with supports in place to implement and sustain these approaches consistently throughout the settings. Bruder (1996) notes that “support must be logistical as well as philosophical because teams need resources and a structure to support their functions” (p. 43). Some of the logistical supports have been noted in the earlier bullets, such as effective data management and communication systems. One of the key organizational elements identified in the literature that supports multidisciplinary collaborative practice is leadership that expects, encourages, nurtures, and reinforces the approach (Anglin & Artz, 1998; Bruder & Bologna, 1993; Graham & Barter, 1999; Ovretveit, 1993; Swan & Morgan, 1993). This case study's findings revealed the need for renewed leadership and direction in order for a coherent application of the service principles of multidisciplinary collaboration and parent inclusion to be embedded and explicit throughout each organization.
Issue #4 - The Inclusion of Parents as Clients in Service Planning

The two data sources did not provide consistent evidence regarding the inclusion of parents, nor of a client-centred approach in collaborative practice. While the document data did not provide evidence of this service approach, the interview data revealed that there was a commitment by practitioners and managers to the inclusion of parents in service planning and to client-centred service delivery, which was manifested in various ways and will be outlined in the following bullets:

- The interview data demonstrated that parents as service users were viewed by both practitioners and the parent respondents as both 'clients' and as 'participants'.
  Respondents often used both the terms within the same sentence in reference to a service user. The terminology is important, as it illuminates the type of relationship between practitioner or service provider and service user. Manalo and Meezan (2000) describe the family support principle that "staff and families work together as partners in identifying and meeting individual and family needs in relationships based on equality and respect" (p. 8), and "make[s] the family a participant rather than a client" (p. 7). I viewed the use of both terms by practitioners as a symptom of the mixture of service approaches that had resulted from varied funding sources and varied service mandates within the organizations; the funding sources themselves varied in their assumptions and expectations concerning the involvement and inclusion of services users, and in their use of the terms. For parents, they had been in receipt of a variety of services from each organization, each with a slightly different service approach and accompanying language. I will address this issue further in the Recommendations section of this chapter.
• The data indicated the importance of assessment skills, finding the right ‘fit’ between the specific needs of a client to the type of service available. At the time of assessment, parents as clients were reported to have control over setting their service goals, identifying what would be most helpful and supportive, within the range of resources available. The family support literature identifies this phase of service provision and intervention as significant for setting the tone of the relationship between client and service, and for affirming client self-determination and control (Leon, 1999).

• The data also revealed evidence of the opportunities parents had in choosing the type of services in which they wished to be involved, including the location and the time of the session and the topics to be covered in a group. Clients could step in and out of services “like a stream”, with service options being kept flexible and files remaining open for long periods of time. Weissbourd and Kagan (1989) note that the family support service approach allows parents to decide the nature and intensity of the activities with which they will be involved and to have input into program content and duration.

• The interview respondents reported that there was a high degree of interaction and checking between practitioners and parents. The data revealed that such interaction enabled the services to be matched with the initial and subsequent needs of an individual client most appropriately, and it was a method by which practitioners gained client input into program planning and development. While there was mixed evidence in regard to the occurrence of more formal program evaluations at the two sites, the data indicated that there were many opportunities
provided for informal input into service planning; and parent respondents reported that key staff were always accessible and receptive to receiving verbal input and suggestions into service evaluation and improvement. The data also indicated that parents were given opportunities to help deliver programs (as group leaders or peer helpers), to volunteer with the agency's governing body, and to participate in training opportunities. The data from parents suggested they valued the range of opportunities for involvement offered to them as, again, they could choose the extent of their contribution based on their current circumstances. The empowerment of parents to find solutions to their own needs and to become involved in shaping their environments is a key principle of family support programs (FRP Canada, 2002; Leon, 1999; Lightburn & Kemp, 1994; Weissbourd & Kagan, 1989; Zigler & Black, 1989).

- In the setting where ICMs were being implemented, there was mixed evidence regarding the presence of parents as clients at these meetings. Some of the data indicated that parents were always invited and present at these meetings, whereas other data revealed that this often was not the case. It should be noted however, that the ICM approach to service delivery has as a central value and principle the statement that "clients are key players and have an active voice in shaping services that will support them" (BCMCF, 1999, p. 1). Barriers to effective ICM have been noted in the literature and include "differing values and beliefs about giving voice to children and youth and involving the parent/child in decision-making...practitioners worried that case conferences and ICM would be overwhelming to clients. In other instances, practitioners expressed discomfort due
to unfamiliarity with having clients involved in case conferences” (BCMCF, 1999, p. 1-27). At the time of this study, ICMs were being newly implemented, and the systems and structures to support this approach were still yet to be fully crafted and resourced by the organization studied.

Summary

The literature suggests that the goal of multidisciplinary team efforts is to maximize available resources in order to address the multiple needs of clients (Bruder & Bologna, 1993), effect the “quickest and best match between a person’s needs and the skills and resources available” (Ovretveit, 1993, p. 4), and to improve service delivery and prevent duplication of services (Phillips, 1999). Family resource programs can be stand-alone programs or embedded within a multi-service agency such as the two sites studied. In both program models, there are generally multiple sources of funding that support the work of the family resource program; in a multi-service agency, there are usually many more funding sources. The representatives of the organizations studied valued the service approaches of multidisciplinary collaborative practice and parent inclusion in service planning, were striving to implement the approaches, and were reportedly constrained by the challenges posed by multiple funding sources and limited funding, namely varied expectations from funders and a limited ability to put in place systems that facilitated the service approaches. As noted in Chapter Two, Barter (1999) underscores the importance of organizations being able to assert power to commit resources from themselves and others in order for a collaborative approach to be facilitated and sustained. Billups (1987) suggests that a characteristic of “ethically and socially responsive and responsible” (p. 149) multidisciplinary collaborative teams may be the ability to distinguish “those
constraints than can be addressed internally by the team and those that demand
interventive [sic] attention beyond” (p. 149) in the larger social and political context.

Other studies (Nicholson et al., 2000) have indicated that while the larger context
may facilitate or constrain multidisciplinary collaborative practice, the more important
considerations are the attitude, characteristics and commitment of individual practitioners.
The findings of this case study suggest that the larger context considerations, namely the
range of funding mandates and varied expectations, necessitated the examination and
planning, both at the organizational and practice level, of a coherent vision of the desired
organizational service approaches, in this case multidisciplinary collaboration, client-
centred service delivery and parent inclusion in service planning. In addition to internal
considerations, constraints to the sustainability of the service approaches from outside the
organizations, namely insufficient funding, needed to be addressed.

The recommendations for policy and practice arising from the findings, to address
challenges resulting from multiple funding sources and varied expectations, and to enable
the consistent weaving of the service approaches throughout the organization will be
outlined in the following section. Suggestions for the focus of further research will also be
noted.
Recommendations for Policy, Practice and Further Research

This section is divided into four parts: recommendations for 1) funding bodies; 2) multi-service community-based agencies; 3) family resource programs; and 4) for further research.

1. Funding Bodies

The major finding of this study was the reported challenges posed to multidisciplinary collaborative practice and parent inclusion in service planning by multiple funding sources, varied expectations, and funding limitations. In order for the service approaches to be implemented and sustained, the context of the community agencies, their complexity of comprehensive service delivery, and their requirements for integrating a particular service approach in delivering a contracted service needs to be understood by the contract source. Funding within contracts needs to be sufficient and flexible to allow for the agency to build capacity for multidisciplinary collaborative practice, depending on the current status of the service approach within that particular agency. With the hope of empowering clients and families in their own service needs (e.g., identification and planning), various service approaches such as ICMs and Family Group Conferencing are being embraced by the Province of British Columbia’s Ministry of Children and Family Development. For these approaches to be successful and sustained, funds need to be allocated in the short and long term, as a part of overall service contracts, to ensure that there is success in these practice approaches. Community-based agencies, heavily reliant on a mix and match of funding sources small and large, and on a volunteer base, are stretched to accomplish the responsibility for the success of such service approaches using their own fundraising means.
2. *Multi-Service Community-based Agencies*

This study found that in order for there to be a consistent approach to collaborative practice and parent inclusion, renewed leadership and direction were required to mitigate the challenges posed by multiple funders, varied expectations, and funding limitations. Ongoing orientation and training in the service approaches (e.g., teamwork, managing confidentiality, and the sharing of information); agency policies and procedures and other written material that reflect a multidisciplinary team approach, and client-centred service delivery; and an acknowledgement and promotion of the complementary expertise of different staff roles within an agency would assist staff and clients in more clearly understanding the way the organization worked. Such changes would provide a more explicit alignment of organizational mandate with service approaches, and make for a more coherent picture of the organization’s approach to meeting community need. The organizations’ commitment to multidisciplinary practice and a continuum of services to families would seem to be a significant asset to profile in a more explicit and purposeful manner.

3. *Family Resource Programs*

Family resource programs situated within multi-service organizations benefit from the wide array of additional ‘in-house’ resources in order to provide support to an individual or a family. In addition, programs are seen to benefit from a range of disciplines and skills and opportunities for practitioners to learn from and support each other. Practitioners and managers were found to be striving for a seamless provision of services, offered in a flexible and accessible manner. Parent involvement and contribution are principles of the family support program approach, and funding sources for family
resource programs have expectations of parent involvement in managing and assisting with program delivery. A recommendation from this study would be for the programs to have well thought out policies and procedures to guide the involvement of participating parents or clients as volunteers in order that roles and duties are clear and parents feel empowered to shape the type of service delivery that best meets the identified need. A second recommendation would be for family resource programs to offer opportunities for practitioners to develop and share skills regarding the various ways a client or participant might be included in service decision making and informal and formal program evaluations.
4. *Suggestion for Further Research*

This case study of the inclusion of parents as clients in service planning in community-based family resource programs has highlighted some additional areas of possible research.

a) The interview respondents for this case study included managers and front-line practitioners working for, or connected to a community-based family resource program within a large service organization. Parents who accessed the services also were interviewed. In exploring the service approaches of multidisciplinary collaboration and parent inclusion in the two settings, I identified that it would have been a benefit to explore the perspectives of the Board members of the organizations. Understanding the intersection of funders’ mandates, organizational vision and mandate, and service approaches from a governance perspective might contribute to the overall understanding of the issues faced by organizations receiving funding from multiple sources.

b) The research methodology of institutional ethnography could be a fitting approach to a study that focused on the varied service contracts and their contractual documents, and their application to practice by management within the community-based agencies. The data from such research might illuminate the interface between funders’ expectations, service approaches and practice within the settings.

c) This study of the inclusion of parents as clients in collaborative practice did not include a focus on the role of parents as volunteers and as participants.
within a community-based agency. The interview data of this case study revealed a need for further understanding of the role of parents as volunteers when they were also program participants and clients. While collaboration and parent involvement were reportedly embraced as service approaches, role blurring in the case of parent volunteers posed some challenges for parents and practitioners alike. The data from this further study might produce possible strategies to assist organizations in developing volunteer policies and procedures that clarified roles, with benefit to both practitioners and parents.

Limitations of the Methodology

This case study focused on the inclusion of parents as clients within community-based family resource program settings. The data sources were limited to nine individual interviews with parents, front-line practitioners and agency managers, and a review of agency documents at two sites. In retrospect, I believe this study could have benefited from including agencies' Board members in the interview process to provide a governance perspective on service approaches within the agencies. In addition, I would have liked to have included other agency documents in the review process, particularly documents that reflected client service use or involvement across different practitioners or teams. I believe that such documents would have provided further insight into the manner in which parents received services from, or collaboration with, two or more practitioners.

The study has specifically sought to understand the experiences of service providers and parents in two family resource program settings. Methodological triangulation (individual interviews and document review) and data triangulation (multiple
sources of data within the methods, i.e., documents, parents, managers, practitioners) has been used in this study to allow for broader and stronger results (Patton, 1987), and greater validity. As a qualitative case study approach, this research has sought to only describe the unique relationships within, and circumstances of, two specific settings pertaining to multidisciplinary collaborative practice and parent inclusion and the potential for generalizability rests with the reader and the connections they make to what is being described. Stake (1994) has called this “naturalistic generalization” (p. 240), and notes:

...Case researchers, as others, pass along to readers some of their personal meanings of events and relationships - and fail to pass along others. They know that the reader will add and subtract, invent and shape – reconstructing the knowledge in ways that leave it differently connected and more likely to be personally useful (p. 240).

As a current practitioner within a family resource program setting, I acknowledge both the benefit my prior experience and understanding brought to the design and analysis process of this thesis, and the limitations. Doucet and Mauthner (1998) capture this juxtaposition in the following quotation:

We can never claim to have captured the pure, real, raw, or authentic experiences or voices of our respondents because of the complex set of relationships between the respondents' experiences, voices, narratives, and the researcher's interpretation and representation of these experiences/voices/narratives (Para. 37).
Conclusion

It is hoped that the unique experiences and perceptions of the participants in the two settings will be of benefit to other family resource programs and multidisciplinary teams that work to support and include parents in community-based settings. The major findings suggest that multiple funding sources, varied expectations and limitations of funding curtailed the success of collaborative practice and the inclusion of parents in service planning. In addition to external factors, organizational, individual team and practitioner characteristics were found to foster or inhibit collaboration and parent inclusion with the agencies. A coherent vision at all levels throughout the organizations was suggested from the findings as a requirement for these approaches to be sustained over time and across different teams and to mitigate the challenges posed by multiple funders and their varied mandates to the organizations. While multidisciplinary collaborative practice was experienced as a developmental process and the community-based organizations required flexibility to not only respond to emerging community needs but to provide choices to parents regarding the type and degree of their involvement, an organizational vision concerning these service approaches was seen by respondents to offer the potential for clarity and consistency regarding how the work was conducted. Renewed organizational leadership and direction were suggested to embed these principles and practice approaches throughout all levels of the organizations’ work. In addition, for such approaches to be successfully implemented and fully integrated and sustained over time, sufficient funding needed to be allocated in service contracts to provide the infrastructure within the organizations to support these approaches.
REFERENCES


Family Resource Programs Canada (2002). **Status report on Canadian family resource programs.** ON: Ottawa.


Halpern, R. (1995). Parent support and education programs. Their role in the continuum of child and family services. In I. Schwartz and P. AuClaire (Eds.), Home-based services for troubled children (pp. 73-112). Lincoln, NE: University of Nebraska Press.


Appendix A

Information Letter to Organization(s) and Consent Form
Appendix A: Information Letter to Organization(s) and Consent Form

INFORMATION LETTER

May 13, 2002
[Organization & Address]
Attention: [Key Contact – Title]

This letter is an invitation to consider participating in the study I am conducting as part of my Master's degree in Child and Youth Care, in the Faculty of Human and Social Development, University of Victoria under the supervision of Professor Sibylle Artz. I would like to provide you with information about my project and what your involvement would be if your organization decides to take part.

The purpose of the study is to describe how practitioners engage and incorporate the voice of parents as clients into multidisciplinary collaborative practice. My interest in this focus has developed from reading research on multidisciplinary collaborative practice in community-based settings, and from my own work as a practitioner within a family resource program in a neighbourhood setting.

Multidisciplinary collaborative practice has been suggested as a solution to enhance service delivery systems, to reduce fragmentation of services and professional specialization and fragmentation. It is seen as one method to provide more effective service responses to complex social problems, and to respond to problems beyond the ability and scope of any one agency, discipline, or program.

Family resource/support programs have had a long tradition in North America and have offered various representations of multidisciplinary collaborative practice during that history.
The presence of family resource/support programs within agencies offering a comprehensive model of service delivery within neighbourhoods and communities place these programs as an important focus for research.

Currently within Canada, and locally within British Columbia there is a move by researchers and practitioners to more fully understand the ways in which family capacity can be enhanced for the care and healthy development of children, and to understand how parents as clients are engaged with service providers in the planning and individualization of services for themselves and their children.

The study will be guided by the following two questions:

➢ How do agencies and Family Resource Programs, as represented by management staff, support the inclusion of parents as clients in their own service planning and implementation?

➢ How do Family Resource Program practitioners involve parents as clients in the process of identifying, planning for, and implementing their service and support needs?

I am planning to conduct my study at two sites. I would like to include [Organization] as one of the two sites to be involved in the study.

Participation of [Organization] in this study is voluntary, and if your organization prefers, can be an un-named site. As a site involved in the study, you would be asked to facilitate the researcher conducting observations at team meetings and conducting approximately ten interviews of one hour duration. Interview volunteers will include Family Resource Program staff/workers, other [Organization] staff/workers who
collaborate across roles and disciplines to support a parent, management staff, and parents who are supported by two or more workers.

The type of questions interviewees will be asked will be similar to those in Attachment A.

I would also like to review samples of organizational documents, such as job descriptions, policies and procedures that may shed light on how staff support and engage parents as clients in the helping process.

Your organization's participation in this study is expected to involve approximately three to five half-day visits of the researcher to your site. As a Family Resource Program Co-ordinator for many years, I believe I am highly sensitive to the site, staffing, program, and client/participant considerations regarding a research study and researcher presence within an organization.

As with any student research project, my study proposal, interview questions, and permission letters from the two sites will be submitted to the University of Victoria Human Research Ethics Committee. The key considerations for approval by the committee, and which are structured into my study, are in Attachment B.

If you have any questions regarding this study, or would like additional information to assist your organization in reaching a decision about participation, please contact me at:

Home Telephone – [Telephone #]

Work Telephone – [Telephone #]

Home E mail – [E mail address]

Work E mail – [E mail address]
You can also contact my Faculty supervisor, Professor Sibylle Artz at School of Child and Youth Care, University of Victoria.

Telephone - (250) 721 7979

E Mail – sartz@uvic.ca

When two sites have confirmed their participation in the research, I will be proceeding to submit my application to the Human Research Ethics Committee at the University. The process currently takes four weeks. I understand that your participation would be contingent upon final approval by the committee. I hope to conduct my site visits in late June and early July, though there is flexibility concerning dates and time periods in order to best accommodate your site, staff and program considerations.

I hope that the results of my study will be of benefit to those organizations directly involved in the study, other family resource programs and community organizations supporting families, as well as to the broader research community,

A confirmation form is attached as Attachment C for your review, which would be signed by your organization, if and when you choose to proceed with participation in the study.

I very much look forward to speaking with you further, and thank-you in advance for your initial consideration of involvement in this project.

Yours sincerely,

Diana Bosworth, MA (Child & Youth Care) Candidate, University of Victoria
ATTACHMENT A: Example of Interview Questions

Examples of questions for Staff/Workers:

- How do you work with other staff from other disciplines within your organization?
- What does working collaboratively mean to you?
- How are parents involved in decision making regarding their service needs?

Examples of questions for Management Staff:

- What kind of policies and procedures does the organization have concerning client/participant-centred service delivery? And concerning multidisciplinary, collaborative practice or teamwork in supporting service users?
- How does the organization support staff to work with each other across programs and disciplines?
- Does the organization provide case management to parents/families?
- How does the organization provide training, professional development, supervision regarding multidisciplinary, collaborative, or team practice?

Examples of questions for parents:

- In your experience, how have workers involved you in decision making about services you have received at this agency? How have they sought your input?
- What has it been like to be involved with more than one worker in the agency? Do you have a key contact within one of the programs?
- Do you have the opportunity to attend meetings here at _________ with the workers regarding your service needs? How has this worked for you?
ATTACHMENT B: Study Protocol

- Interview participants are voluntary, and participants may decline to have their interviews audiotaped, and may decline to answer any of the interview questions.

- With written permission, the interviews will be audiotaped to facilitate collection of information, and later transcribed for analysis.

- The audiotapes will be transcribed verbatim and destroyed following transcription.

- If a transcription service is hired to handle the audiotapes, a locked and secure location will be made available to store the tapes, and a statement of confidentiality will be signed by the transcriber.

- The organization and the research participants (interviews, observations, document reviews) may decide to withdraw from the study at any time without any negative consequences by advising the researcher.

- In the event of a research participant choosing to withdraw from the study all information collected to date from that participant will be returned to them for disposal, or destroyed by shredding/electronic file deletion.

- In the event of the organization withdrawing from the research, all research information collected to that point will be given to relevant research participants for their disposal, or shredded/electronically deleted, and information from organizational documents will be returned to the appropriate representative of the organization for disposal.
□ All information provided by your site is considered completely confidential

□ The site has the option to be an un-named site in any thesis, project materials, or final report resulting from this study

□ Research participant names will not appear in any thesis, project materials, or final report resulting from this study

□ Data collected from this study will be retained at the completion of the final report for a period of 6 months in a locked file drawer accessible only to the researcher, and then destroyed by shredding/electronic file deletion.

□ There are minor risks anticipated to the participants through involvement in this study, including minor discomfort or concern as staff reflect on their practice with co-workers and parents, or parents think about their request for service, the kind of services they have received, or they way that the services have been provided to them. Other risks may include changes in expectations by workers concerning how staff work together, and changes in expectations by parents concerning how they receive services. These risks are outlined on the specific consent forms, along with strategies undertaken by the researcher to minimize these risks.

□ A draft summary of their individual interviews will be made available to each participant for the purposes of confirmation and clarification of key content themes in the process of data analysis

□ A summary report of the findings of the research project will be made available to each site.
ATTACHMENT C: Organization Consent Form

[organization] agrees to participate in a study being conducted by Diana Bosworth, MA candidate, School of Child and Youth Care, Faculty of Human and Social Development, University of Victoria, under the supervision of Professor Sibylle Artz, provided that the research proposal is approved by the University of Victoria Human Research Ethics Committee. We may contact this office if we have any concerns or comments resulting from involvement in this study.

The organization has made this decision based on the information detailed in the information letter. In addition the organization has had the opportunity to receive any further details regarding the study.

All information that the organization provides will be held in confidence, and interviewees will not be identified in the thesis, final report or project materials.

1.1 [Optional: The [organization] requires that it remain an unnamed site in the study, and understands that any identifying information will not appear in the thesis, final report, or project materials.]

[organization] understands that it may at any time withdraw this consent without penalty by telling the researcher.

NAME OF ORGANIZATION ________________________________

SIGNING OFFICER FOR THE ORGANIZATION:

Name ________________________________

Signature ________________________________

DATE ____________________________

WITNESS SIGNATURE ________________________________

5/13/2002
Appendix B
Invitation Posters (for Parents, Management and Program Staff)
Appendix B: Invitation Posters (for Parents, Management and Program Staff)

PARENTS PARTICIPATING IN PROGRAMS AT [Organization]

YOU ARE BEING INVITED TO PARTICIPATE IN A STUDY CALLED

“How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study.”

The purpose of the research study is to describe how staff and workers in Family Resource/Support Programs might include parents in the decision making and planning around their service needs. I am particularly interested in the ways that workers from different programs inside an organization, and a parent, may work together to plan what services and supports are provided to that parent. If you are a parent who is working with 2 (or more) staff here at [Organization], I would be interested in telling you about the research project.

Researcher: Diana Bosworth, Graduate student, Department of Human & Social Development, School of Child & Youth Care, University of Victoria. You may contact her if you have further questions by Telephone – [Telephone #]; or Toll Free at [Telephone #]; and by E mail – [E mail address].

The research is part of my Masters of Arts degree requirements (Child & Youth Care). Supervisor: Professor Sibylle Artz. Telephone – 250 721 6472 ; Email – sartz@uvic.ca; Mailing address – School of Child & Youth Care, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

FOR MORE INFORMATION

PLEASE SPEAK WITH STAFF,

OR CONTACT ME, DIANA BOSWORTH, AT THE ABOVE EMAIL ADDRESS,

OR LEAVE A MESSAGE FOR ME AT [Telephone #] (Toll Free #)

Fall 2002

[URBAN AGENCY parent rev poster invite.doc]
MANAGEMENT STAFF & PROGRAM STAFF
[Organization]

YOU ARE BEING INVITED TO PARTICIPATE IN A STUDY CALLED

“How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study.”

The purpose of the research study is to describe how staff and workers in Family Resource/Support Programs might include parents in the decision making and planning around their service needs.

I am particularly interested in the ways that workers from different programs inside an organization, and a parent, may work together to plan what services and supports are provided to that parent. **If you and other co-workers are jointly supporting individual parents; or you are supervising staff who are working with parents in this manner, I would be interested in meeting with you to describe the research project.**

**Researcher:** Diana Bosworth, Graduate student, Department of Human & Social Development, School of Child & Youth Care, University of Victoria. You may contact her if you have further questions by **Telephone — [Telephone #]; or Toll Free at [Telephone #]; and by E mail — [E mail address]**

The research is part of my Masters of Arts degree requirements (Child & Youth Care).

**Supervisor:** Professor Sibylle Artz. **Telephone — 250 721 6472 ; Email — sartz@uvic.ca; Mailing address — School of Child & Youth Care, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.**

**FOR MORE INFORMATION PLEASE CONTACT ME, DIANA BOSWORTH, AT THE ABOVE EMAIL ADDRESS, OR LEAVE A MESSAGE FOR ME AT [Telephone #] (a toll free #)**

Fall 2002

[Urban Agency staff poster invite.doc]
Appendix C

Participant Consent Forms
How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study.

You are being invited to participate in a study entitled

"How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study."

that is being conducted by Diana Bosworth, who is a Graduate student in the Department of Human & Social Development, School of Child & Youth Care at the University of Victoria. You may contact her if you have further questions by Telephone – [Telephone #]; and by Email – [E mail address].

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Masters of Arts (Child & Youth Care). It is being conducted under the supervision of Professor Sibylle Artz. You may contact my supervisor at Telephone – 250 721 6472 ; Email – sartz@uvic.ca; Mailing address – School of Child & Youth Care, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

The purpose of my research study is to describe how practitioners engage and incorporate the voice of parents as clients into multidisciplinary collaborative practice within the Family Resource Program model of service delivery.

Specifically, I will be researching the following questions:

- How do agencies and Family Resource Programs, as represented by management staff, support the inclusion of parents as clients in their own service planning and implementation?
How do Family Resource Program practitioners involve parents as clients in the process of identifying, planning for, and implementing their service and support needs?

The study is expected to illuminate practice within Family Resource/Support programs in regard to multidisciplinary collaborative endeavours to support parents. With changes in funding patterns for human services in Canada, and the ever-increasing calls for shifts in approaches and systems reorganization, it is particularly important to make sure that the system better fits the needs of consumers/clients, and builds upon individual, organizational, and community strengths.

Within the current social and political context of human services within Canada and specifically British Columbia, it is important for policy makers and practitioners to understand the nature and extent of the inclusion of the voice of parents as clients in multidisciplinary collaborative practice. At this time, there is little information and research on this topic.

You are being asked to participate in this study because it will be important to understand the experience of practitioners/workers who support parents. Management staff who supervise workers who provide support to parents are being invited to participate. Selection of participants will also depend on such factors as availability of possible participants for the interview times, and the suitability of timing for the participants of the researcher’s site visits.

If you agree to voluntarily participate in this research, you will be asked to take part in a face-to-face interview with the researcher, which with your permission, will be recorded on audiotape. The interview will last about an hour. At a later date you will be asked by the researcher to review the key content information collected from your interview, to check it for accuracy. This should take about 15 minutes.

Participation in this study may cause some inconvenience to you, including time set aside from work activities.

There are some potential risks to you by participating in this research and they include minor distress and concern as you reflect upon your own and your co-workers
practice in supporting families. You may have some concern about how negative comments may be used. In addition, your expectations about workplace practices may change by your involvement in the research. To prevent or to deal with these risks the following steps will be taken:

- I will provide (as needed) contact details of a person not involved in the research who is able to provide confidential no cost lay counselling;
- I will provide (as needed) additional information about the research so that those involved have clear expectations of the purpose of the research.

The potential benefits of your participation in this research include the opportunity to reflect on your practice and workplace strategies, and the opportunity to contribute to the state of knowledge in the field.

Your participation in this research must be completely voluntary. Whether you choose to participate or not will not have any affect on your employment status in the organization. The Consent to Participate Form that this organization signed clearly states that. If you do decide to participate, you may withdraw at any time by telling the researcher without any consequences or any explanation. You may refuse to answer specific questions in the interview process. You may refuse to be audiotaped. You may ask that the interview be stopped at any time. If you do withdraw from the study your data will be removed from the study and shredded or electronically deleted, or can be returned to you for disposal. If the organization chooses to withdraw from the study, all the interview information collected to that point from you will be given to you for disposal, or shredded/electronically deleted by the researcher, whichever is preferred.

In terms of protecting your anonymity, it may not be possible to completely guarantee your full anonymity (e.g., the fact that you took part in the research), due to the size of the organization, and the make-up of staffing positions and roles.

However, your confidentiality and the confidentiality of the data you provide will be protected by the following strategies:

- Interview participants will not be identified by name or by any other identifying information in reports, or material resulting from this research.
- No interview participant names will be recorded on the interview forms, or audio tape.
- Numbers will be used to code each interview.
- Consent forms will be kept separate from data gathered.
- Consent forms, interview notes and audiotapes will be kept in secure storage (locked filing cabinet) when not being used by the researcher.
- Tapes will be transcribed promptly, and erased following transcription.
- A transcription service will be hired to transcribe the interview tapes. The transcriber will be required to sign a pledge of confidentiality.
- Data will be retained at the completion of the final report/thesis for a period of 6 months, and destroyed at the end of this time by shredding, or electronic file deleting.

**Data from this study will be disposed of in the following ways:**

- Data gathered from you will be removed from the study and shredded or electronically deleted if you withdraw from the study part way through, or can be returned to you for disposal.
- If the organization chooses to withdraw from the study, all interview information collected from you to that point will be given back to you for your disposal, or shredded/electronically deleted by the researcher, whichever is preferred.
- All data from this study will be destroyed 6 months after the completion of the final report/thesis by shredding, or electronic file deleting.

It is anticipated that the results of this study will be shared with others in the following ways:

- A draft summary of your individual interview will be made available to you by the researcher. The purpose of this is to have you confirm and clarify the key content themes of your interview.
- A summary report of the findings of the research project will be made available to each site, and a copy will be given to you if you request it from the researcher.
The researcher anticipates publishing an article describing the research in a journal(s), and presenting the research at a scholarly meeting(s) relevant to the field of family support work.

In addition to being able to contact the researcher and the research supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4362).

Diana Bosworth

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

CONSENT TO AUDIOTAPE THE INTERVIEW: Yes No

Name of Participant | Signature | Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.
How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study.

You are being invited to participate in a study entitled

"How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study."

that is being conducted by Diana Bosworth, who is a Graduate student in the Department of Human & Social Development, School of Child & Youth Care at the University of Victoria. You may contact her if you have further questions by Telephone – [Telephone #]; and by Email – [Email address].

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Masters of Arts (Child & Youth Care). It is being conducted under the supervision of Professor Sibylle Artz. You may contact my supervisor at Telephone – 250 721 6472; Email – sartz@uvic.ca; Mailing address – School of Child & Youth Care, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

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Specifically, I will be researching the following questions:

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How do Family Resource Program practitioners involve parents as clients in the process of identifying, planning for, and implementing their service and support needs?

The study is expected to illuminate practice within Family Resource/Support programs in regard to multidisciplinary collaborative endeavours to support parents. With changes in funding patterns for human services in Canada, and the ever-increasing calls for shifts in approaches and systems reorganization, it is particularly important to make sure that the system better fits the needs of consumers/clients, and builds upon individual, organizational, and community strengths.

Within the current social and political context of human services within Canada and specifically British Columbia, it is important for policy makers and practitioners to understand the nature and extent of the inclusion of the voice of parents as clients in multidisciplinary collaborative practice. At this time, there is little information and research on this topic.

You are being asked to participate in this study because it will be important to understand the experience of practitioners/workers who support parents. Workers from different disciplines who are currently providing services to a parent who is supported by 2 or more workers in the organization are being invited to participate. Selection of research participants will also depend on factors such as availability of possible participants for interview times, and the suitability of timing for the participants of the researcher’s site visits.

If you agree to voluntarily participate in this research, you will be asked to take part in a face-to face interview with the researcher, which with your permission, will be recorded on audiotape. The interview will last about an hour. At a later date you will be asked by the researcher to review the key content information collected from your interview, to check it for accuracy. This should take about 15 minutes.

Participation in this study may cause some inconvenience to you, including time set aside from work activities.
There are some potential risks to you by participating in this research and they include minor distress and concern as you reflect upon your own and your co-workers practice with parents. You may have some concern about how negative comments may be used. In addition, your expectations about workplace practices may change by your involvement in the research. To prevent or to deal with these risks the following steps will be taken:

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- I will provide (as needed) additional information about the research so that those involved have clear expectations of the purpose of the research.

The potential benefits of your participation in this research include the opportunity to reflect on your practice, and the opportunity to contribute to the state of knowledge in the field.

Your participation in this research must be completely voluntary. Whether you choose to participate or not will not have any affect on your employment status in the organization. The Consent to Participate Form that this organization signed clearly states that. If you do decide to participate, you may withdraw at any time by telling the researcher without any consequences or any explanation. You may refuse to answer specific questions in the interview process. You may refuse to be audiotaped. You may ask that the interview be stopped at any time. If you do withdraw from the study your data will be removed from the study and shredded or electronically deleted, or can be returned to you for disposal. If the organization chooses to withdraw from the study, all the interview information collected to that point from you will be given to you for disposal, or shredded/electronically deleted by the researcher, whichever is preferred.

In terms of protecting your anonymity, it may not be possible to completely guarantee your full anonymity (e.g. the fact that you took part in the research), due to the size of the organization, and the make-up of staffing positions and roles.
However, your confidentiality and the confidentiality of the data you provide will be protected by the following strategies:

- Interview participants will not be identified by name or by any other identifying information in reports, or material resulting from this research.
- No interview participant names will be recorded on the interview forms, or audio tape.
- Numbers will be used to code each interview.
- Consent forms will be kept separate from data gathered.
- Consent forms, interview notes and audiotapes will be kept in secure storage (locked filing cabinet) when not being used by the researcher.
- Tapes will be transcribed promptly, and erased following transcription.
- A transcription service will be hired to transcribe the interview tapes. The transcriber will be required to sign a pledge of confidentiality.
- Data will be retained at the completion of the final report/thesis for a period of 6 months, and destroyed at the end of this time by shredding, or electronic file deleting.

Data from this study will be disposed of in the following ways:

- Data gathered from you will be removed from the study and shredded or electronically deleted if you withdraw from the study part way through, or can be returned to you for disposal.
- If the organization chooses to withdraw from the study, all interview information collected from you to that point will be given back to you for your disposal, or shredded/electronically deleted by the researcher, whichever is preferred.
- All data from this study will be destroyed 6 months after the completion of the final report/thesis by shredding, or electronic file deleting.

It is anticipated that the results of this study will be shared with others in the following ways:
- A draft summary of your individual interview will be made available to you by the researcher. The purpose of this is to have you confirm and clarify the key content themes of your interview.

- A summary report of the findings of the research project will be made available to each site, and to copy will be given to you if you request it from the researcher.

- The researcher anticipates publishing an article describing the research in a journal(s), and presenting the research at a scholarly meeting(s) relevant to the field of family support work.

In addition to being able to contact the researcher and the research supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4362).

Diana Bosworth Date

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researcher.

CONSENT TO AUDIOTAPE THE INTERVIEW: Yes No

A copy of this consent will be left with you, and a copy will be taken by the researcher.
How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study.

You are being invited to participate in a study called

"How are the voices of parents as clients engaged and incorporated into multidisciplinary collaborative practice within the Family Resource Program model of service delivery? A case study."

**Researcher:** Diana Bosworth, Graduate student, Department of Human & Social Development, School of Child & Youth Care, University of Victoria. You may contact her if you have further questions by Telephone – [Telephone #]; and by Email – [Email address].

The research is part of the Masters of Arts degree requirements (Child & Youth Care).

**Supervisor:** Professor Sibylle Artz. Telephone – 250 721 6472 ; Email – sartz@uvic.ca; Mailing address – School of Child & Youth Care, University of Victoria, P.O. Box 1700, Victoria, B.C. V8W 2Y2.

The purpose of my research study is to describe how staff and workers in Family Resource/Support Programs might include parents in the decision making and planning around their service needs. I am particularly interested in the ways that workers from different programs inside an organization, and a parent, may work together to plan what services and supports are provided to that parent.

The study is expected to provide information on the ways different kinds of staff within Family Resource/Support Programs might work together to support parents,
and include them in the process. With changes in how programs receive funding, and how support services are organized in the Province, it is very important to make sure that the support systems fit the needs of families receiving services, and that individuals, organizations, and communities are strengthened.

You are being asked to participate in this study because it will be important to understand the experience of parents in receiving support services. Parents who receive services from the Family Resource program, and who are supported by 2 or more workers of different disciplines within the organization are being invited to participate. Selection of participants may also depend on such factors as availability of possible participants for interview times, and the suitability of timing for the participants of the researcher’s site visits.

If you agree to voluntarily participate in this research, you will be asked to talk to the researcher in a face-to-face interview, which with your permission, will be recorded on audiotape. The interview will last about an hour. The interview will take place at the Family Resource Centre, or at a place that works better for you. At a later date you will be asked by the researcher to look at a summary of the interview. The reason for this is to make sure the researcher understands what you meant. This should take about 15 minutes.

Participation in this study may cause some inconvenience to you, including finding the time to be interviewed.

It is not expected that being in this study will harm you. But, you may feel minor distress and concern as you think about the way services have been provided to you, and how those services have worked for you. You may have some concern about how negative comments may be used. As well, because of taking part in this study, you may change your expectations about the way services are provided here at this organization, and change your expectations about how you interact with workers here. The researcher will talk to you about these feelings, and if needed

- will provide contact details of a person not involved in the research who is able to provide you with confidential no cost lay counselling;
will provide additional information about the research so that you understand the purpose of the research.

The research may not have any direct benefits for you. But, it is hoped that the experiences of parents receiving support services is better understood. What is learned from these interviews will be used with other information that the researcher gathers. All the information that the researcher gathers may help organizations and government ministries make good decisions about how services are provided to parents.

Your participation in this research must be completely voluntary.

- You can choose whether you want to participate or not in the research.
- Whether you choose to participate or not will not have any affect on how you receive services and support here at [organization].
- The Consent to Participate Form that this organization has signed clearly states that.
- You may refuse to answer specific questions in the interview process.
- You may refuse to be audiotaped.
- You may ask that the interview be stopped at any time.
- If you do decide to participate, you may decide you want to stop, and not continue to be involved. You can do this at any time by telling the researcher, without any consequences or any explanation.
- If you do withdraw from the study your interview information will taken out of the study and shredded or electronically deleted, or can be returned to you for disposal.
- If the organization chooses to withdraw from the study, all the interview information collected to that point from you will be given back to you for disposal, or shredded/electronically deleted by the researcher, whichever is preferred.
- If you withdraw from the study, or if the organization withdraws from the study, the researcher cannot use what you said in the interview.
It is possible that the interview will take part in the Family Resource Centre, or in some other area of the organization. Therefore it is possible that people at (organization) \( \underline{\text{will know that you took part in this research study. But, they will not know what you said}}. \) What you have told the researcher will be protected and kept confidential in the following ways:

- Your name will not be recorded on the interview tape or the notes taken. As well, no names or any other identifying information about you will be in reports or material resulting from this research.
- A number will be used to code your interview, and will be used on anything that gets written about the interview.
- The Consent form will be kept separate from the information from the interview.
- Consent forms, interview notes and audiotapes will be kept in secure storage (locked filing cabinet) when not being used by the researcher.
- Tapes will be typed up quickly, and then erased.
- A person will be hired to type up the interview tapes. This person will be required to sign a pledge of confidentiality.
- The information that the researcher collects will be kept for a period of 6 months after the research report is written, and then it will be destroyed by shredding, or electronic file deleting.

The information that the researcher gathers will be disposed of in the following ways:

- Information gathered from you will be taken out of the study and shredded or electronically deleted if you withdraw from the study part way through, or can be returned to you for disposal.
- If the organization chooses to withdraw from the study, all interview information collected from you to that point will be given back to you for your disposal, or shredded/electronically deleted by the researcher, whichever is preferred.
- All information gathered for this study will be destroyed by shredding, or electronic file deleting 6 months after the final report/thesis is completed.
It is anticipated that the results of this study will be shared with you and others in the following ways:

- A draft summary of your individual interview will be given to you by the researcher. The reason for this is to make sure the researcher understand what you meant.

- A summary of the final report will be given to each organization, and a copy will be given to you if you request it from the researcher.

- The researcher anticipates publishing an article describing the research in a journal(s), and presenting the research at a scholarly meeting(s) relevant to the field of family support work.

As well as being able to contact the researcher and the research supervisor at the above phone numbers, you may want to check that there has been University approval of this study, or may have questions or concerns about your rights as a research participant. In this case you can call the Associate Vice-President, Research at the University of Victoria (250-472-4362).

Diana Bosworth (Researcher) Date

Your signature below indicates:

✓ That you understand this consent form, and that a copy will be given to you,

✓ That the research study has been described to you,

✓ That you have had the chance to ask questions, and receive answers from the researcher,

✓ That you can contact the researcher, her supervisor, or the University at the contact numbers on this form, if you have any further questions,

✓ That you wish to volunteer to take part in this research.

CONSENT TO AUDIOTAPE THE INTERVIEW: Yes

No
A copy of this consent will be left with you, and a copy will be taken by the researcher.
Appendix D

Demographic Information for Communities of ‘the Neighbourhood’, and ‘the Islands’
Appendix D: Demographic Information for Communities of 'the Neighbourhood', and 'the Islands'

'The Neighbourhood', Metropolitan Area, British Columbia

The Community Served by Urban Agency

Based on data for 'the Neighbourhood' from the 1996 Census data:

- Urban Agency is located in a community where more than half the population (51.5%) is between the ages of twenty and thirty-nine years, with only five per cent of the population under nineteen years of age.

- The majority of residents (67.1%) cite English as their mother tongue, with Japanese, Chinese, French, German and Spanish making up other small percentages.

- A high percentage (71.7%) of residents moved in the five years prior to the census, making it a mobile population compared to other areas (e.g., 57.7% of City respondents moved in the same time period).

- The majority of dwellings (84.8%) in 'the Neighbourhood' are rental dwellings, and three quarters of all area dwellings are in located in high rise buildings of more than five storeys.

- 'The Neighbourhood' households are predominantly one-person households (59.3%), and just over a third of all households are considered low income.

The average annual family income in 'the Neighbourhood' is $52,665.

Slightly more than one in ten families (13.4%) is a single parent family.
A large percentage of the population (62.4%) is employed in the labour force, and more than one third (37.2%) of employed residents are close enough to their employment that they are able to walk to work.

Risk indicators for area children and youth available through a provincial Local Health Area mapping project are not available specifically for 'the Neighbourhood' community, but are available for the City generally. Children under nineteen years of age in City are considered at slightly higher risk than the British Columbia average on such indicators as the infant mortality rate, number of children receiving Basic British Columbia Benefits Income Assistance, including those youth between seventeen and eighteen years who are living on their own, and the Juvenile Crime Rate. For youth in City, the only indicator of risk is the slightly higher non-completion rate for students enrolled in Grade 12, compared to the British Columbia average.

'The Islands', British Columbia

The Community Served by Island Agency

Although the data is not specific to the Island, 'the Islands' data from BC Statistics 2002 is relevant due to the geographical range of the services of Island Agency. The data reports that:

- The majority of 'the Islands' population (55%) is between twenty-five and sixty-four years of age, with sixteen percent being seventeen years of age and younger, and nearly a quarter of the population (23.2%) sixty-five years and older.
• A very small proportion of the population identify as having an ethnic identity (4.4%), with aboriginal people representing half that number (2.1%), and the other 2.3% including Chinese, South Asian, Filipino, and Japanese.

• More than half the families reporting in the 1996 Census (56.4%) had no children living at home, and of the families with children, 28% were single parent families.

• The average family income for ‘the Islands’ for the 1996 Census reporting period was $50,750.

• Of those older than fifteen years in the 1996 Census, more than half (54%) reported achieving a post secondary level of education, with one of five reporting having a university degree.

• More than one third of those employed (35.6%) report being employed full-time and throughout the year, and another 35.9% report being self-employed.

• One in fifty of ‘the Islands’ residents received British Columbia Income Assistance Benefits in 2002, and 5.8% of total children on ‘the Islands’ less than nineteen years of age were Income Assistance Benefits recipients.

• A small percentage of households on ‘the Islands’ are rental households (15.8%).

• Children in ‘the Islands’ are considered at low risk based on the indicators of income assistance, juvenile crime rate, infant mortality rate, and teen pregnancy numbers available through a Provincial Local Health Area mapping project available through BC Stats. On these indicators, ‘the Islands’ rate on or below the British Columbia average. For youth, the risk factors increase, with indicators such as Grade 12 non-completion rates and unemployment rates for nineteen to twenty four year olds being slightly above the provincial average.
Appendix E

Interview Schedule
Appendix E: Interview Schedule

INTERVIEW SCHEDULE

Questions for Staff/Workers

1. How long have you worked in (or with) the Family Resource Program?
2. What is your area of training and education?
3. Can you describe:
   _ your role in the organization
   _ the work you do
   _ and the goals and objectives of your program area?
4. What is your understanding of the key elements of Family Resource Programs?
5. How (if at all) do these elements show up in your work and that of your co-workers in (or with) the Family Resource Centre?
6. In what ways do you work with other staff from other disciplines within this organization? Can you give me some examples?
7. "Working collaboratively" is often a goal in team settings. Can you tell me what the phrase means to you?
8. What is it like to working with other staff from other programs and disciplines to support a parent here at ____________?
9. How do you become involved with a parent when they first access services here?
10. In your area of practice, are there ways that a parent is involved in decision making regarding their service needs? Can you tell me about them?
11. What do you see as some of the key factors that might influence the involvement of workers and a parent in the planning and decision making process regarding the parent’s service needs?
12. Are there challenges (if any) for you in working with other staff from other disciplines here at ____________?
13. Are there challenges (if any) for you in working with parents/clients here at ____________, and how have you met those challenges?

14. Are there ways that your organization expects you to work with other staff from other program areas and disciplines here at ____________ to support a parent? Can you tell me about them?

15. How does your organization support you in working this way?

16. Are there ways that your organization expects you to include parents in decision making regarding their service needs, and use of that service here at ____________? Can you tell me about them?

17. How does your organization support you in working this way with parents?

18. What do you need as a practitioner/worker in order to work across disciplines to best meet a parent’s needs, and to be able to include parents as clients in their service need identification and planning?

19. Are there any other comments that you would like to make regarding your experience working with others to support parents here at ____________?

July 23, 2002 A: questions#5.doc Diana Bosworth MA CYC candidate [Thesis work]
INTERVIEW SCHEDULE

Questions for Management Staff

1. How long have you worked here at ________________?
2. What is your area of training and education?
3. Can you describe: your role in the organization; the work you do?
4. What is your understanding of the key elements of Family Resource Programs?
5. How (if at all) do you see these elements demonstrated by staff in this organization?
6. How (if at all) do you incorporate these elements in the work you do here?
7. What are the goals and objectives of your organization in regard to family and parent services?
8. How (if at all) does the agency’s: mandate; goals and objectives; policies and procedures; hiring practices address and guide the work of staff across various programs and disciplines to include parents in planning and decision making regarding their services needs?
9. “Working collaboratively” is often a goal in team settings. What does the phrase mean to you?
10. Can you tell me about the ways that you approach “working collaboratively” in your role here at ________________?
11. How (if at all) are parents involved with staff in planning and decision making regarding their service needs?
12. Are there challenges for staff to work together across programs and disciplines to support a parent? Can you tell me about them?
13. Are there challenges for managers supervising staff who work together across program and disciplines to support a parent? Can you tell me about them?
14. Are there ways that your organization has met these challenges? Can you give me some examples?

15. Does the organization provide a ‘case manager’ or ‘primary worker’ to parents/families regarding their service plan and service use when they are involved with two or more workers or services? Can you describe to me how that works?

16. How (if at all) does the organization provide support to staff (such as professional development, supervision) to assist with working together across programs and disciplines?

17. Are there other comments that you would like to make regarding your experience as a manager supervising staff who support parents within various programs?

July 23, 2002
A: question#5.doc
Diana Bosworth
MA CYC candidate [Thesis work]
INTERVIEW SCHEDULE

Questions for Parents

1. How long have you been involved with the services offered by ________________?

2. What are the services that you and/or your family have received or been involved in here?

3. In your experience, how (if at all) did workers connect with you when you first sought services here, in order to identify and plan for services that may be of help to you and your family?

4. How would you describe your understanding of the way staff and parents work together here at ________________?

5. Have workers kept you involved in the decision making about the services that you and your family are receiving?

6. If they have, what are some of the ways that they have kept you involved? Can you give me some examples?

7. Have workers sought your input?

8. If they have, what are some of the ways this has happened? Can you give me some examples?

9. You have volunteered to be a participant in this interview because you are involved with more than one worker here, and they are in different positions or roles. What has that been like for you?

10. Have you had a main or key contact person/staff within one of the programs? If so, how did that come about?

11. Have you had opportunities to attend meetings here at ________________ to plan services for you and your family with workers from ________________? a) If you have, what is your understanding of the purpose of these meetings? b) How many of these type of meetings have you attended? c) Who has attended these meetings? d) How have the meetings worked out for you?
12. Is your experience here at ____________ different than the other times you may have sought services for yourself and your family? How would describe the differences?

13. As a parent and participant in services provided here at ____________, what suggestions or advice about working with the staff might you give another parent who came here seeking services for themselves and/or their family? What suggestions or advice about working together might you give the staff here that might help them to support parents and families seeking services?

14. Are there other comments that you would like to make regarding your experience as a parent involved in services here?
Appendix F

Meanings of Working Collaboratively, Examples of Collaborative Work, and Factors that might Influence Joint Planning and Decision Making by Workers and a Parent
Appendix F: Meanings of Working Collaboratively, Examples of Collaborative Work, and Factors that might Influence Joint Planning and Decision Making by Workers and a Parent

Table F1
Meanings of Working Collaboratively

<table>
<thead>
<tr>
<th>Workers</th>
<th>Meanings of “Working Collaboratively”</th>
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<tbody>
<tr>
<td></td>
<td>“Teamwork, means successful programs.”</td>
</tr>
<tr>
<td></td>
<td>“Working together to obtain the best goals for the family, for the families that we’re working with.”</td>
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<tr>
<td></td>
<td>“Means teamwork, where there is more than one person working co-operatively on a project or doing a job.”</td>
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<td></td>
<td>“It means…in working with a family…planning, assessment…with the best interests of the family in mind…looking at the family’s strengths and community resources, and creating a match, creating a fit, the best fit for the family…In terms of education and training…it’s assessing the group’s needs and developing facilitation plans to meet the needs of the group. Sharing resources, equipment, space.”</td>
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</table>

| Managers | “Working together to support each other and to support the client and to support the organization…And by together…I try not to have that hierarchy with my staff…if they have a problem they come see me and I try and help them if I can, or if I have a problem that I feel comfortable to go to them…we’ll all sit down together as a group, a team…and discuss the problem…it’s supporting each other, good and bad, and no matter what your position is within the agency.” |
|          | “Working together in a harmonious kind of way…That it’s a mutual, desirable thing.” |
### Table F2

**Workers and Examples of Collaborative Work**

<table>
<thead>
<tr>
<th>Worker</th>
<th>Other Co-workers Identified</th>
<th>Examples of Collaborative Work</th>
</tr>
</thead>
</table>
| Family Resource Program worker | Family Worker Health Nurse Receptionist | - plan special events, out-trips  
- exchange information regarding participants; make referral  
- administrative work |
| **Counsellor** | Counselling Team | - talk about difficult cases for support, direction, and to prevent duplication of services; to ensure workers are on the “same page”(team includes: Drug & Alcohol Worker, Mental Health Counsellors, Mental Health Nurse, Community Worker, Family Counsellor) |
| Family Resource Program worker  
Family Resource Program Coordinator | Family Programs Coordinator Health Nurse Counselling Team Family Worker | - planning in regard to child/family; informing about issues  
- co-facilitating parenting groups  
- case conferencing, case transfer, referral  
- co-training of other workers |
Table F3

Respondents Identification of Key Factors that Might Influence the Involvement of Workers & a Parent in Joint Planning and Decision-making

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Key Factors</th>
</tr>
</thead>
</table>
| Worker     | Flexibility of the organization  
                          Meeting regularly; workers being “on the same page”  
                          An open line of communication  
                          Workers have to be knowledgeable, have credentials, be qualified and trained  
                          Workers have to have knowledge of where to refer parents  
                          Keeping a supervisor informed  
                          Avoiding duplication of services  
                          Knowing what the parent sees as a priority, as a goal  
                          Knowing whether the services fit the family’s needs (their lifestyle, and stage of the family)  
                          Keeping it pivotal around the family (parent takes charge and controls the planning)  
                          Comfortable space for people to come together  
                          A safe place for children  
                          An atmosphere of trust and confidentiality |
| Manager    | Parent’s comfort in speaking English  
                          Relationships between workers; relationships between workers and parents  
                          Flexible/convenient times for staff, parents to meet; extra flexing of part-time workers may be required  
                          Time set aside from busy/full case-loads to conduct regular meetings  
                          Training in ICM |
| Parent     | Flexible, accessible and approachable staff, who offer various ways to seek a parent’s input (both formal and informal)  
                          A commitment to ensuring confidentiality on the part of staff  
                          Staff expertise/ training |
Appendix G

Findings - Interview Quotes
### Broad Category: I. Larger Domain beyond the Organization

<table>
<thead>
<tr>
<th>Major Construct</th>
<th>Themes</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services Contracts</td>
<td>Territorialism created by the funding</td>
<td>The only challenges are...sort of the territorialism of the funding and which is created by the funding. I think globally funded would be much better. Then you could move things around and not worry. (4-9:14)</td>
</tr>
</tbody>
</table>
|                 | Expectations of collaboration, joint planning and parent inclusion are project by project | There’s a certain amount of documentation...and there isn’t a consistent format for recording in the agency...It’s done depending on the [funding] contract, and the needs of the program. (6-12:32) ...We’ve been trying to expand the data base, so that we can cross-reference better....So we’re working on that. (2-8:22) The Integrated Case Management came as a result of last year and the new shift in Ministry funding is requesting community governance where the communities are more involved in caring for families....We’ve developed a local steering committee to promote and implement ICM in the community. (6-9:40) ICM is sort of an expectation when there’s two or more professionals involved, and we’re looking at training families in this. We’ve actually had a couple of parents in the training. They were Community Living parents. (4-
<table>
<thead>
<tr>
<th>Broad Category: II Organizational Domain</th>
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<tbody>
<tr>
<td><strong>Organizational Mandate</strong></td>
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</table>
| | | Now they've trained the
<table>
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<tr>
<th>Policies and Procedures</th>
<th>Teamwork may happen by osmosis, with a mixture of expectations regarding collaboration and parent inclusion</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>I am always encouraging team members to talk to each other and to think about things that might be of resources and services that might be useful to families...and when I see there’s overlap or there’s potential for some collaboration, then I set that up. (2-5:19)</td>
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<tr>
<td></td>
<td>We do expect our staff to work as part of a team.....and meet on a regular basis as well. (2-4:1)</td>
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<td>...We’re expected to go to [team meetings]... and to contribute what we have to contribute, but I don’t think there’s anything that tell us to do that. (4-9:42)</td>
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<td></td>
<td>...with most of the families that I work with it is family driven. So its client-centred. (4-7:36)</td>
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<td>I think I do things [hiring for teamwork and collaboration] differently than maybe other people around here. (5-5:36)</td>
</tr>
<tr>
<td>The need for centralized files and record keeping</td>
<td>There isn’t a lot of cross-referencing of information about families [across programs within the organization]. (6-7:25)</td>
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<td></td>
<td>...So quite often we’ll find somebody in [name of team] is working with the child and family, and we’re working with the adult, and we don’t even know about it....There’s no centralized filing and records, so we don’t always know, so that’s a real problem. And we’re looking at that and trying to change that. (4-5:13)</td>
</tr>
<tr>
<td>The problem of confidentiality</td>
<td>I could be working with the family and the child could be working with [co-worker] at [another community facility] through us, and I don’t know that. (4-5:34)</td>
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<td>Hiring procedures, job descriptions and supervision – teamwork and collaboration taken for granted</td>
<td>Initially it starts from the first meeting when I go to hire someone and in their interview...and one of my questions is “How do you work...do you work well in a team?” (5-7:2)</td>
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<td>I’m a very responsive supervisor to the needs of the people I supervise. They call me and they need something and that takes priority over me doing paperwork or whatever. (2-7:41)</td>
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<td>[At the weekly team meeting]) there’s an opportunity for...a debriefing...And then you indicate whether or not you have clinical issues to discuss or business issues to discuss. (6-9:33)</td>
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<td></td>
<td>We do expect our staff to work as part of a team.....and meet on a regular basis as well. (2-4:1)</td>
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<td>We do have to attend the team meetings weekly, because its sort of group supervision as well. (4-10:4)</td>
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<td>[The organization supports staff in multidisciplinary collaboration] through supervision...We encourage collaboration and referral to other parts of the agency when necessary for the benefit of the family. (2-10:8)</td>
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<tr>
<td>Unionization – open doors have turned to closed doors</td>
<td>A few staff were not happy with the changes either, but it didn’t get resolved. (9-4:17)</td>
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<tr>
<td>Facilities</td>
<td>Open doors and accessibility</td>
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<td>Spaces that promote collaboration</td>
<td>[Youth worker at satellite locations] is out in the community, and he comes into the office [a separate location] sometimes, he doesn't cross paths easily with [other] workers, so he has to make an effort to do that. (2-11:29)</td>
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<tr>
<td>Program Characteristics</td>
<td>Prevention and community building as a goal</td>
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<td>Parent input into program evaluation for funding purposes</td>
<td>I would suggest that a more formal means of receiving input could be done perhaps once per year within the programs- a survey or evaluation...I had been asked to do one at another centre I went to [and] found the pen and paper input opportunity very useful. (1-3:11)</td>
</tr>
</tbody>
</table>
| Flexibility in how services are offered | I may have a referral from a school, or school psychologist, or from the Ministry, or from a physician, or a referral may come from another co-worker in the agency...sometimes in the form of telephone referrals...sometimes it's a formal document on an intake document, accompanied by a confidentiality release. At other times it's informally from a
<table>
<thead>
<tr>
<th></th>
<th>Clients/participants step in and out of services ‘like a stream’</th>
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<td></td>
<td>[There are] different ways [into the program]. I may have a referral from a school... or from the Ministry, or from a physician, or a referral may come from another co-worker in the agency...Sometimes it’s a formal document...at other times it’s informally from a discussion [with the parent] that arose during a drop-in. (6-4:29)</td>
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<td></td>
<td>Staffing schedule limitations</td>
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<td></td>
<td>[Organization] is limited by the number of staff, and is not consistently accessible throughout the week. (9-3:19)</td>
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<td></td>
<td>Friendly staff</td>
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<td>It was really easy to talk to the initial welcome arms of [FRP Coordinator], always with conversation and support whenever it was needed. (7-1:32)</td>
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<td>A warm, welcoming and safe atmosphere</td>
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<td>I provide the warm and safe atmosphere for children and help parents of various cultures with individual information and understanding. (3-2:15)</td>
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<td>Everyone is treated the same, rich and poor are the same. (3-2:22)</td>
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<td>We are doing a promotion...to make it [the program] inviting and non-threatening. (6-2:43)</td>
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<td>I think what we’re really successful at, is they’re [participants] welcomed at the door. (5-2:45)</td>
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<td>All people and parents are treated alike, they are wonderful and treat you well. I find that I can come at</td>
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<tr>
<td><strong>Broad Category: III. Employee Domain</strong></td>
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<th><strong>Employee Roles</strong></th>
<th><strong>It’s just getting the time</strong></th>
<th><strong>The youth workers...</strong></th>
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<td>have team meetings that they go to at the schools. They have standing appointments with their clients every week... so they have pretty firm schedules... and they don’t want to disappoint that kid, and to reschedule, that is really difficult too. (2-6:36)</td>
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<td>The pressures of being ‘it’ and wearing ‘many’</td>
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<td></td>
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<td>So I would see the parent. If the parent is self-referred, or often the</td>
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</table>

Barriers to collaboration – looking at things differently

Sometimes its personality conflict... an ideological conflict for a staff member... where one thinks that the other is not doing the right thing for the family... and that can be a block certainly. It’s rare around here but it does happen. (2-6:22)

Employee Domain

Teamwork, collaboration and being in the ‘know-all’

My organization supports me... through providing opportunities for daily exchange of ideas with my colleagues. (3-4:19)

The Family [Resource Program] Co-ordinator comes to our team meetings so we consult about families... we refer to her. But she sort of does her thing and we do our thing... the services are available and we know that we can refer families there. (4-3:43)

They have standing appointments with their clients every week... so they have pretty firm schedules... and they don’t want to disappoint that kid, and to reschedule, that is really difficult too. (2-6:36)

any time of the day and be welcomed, and it is always a good experience. (1-4:1)

Once in... the counselling programs, the doors are closed and are very confidential. Of course that’s the nature of it. (7-2:28)

We sort of have a comfortable setting here... (4-9:2)
<table>
<thead>
<tr>
<th>hats'</th>
<th>parent comes here through the doctor referral.... In [geographic area] everybody refers to me... I'm 'it'. (4-6:38)</th>
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<td>They [staff] feel really a lot of pressure on their work so... all their time is very precious to them... (2-11:6)</td>
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<td>If a person wants to come back and see me informally, but it's a matter again of maintaining the boundaries so that if I've made a referral ...to [co-worker] for couples with... relationship issues and that client wants to speak to me again, about the same topic or even about their relationship with their counselor, I have to avoid that triangulation... (6-8:41)</td>
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<td></td>
<td>[Practitioner speaking of the 'many hats' that staff wear in their community]... we are volunteers also. And for some people it's much more difficult than others, so we talk about it... it is a topic that we talk about consistently... quite often in our team meetings. We also talk about how difficult it is and maybe give an example of something that happened and how we can deal with it. So we really pay attention to it. (4-11:40)</td>
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<td></td>
<td>Everybody's hooked into the community in different ways, in different circles, so when we all sit down somebody brings up a name, unless they're really new, usually somebody has heard of them. (2-9:15)</td>
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<td>Knowing and using all the resource available</td>
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<td>The importance of</td>
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<tr>
<td>Employee Knowledge and Skills</td>
<td>[Staff roles and crossover to parents]</td>
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<td>having a co-worker to trust for mutual support</td>
<td>The staff approach to me has been consistent across all the programs mostly. (1-2:9)</td>
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<tr>
<td>[team meetings for...a personal debriefing [as in] ‘How was your week?’ (6-9:34)]</td>
<td><strong>Reference to co-worker</strong>] We both support each other and have tremendous respect for each other. (8-3:49)</td>
</tr>
<tr>
<td>[Reference to co-worker] We both support each other and have tremendous respect for each other. (8-3:49)</td>
<td>They [staff] like their little teams. They get a lot of support from their teams... (2-10:42)</td>
</tr>
<tr>
<td>[In reference to assessment skills of Family Resource Centre Co-ordinator]... and if they're [parent seeking support] wishy washy, then talk to and see [co-ordinator] because she's the one that can sort of untangle things... (7-7:25)</td>
<td><strong>I describe the other services and agencies and see what’s an appropriate fit...there is a questionnaire...that indicates areas of needs and presenting issues. (6-5:19)</strong></td>
</tr>
<tr>
<td>[In reference to assessment skills of Family Resource Centre Co-ordinator]... and if they're [parent seeking support] wishy washy, then talk to and see [co-ordinator] because she's the one that can sort of untangle things... (7-7:25)</td>
<td><strong>I think what you want to do is avoid duplication of service, and also to determine exactly what does the parent see as a priority and does the service fit in with their lifestyle, the developmental stage of the family at the moment....On a one-to-one relationship with a client, I will set up...an assessment of needs, and then ask them to prioritize what they think is important. (6-6:36)</strong></td>
</tr>
<tr>
<td>[In reference to assessment skills of Family Resource Centre Co-ordinator]... and if they're [parent seeking support] wishy washy, then talk to and see [co-ordinator] because she's the one that can sort of untangle things... (7-7:25)</td>
<td>We [worker and walk-in client] talk about what resources are...</td>
</tr>
<tr>
<td><strong>Knowing who is doing what and being on the ‘same page’</strong></td>
<td><strong>Belief in one’s own and each other’s specialization</strong></td>
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<td>[available]...and try to make a good fit, and sometimes the fit is staying with the same counselor, which can be me. (4-3:10)</td>
<td>So I work with the parents...knowing family therapy...my knowledge is about different types of family intervention. (4-2:35)</td>
</tr>
<tr>
<td>...Part of it ...is my knowledge from having been her for so many years, to know whose who of all this...sometimes I feel like I know everybody, who everybody is working with because my path crosses with so many different people so ...in some ways I’m a pivot point. (2-8:28)</td>
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<td>I do co-facilitation of training...a [worker] and I have taken ICM training. So we’re both qualified trainers now. So we will co-train other service providers in the community about ICM. (6-3:41)</td>
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<tr>
<td>Subject</td>
<td>Response</td>
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<tr>
<td>Paying attention to the fine details of confidentiality</td>
<td>One of the main things I would say...is all counselors should go through AA or Al Anon for a period of time to experience what the addict or the family around is going through...it's just something that I think is vitally important in a helping relationship. (7-7:41)</td>
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<td></td>
<td>I've been trained a trainer for ICM, I really push it, but I did before, so I was a natural person to be trained for that, and I'm actually also going to a training...for Family Conferencing. (4-11:10)</td>
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<td></td>
<td>[In response to interview question around training in teamwork and collaboration] No, unfortunately there isn't any. There is monies provided to us...for professional development...that we can choose ourselves as long as it pertains to the job per se...and it's our choice whether we want to use it or not...so we do have opportunities for professional development but it is on our own... (2-12:10)</td>
</tr>
<tr>
<td>Encouraging parents to step up to the plate and be involved in service planning</td>
<td>You always need a release.... There's an understanding that when the client signs a release that it [client information] could be case conferenced and dispensed within the agency in terms of service needs. (6-10:27)</td>
</tr>
<tr>
<td></td>
<td>...once in the counselling programs, the doors are closed and are very confidential. Of course that the nature of it. (7-2:27)</td>
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<td>There are a lot of parents that I've come to know that they'll just come in my door... they'll say 'Hey, what about this?' Then I'll think about it and...</td>
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<tr>
<td>Employee Characteristics</td>
<td>Working independently and in isolation</td>
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<td>...Most of the workers that are in this agency work independently. They really don’t need a lot of supervision. (4-10:10)</td>
</tr>
<tr>
<td>A listening ear and a door always open</td>
<td>I’ve had the support of a food hamper in the past, and I think more than anything, [worker] knows what the situation has been and what the deterioration that has taken place, and she knows I might not put my name down for that...and she kind of reads between the lines there...and said ‘Well, there was an extra one and I just thought I would pop it over’ and we are grateful because it takes away... some humiliation. (7-6:16)</td>
</tr>
<tr>
<td>Teamwork and collaboration: support, trust and communication</td>
<td>I think working collaboratively means working together to support each other and to support the client and to support the organization....So to me it’s supporting each other, good and bad, and no matter what your position is within the agency. (5-6:32)</td>
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<td>...working collectively as a team...I think that’s really the most important, and not only working as a team with each of the managers, the front-line workers, but also working as a team within your community. (5-13:26)</td>
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<td>There has to be an open line of communication. We have to be able to tell each other what is happening. (8-6:40)</td>
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