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CHILDREN SERVICES INTEGRATION

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Summary of Report. This report reviews grey and academic literature regarding outcomes of integration in children services, specifically focusing on child welfare. Informational interviews were also conducted with four child welfare agencies in Ontario. The literature and interviews revealed that although there is a lack of information regarding the evaluation of integrative initiatives and client outcomes in child welfare, overall integration reduces the duplication and fragmentation of services, increases accountability and allows for better allocation of resources. The strengths, limitations, best practice and available evaluative tools for integration are reviewed and key findings are included below.



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INTRODUCTION

BACKGROUND

Integration of services is becoming more and more common in the Ontario child welfare system. The Commission's 2010 report for sustainable child welfare in Ontario proposed a modernized child welfare framework that functions through many systems working together to fully align services that improve the outcomes for children and youth. The current child welfare system has been described as fragmented, causing a lack of coordination in service delivery (Towards Sustainable Child Welfare in Ontario, 2010); ongoing frustration with the limitations of fragmented services has been the antecedent for many agencies to move towards an integrated model. For example, the Children's Aid Society of Toronto (CAST) Child Welfare Institute's began planning integration based on provincial legislation that amended the Child and Family Services Act, known as the *Transformation Agenda*. This agenda places an emphasis on integration, moving towards family preservation, collaboration and differential response (Transformation Interim Report Project Work Group, 2011).

Although there is no commonly accepted definition of "integration" in the literature, for the purpose of this report it is defined as:

→ *"The organization and delivery of services among organizations within the same and different sectors to optimize accessible, timely, and responsive services that effectively meet the full range of needs of clients and their families. In this context, integration refers to the service system as a whole, and involves provincial policy and funding frameworks and system-wide infrastructure, standards, and tools"* (Children's Mental Health Ontario, 2010).

A NEED FOR INTEGRATION

There are currently forty seven Children Aid's Societies across Ontario, serving approximately 120 000 families annually (Ontario Association of Children's Aid Societies, 2012; Towards Sustainable Child Welfare in Ontario, 2010). Many of these families are confronted with multiple issues, such as substance misuse, mental health issues, domestic violence and living in poverty (OACAS, 2010). Without a coordinated, integrated system there are ongoing issues with duplicated services (Ontario Ministry of Children and Youth Services, 2006), a lack of accountability (Pecora, 2000), lack of focus on outcomes and impact (Commission on the Reform of Ontario's Public Services, 2012) and difficulties in the allocation of resources (Ontario Association of Children's Aid Societies, 2002). These issues continue to pose barriers for families, children, and agencies attempting to negotiate services in child welfare.

The integration of services in child welfare is currently considered one of the most efficient ways of ameliorating risk factors, enhancing family and child well being and encouraging optimal child development (Brechman-Tousaint & Kogler, 2010; Lepler & Rosenkrantz, 2003). Ideally, the integration of these services should reduce the duplication of services, allowing families to



seamlessly navigate between services and providers, ensuring that their child services entrance point does not limit service accessibility (Ontario Ministry of Children and Youth Services, 2008; Rivard et al., 1999).

The integration of services also has implications for decision makers and funding. Integration allows for increased administrative efficiencies, enhanced community vitality, maximized scarce resources and improved outcomes for agencies (Ontario Human Services Integration Steering Committee, 2007).

RESEARCH PURPOSE

Although integration of services is often framed as leading to benefits for both families and service agencies, the actual outcomes of integration efforts are unclear. This research was conducted to gain a preliminary understanding of the outcomes of integration in social services, specifically exploring integration in child welfare with a focus on outcomes for clients. This report outlines findings regarding benefits and limitations of integrating services, from both a literature scan and informational interviews with provincial exemplars of integration initiatives in child welfare.

METHODS

LITERATURE SCAN

Literature scans were performed to explore academic and grey sources. This scan was carried out through Google/Google Scholar and academic (e.g., Scholars Portal) searches. To search, the terms “child welfare integration”, or “child services integration” AND “collaboration” and/or “Ontario,” as well as “evaluation,” were used separately and together. Adding the term “client outcomes” to “child welfare integration” yielded few results. Due to limited time frames and resources available, this report captured a snapshot of the literature regarding integration rather than a systematic and comprehensive review of all research documents.

INFORMATIONAL INTERVIEWS

Further to the literature scan, informational interviews were conducted with four Ontario Children’s Aid Societies who were identified as integrated or amalgamated. All interviewees were informed of the purpose of the research: to expand knowledge about processes, benefits and limitations of integration in child welfare agencies. Further, interviewees were told that the information in this report would be shared in a public forum, and that there was no guarantee of anonymity or confidentiality of information. As such, representatives from agencies involved in this research were free to answer or not answer whichever questions they felt were appropriate or inappropriate.

Interview Participants

The current researcher contacted four Children’s Aid Societies in Ontario to provide information regarding integration (i.e., Chatham-Kent Children’s Services, Dufferin Child and



Family Services, North Eastern Ontario Family and Children’s Services and Valoris for Children and Adults of Prescott-Russell). The executive director from each agency participated in an informational interview, and one Manager of Communication and Quality Assurance also participated. These agencies were selected by the executive director of Family & Children’s Services of Guelph Wellington because they were identified as integrated and could act as comparator municipalities to Guelph.

RESULTS

LITERATURE SCAN FINDINGS

Types of Integration in Children Services.

There are many types of integration in child services that differ based on projected outcomes, and the partners involved. A framework that is commonly used to provide guidance to child services integration initiatives is the Continuum of Services (Howell, Kelly, Palmer, & Magnum, 2004). This model originally was developed specifically to integrate youth support services into a comprehensive strategy. The following five components are suggested as key components of integration:

- Information exchange
- Cross-Agency client referrals
- Networking protocols
- Interagency councils
- Integrated services

Hudson (2004) also has developed a framework that is clear in its components of service delivery for child services. This framework was developed to enable service providers to not only focus on immediate, crisis needs of the family but also to provide prevention and early intervention services.

Table 1. *Social Service Integration*

Single point of entry	A single point of entry ensures a no wrong door policy. Therefore no matter where the family first interacts with the social service system, they will receive the same quality and breadth of service.
Comprehensive family assessment	It is important to fully assess the family to ensure that each individual is provided the full amount of services. Further to this the initial assessment helps to reduce the chances of duplicated services, and allows for the identification of strengths and needs.
Joint case planning	A single case plan should be developed by the team servicing the case. The multi-disciplinary team should ensure mutual goals and outcomes amongst themselves and with the family.



Co-location	The co-location of services enables full accessibility for the family. This allows for the provision of ongoing contact and support for families.
Sense of partnership	Traditional boundaries need to be dismantled in order to create joint accountability and shared responsibility across service providers. An invested outcome from all individuals in the partnership, as well as the family, allows for more momentum in reaching the desired outcomes.

Best Practices in Children Services Integration

There has been critique that a lack of best practice standards has hindered integrative initiatives in child welfare (Dumbrill, 2005). Indeed, the available literature regarding integration best practice for child welfare is sparse, with little agreement. In comparison, the field of Children’s Mental Health has been steadily proceeding with integrative initiatives by partnering with various service providers. The recommended best practice in this literature is a wraparound model (VanDenBerg & Grealish, 1996). The wraparound model matches the needs of children, youth and families through an individualized, integrated team that pulls together a variety of resources from whichever systems or agencies necessary to support the family (VanDenBerg & Grealish, 1996).

The following suggestions are included in the wraparound model for best practice in service planning and delivery (Boydell, Bullock, & Goering, 2009; Burns et al., 2000):

- Determining needed services;
- Integration of services and delivery systems;
- Flexibility in the funding and providing of services;
- Individualized, strengths-based and family oriented programming; and
- Community-centered, culturally competent services.

There are also various integration models emerging in the United Kingdom, which is known to be a forerunner in the integrative movement (Brechman-Tousaint & Kogler, 2010). Much of this leadership has been due to the *Learning In and for Interagency Working* (LIW) project, which resulted from the 2004 Child’s Bill (Warmington et al., 2004). The best practice suggested for integration within the UK has been co-configuration, which is defined as a form of work orientated towards the production of “intelligent, adaptive services, wherein ongoing customisation of services is achieved through dynamic, reciprocal relationships between providers and clients” (Warmington et al., 2004, p. 34). The authors also introduce the term *knotworking*, characterized as rapid changing, partially improvised collaborations between otherwise loosely connected professionals. Knotworking techniques are suggested to be successful due to the participatory component that allows for mutual learning by the integrating agencies, and the clients (Robinson, Atkinson, & Downing, 2008).

Examples of Current Successful Integrations in Ontario



Based on the literature scan, the following programs were identified as examples of children service integrative initiatives that have been successful in Ontario. It should be noted that the Children's Aid Societies that participated in informational interviews were not included in this section as these integrative initiatives are described in great detail further in this report.

Family and Children Services Niagara (FACS Niagara) and Gillian's Place

In 2006 the Ministry of Children and Youth Services directed Children's Aid Societies and Violence Against Women (VAW) programs towards the integration of services. This direction encouraged agencies to consider collaboration and or integration. In Niagara it was evident that FACS Niagara and Gillian's Place (a shelter for violence against women) were providing duplicated services, and due to a lack of coordination were also creating fundamental deficiencies in how cases were managed.

In an attempt to rectify these issues integration was suggested and community capacity funding was obtained. The following steps were taken to move forward with the integration:

- Gillian's Place provided one full time worker that was housed out of FACS Niagara;
- Intake services were reformatted to begin service linkage in early stages of involvement;
- The Gillian's Place worker could consult with FACS Niagara workers and vice versa;
- Both workers could refer clients to one another's services, arranging joint meetings and case plans.

The benefits of this integration continue to be plentiful - collaborations occur more frequently, there are timelier, customized and comprehensive safety planning, shared organizational vision and case plans, shorter wait times for families and improved understanding by service providers of case dynamics. This integration also helped highlight some of the gaps in services which led to the changes in policy and service delivery (Morrison et al., 2010; Gillian's Place, 2011)

Family Violence Project of Waterloo Region

In 2006 the Family Violence Project was launched in Waterloo Region with the intent of offering victims and their families' access to timely, seamless and holistic services. This project is housed out of the Catholic Family Counseling Centre and boasts over 130 professionals that represent eleven agencies dedicated to domestic violence prevention and intervention. This program provides integrated services by implementing a wraparound model in which services are customized and holistic. The services are justice focused and include police, crown attorney, child protection and victim witness. The focus of this model is minimizing typical barriers to service by ensuring families, which is made possible by the integrated approach (Ministry of the Attorney General, 2008; Family Violence Project of Waterloo, 2007a; 2007b).

Little Extant Information on Client Impact

There was no specific information regarding the client's experiences with integrated services in child welfare. A literature scan was conducted through Google/Google School and academic searches. The terms "child welfare integration" or "children service integration" AND "client outcomes" and/or "evaluation", "client impact". There appeared to be a lack of focus on and or capacity to measure client outcomes.

Limitations of Integration in Children Services

The literature scan reflected some of the limitations of integration in children services. The United Way of Greater Toronto released a report in 2008 that highlighted some of the local barriers that caused fragmentation in services for children and youth in Toronto. These factors have been modified and expanded for the purpose of this report.

- *No overarching policy framework* – A comprehensive youth policy framework would enable cohesion between policy decisions, programmatic responses as well as enable better coordination, synergy and accountability. At this time the Transformation Agenda for child welfare does not have the capacity to support integration. Without this framework integration tends to be uncoordinated, with confusion regarding funding and staffing.
- *Environment of competition*- In child services there is ongoing competition for funding and services. Consequently integration initiatives become difficult as agencies are hesitant to share organizational intellectual capital. Also due to the low salaries and high turnover in this sector, it is difficult to initiate integration as many staff members may be overworked and will not see the long term benefits of integration rather just the difficulties in the beginning stages.
- *Decentralization and centralization of youth serving organizations*- The sector that serves children and youth experiences tensions between the need to maintain independence and autonomy in certain areas (ex. financial, service delivery) while centralizing other functions (ex. research, referrals). Due to the innate nature of these tensions in children service agencies, it is difficult to move forward with integrative initiatives as there is a lack of understanding as to the centralization of resources.

Evaluation of Integration in Child Services

There is little consensus in the literature regarding how to successfully evaluate integrative initiatives in child services. There is a breadth of broad suggestions, ranging from process to outcome focused measures. The following evaluation tools range from formative to summative. Although there are evaluation tools for looking at integration more broadly, as of yet there appears to be no specific standardized tools for evaluating client impact.

Ontario Centre of Excellence for Child and Youth Mental Health

The Ontario Centre of Excellence for Child and Youth Mental Health developed a program evaluation toolkit that is a general framework for evaluating programs in children services. This toolkit is divided into three main steps: planning, doing and using evaluation. The toolkit is commonly cited in the children services literature and provides a range of supplementary resources for each step.

This program evaluation toolkit would be used to evaluate integrative initiatives as it provides a broad evaluation framework that can be tailored specifically based on the agencies projected outcomes. This toolkit provides a range of comprehensive steps from financial aspects to staff engagement and evaluation that would ensure evaluation occurred within the context of evidence-based practice.

Human Services Integration Steering Committee (Ontario Municipal Social Service Association)

This steering committee is comprised of the Service Manager Housing Network (SMHN) and the Ontario Municipal Social Services Association. This partnership was formed in order to develop a conceptual action plan for integration. Overall the evaluative recommendations were that integrative initiatives needed to be grounded in four dimensions – effectiveness, economy, efficiency and efficacy. Once these dimensions are considered a more specific outcome evaluation is suggested that should be incorporated from the beginning of the integration. The following are factors that should be considered in this evaluation:

- Outcomes for the people using the service.
- Improved satisfaction, meet needs in a more timely fashion and increased stability.
- Increase social capital, decreased use of crisis services and maximized scarce resources.
- Decreased service duplication, maximized community resources and increased staff knowledge of community services.
- Cumulative improvement in outcomes for clients, improved satisfaction of clients and evidence of increased integration.
- Increased achievement of program objectives, effective shift towards people-centered service and evidence of effective integration.
- Improved sense of impact, enhanced sense of personal empowerment and increased commitment.

Children's Aid Society of London and Middlesex

The Children's Aid Society of London and Middlesex strategic plan (2009) included a movement towards integration. In order to quantitatively measure their goal of increased integrative initiatives, they used the following specific tracking metrics to assess their progress:

- # of interdepartmental case conferences
- # of initiatives that focus on integration of services
- # of case conferences that include caregivers and community partners
- # of community protocols developed/updated
- # of case openings that are community links
- # of training and mentorship opportunities with caregivers
- # of face to face meetings with community partners with a shared agenda and outcomes
- # of case conferences that result in a plan to return to parent, kin, custody and adoption

INFORMATIONAL INTERVIEWS FINDINGS: LESSONS LEARNED FROM EXEMPLAR INTEGRATED ONTARIO CHILDREN’S AID SOCIETIES

There were four agencies contacted to discuss integration: Chatham-Kent Children’s Services, Dufferin Child and Family Services, North Eastern Ontario Family and Children’s Services and Valoris for Children and Adults of Prescott-Russell. The executive director from each agency participated in an informational interview.

The interviews revolved around five main areas: definition of integration, integration specific to each agency, strengths, limitations and recommendations. The following is a summary of the interviews.

Table 2. *Lessons Learned from Exemplar Integrated Ontario Children’s Aid Societies*

	Chatham-Kent Children’s Services	Dufferin Child and Family Services	North Eastern Ontario Family and Children Services	Valoris for Children and Adults of Prescott-Russell
Definition of integration	Amalgamation was the preferred term used by this agency. Rather than integrating several agencies it was suggested that there are no separate entities in an amalgamated model, allowing the agency to function as one service.	A collaborative vision in which seamless services were provided in the best interest of the client.	The harmonization of services in order to develop bridges to support one another to support families and children.	The focus on commonalities in services and clients needs rather than differences.

	<i>Chatham-Kent Children's Services</i>	<i>Dufferin Child and Family Services</i>	<i>North Eastern Ontario Family and Children Services</i>	<i>Valoris for Children and Adults of Prescott-Russell</i>
Integration specific to each agency	This agency has been amalgamated since 1997, and there is one point of contact for clients. The screening team determines which services are most appropriate and then refers the client to the specific service. The services available are child protection, children's mental health, child development, Ontario Early Years, Best Start, young offenders and community based prevention programs.	This agency has been integrated since 1987, and there is a centralized intake process. The services are housed in one building. The services available are child protection service, children's mental health services and developmental support service. Also the "Talk In" which is a mental health walk in clinic has been a very successful specialized program offered by the agency.	This agency has been informally integrated since 2000, but formally integrated in April, 2012. There is a central intake team that enables one point of contact for families. There are three different campuses that house services due to the large area covered by this agency. Services that the family could be referred are child protection services, mental health services, youth justice, supervised access and early years programs.	This agency has been integrated since 2002, and there is one point of contact for clients. The intake team (also provides short term services up to 6 months) refers the client accordingly. The services are decentralized with four different offices. The services available are children's mental health, community living association, child protection, developmental services for children and an adult protective service worker. There are also specialized services available based on needs.
Strengths	<ul style="list-style-type: none"> -Reduced wait lists for clients looking to access a variety of services. -Positive anecdotal feedback from clients. 	<ul style="list-style-type: none"> -Positive staff relationships and greater understanding of different services. -Reduced wait lists. 	<ul style="list-style-type: none"> -Allocation of resources to be able to employ and deploy. - Breaks down barriers of geographic categorization. 	<ul style="list-style-type: none"> -Reduction in the duplication of services. -Allows focus on the quality of life for clients rather than symptomatology.

	<i>Chatham-Kent Children's Services</i>	<i>Dufferin Child and Family Services</i>	<i>North Eastern Ontario Family and Children Services</i>	<i>Valoris for Children and Adults of Prescott-Russell</i>
		-Increased case conferencing.		
Limitations	-Lack of resources and funding to carry out evaluation of integration.	-Lack of funding to specifically support integration. -Lack of resources to evaluate integration.	-Managing different mandates.	-Lack of evaluation tools for outcomes. -Established service silos and funding.
Recommendations	-Service coordinators are helpful to manage cases, oversee that resources are not being duplicated.	-Heed caution with budgeting, each agency typically has to abide by their own funding which can become difficult when programs are integrated. -Inter professional training and shared case conferencing.	-Staff engagement in all aspects of integration from start to finish. - Ensure there is consent among major pillars in integration.	-Be aware of specialization and field/ domain specific language. - Ensure that commonalities are considered. -Develop training specific for your agency. Many training models focus on separation rather than integration.

CONCLUSIONS

GENERAL CONCLUSIONS

The available literature revealed that due to fragmented service delivery, integration is becoming more common in children services in Ontario. The findings above reflect that integration can reduce the duplication of services, maximize resources, increase accountability and ensure families receive services that efficiently and effectively meet their needs. There are few specific measurement tools available for integration in child welfare but it appears as though more general evaluation models can be modified accordingly in order to evaluate integrative outcomes. Further to this, a major gap evident in the literature was measuring client outcomes.



There were no client outcome measures available and no accessible research that demonstrated how integration specifically impacts clients involved with child welfare.

The interviews completed with four integrated Children's Aid Societies revealed that integration appears to be conceptualized and defined differently based on the projected outcomes of the agency. There was no standardized approach identified and each agency tailored the process of integrating agencies accordingly. There were similar strengths identified in all four agencies which included reduced waitlists, better allocation of resources, reduced duplication of services and overall a seamless, client-centered approach to service delivery. The most common limitations of integration were a lack of funding and evaluation tools. There was also little information provided regarding measuring client outcomes.

LIMITATIONS OF THE REPORT

The literature reviewed was not exhaustive due to time frames and resources. It would be beneficial to continue to explore this topic, further exploring the literature, considering mental health initiatives more specifically as well as national and international integration efforts. Also only a select few agencies were interviewed. Further interviews with agencies are warranted in order to consider similarities and differences provincially.

IMPLICATIONS OF THE FINDINGS

These findings are helpful for children service agencies considering integration, or looking for more information regarding integration.

FUTURE CONSIDERATIONS

Further exploration on this topic is necessary to determine the strengths and limitations of integration in child welfare more clearly.



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