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Number 24 Summer 2009

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WORKING IN INTEGRATED CHILD AND FAMILY SERVICES: A CASE FOR SPECIALISED SKILLS AND UNDERSTANDING

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Abstract

This article discusses the importance of professional training in the successful establishment of an integrated service. It argued that effective multidisciplinary and multi-agency collaboration requires professionals to have: (1) a shared knowledge base on issues relating to child development, parenting, the family In context, and the ways in which quality s defined across different sectors; (2) an understanding of inter-agency tensions around different theoretical models, policy, and cultures of practice; and (3) advanced skills in communication and information sharing. It is important that there are opportunities for this kind of professional training within Australia, especially for those who will play leadership and management roles In integrated service settings.

Introduction

Currently in Australia, an integrated model of service provision is being championed at the highest levels of government as the ideal model of community support for young children and their families (McKew, 2009). The importance of integrating services and developing a unified approach between government and non-government agencies was emphasised in the Special Commission of Inquiry into Child Protection Services in NSW, conducted by Supreme Court Judge James Wood (2008), and is a key component of the National Framework for Protecting Australia's Children (2009). For good reason, much of the discussion around integrated services focuses on the potential benefits for children and families who are at risk or disadvantaged. In this paper, we would like to contribute to a slightly different discussion around how

The "E" of the PLACE principles is all too often excluded from initiatives similar to Bridging the Gap that attempt to address disadvantage outcomes in communities. It is important that other initiatives like Bridging the Gap that are endorsed and supported by the new Social Inclusion Agenda, adhere to all of the PLACE principles as they implement activities on the ground in Australian communities. It is particularly important that we collect strong evidence about what works in creating socially inclusive communities and in addressing this phenomenon of place-based disadvantage. We hope to use this evidence as part of the broader advocacy agenda of The Benevolent Society in creating caring and inclusive communities and a just society.

The PLACE principles provide us with a unique, but extremely important, approach to the study of social cohesion that has the potential to contribute substantially to theory development in place-based disadvantage research worldwide. Further, these research findings will enable us to clearly identify real solutions for place-based disadvantage and to utilise this evidence base as we continue to advocate for social inclusion and a strategic approach to addressing disadvantage in Australian communities.

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genuine integration can be made possible from the point of view of service providers. In particular, we consider in this paper the specialised knowledge, understanding and skills that must be developed in professionals so that they are prepared to work as part of multi-disciplinary and multi-agency partnerships.

By the term 'integration', we are referring to the merging of different services to become one organisation that works to enhance service delivery. Frost (2005) presents a continuum of levels of service collaboration in which integration is the highest form of working together and blending services. On their way to achieving integration, services may work through processes of co-operation (where services remain independent), collaboration (where services work together and plan common outcomes) and co-ordination (where services work together in a systematic way towards shared goals). Many organisations will build one of the above relationships with another organisation and will either never achieve or seek to move towards integration.

It is clear from the existing literature that embracing an integrated model in day-to-day practice is not something that comes naturally for professionals, nor simply comes with time and experience. A lack of professional preparation is an impediment to integrated service delivery. For example, in their scoping review, Lord et al. (2008) identified the training and ongoing professional development of staff as the first feature of effective integrated practice.

When an integrated service delivery model is embraced at the highest levels of an organisation and not paired with the training of on-the-ground staff, the tendency is for organisations to, at best,

share a friendly co-located relationship and, at worst, to develop frustration and animosity towards the partner organisations. To illustrate this point, Sandfort (2004) presented a case study of one human services organisation in the USA that was attempting to establish an integrated partnership with another. There was limited communication between the two agencies and staff members were rarely able to answer questions about the other agency. This resulted in staff frequently giving families wrong answers or quessing information in order to avoid appearing ignorant. These agencies maintained different daily practices, different ways of understanding the external environment as well as structural impediments that hampered collaboration. The service orientation of the partner agency was perceived as unfamiliar and uncomfortable and there were high levels of scepticism amongst the staff about the competencies of the other agency. In this case, the fact that the general staff and management did not know how to work together within an integrated model rendered the whole exercise ineffective, with the potential to lead to poorer service delivery to clients.

Frost and Robinson (2006) have also warned against rushing from strategic planning to operational implementation. They stress the importance of allowing time for training, especially for those who will play leadership and management roles and will need to work across organisational divides and address sensitive operational and identity issues. Integration of services demands skills in working across disciplines and across agencies. Skills depend on knowledge and understanding of other disciplinary perspectives and other organisational structures and procedures.

A shared knowledge base

We propose that there is a fundamental knowledge base that professionals working in integrated child and family services need to share. Based on the literature, we have developed four key elements that form this knowledge base. The first three of these elements are reflective of the Supporting Children and Responding to Families (SCARF) assessment framework designed for services offering support to vulnerable children as a way of building common language, overcoming internal obstacles and promoting collaboration (Oakley et al., 2006).

The four key elements are as follows:

- 1. Child development: Knowledge of general child development trajectories and the interactions between a child's development and their environment, along with understanding the social constructions of childhood in different cultures and the ways in which they influence professional attitudes and service delivery.
- 2. Parenting capacity: Knowledge of the personal, generational, cultural and social factors that influence parenting and the construction of definitions around "good enough" parenting.
- 3. The family in their community: Knowledge of the ecological influences that act as forces in the lives of the family as a whole and the ways in which families take individual and collective action to respond to these forces.
- 4. Definitions of quality service provision across sectors: Knowledge of the varied definitions of quality service provision that have grown out of different professional disciplines

and sector-specific requirements for service accountability.

A fundamental knowledge base made up of these key elements would, we believe, provide a solid foundation upon which to build a common language and shared understandings amongst professionals seeking to engage in genuinely integrated professional partnerships.

Shared understandings

Corbett et al. (2005) use the term "institutional milieu" to describe the underlying norms, values and behavioural patterns that shape the way an organisation functions and makes decisions. Understanding institutional milieu is about making explicit the contradictions, implicit assumptions and expectations of policy and dominant or competing discourses within an organisation. To simplify further, it is about the culture of an organisation or professional discipline.

Professionals must confront the fact that the theories they use, which they may have developed over years of practice and reflection as explanatory frameworks for their work with children and families. do not necessarily match the theories and frameworks of their professional colleagues. For example, Atwool (2003) points to the tension between those who believe the family is the appropriate focus for intervention and those who place the emphasis on the rights of children and young people. There is also a tension between those who place an emphasis on crisis intervention with those who emphasise preventative work. These are not simply ideological debates. They influence the priorities that are established and the resources devoted to those priorities.

Nichols and Jurvansuu (2008) conducted a recent study in South Australia that looked at the policy contradictions across different service sectors. They found that there can be contradictions between government departments (and within sectors depending on whether or not it is State or Commonwealth policy) and across agencies. As an example, they pointed to the different discourses within policy relating to families and their relationships with social institutions. They found contradictory language throughout policy documents, on the one hand advocating respect for parents as equals and, on the other hand, using the language of a deficit discourse which positions parents as unable to take an active role in decision making without help. To provide an example. Nichols and Jurvansuu contrast the policies of human services with education. The integration of human services and education is commonly argued for, and so it is helpful to compare the policies of these two sectors. Nichols and Jurvansuu, however, document fundamental differences in the premises upon which professionals in these sectors define themselves as they deliver their services and measure outcomes. These differences are demonstrated in Table 1.

As can be seen in **Table 1**, whilst it intuitively makes sense for human services and education to be integrated, there are underlying significant differences

between the institutional milieux of these sectors. A significant issue lies in the ways in which these services measure success, a reflection of their accountability requirements. This raises questions as to whether different sectors can work together and define shared key outcomes and whether perceptions of acquiescing and relinquishing control might impede this process.

Understanding issues relating to control are very important in the context of integrated services. Closely linked to control is understanding the influence of funding arrangements. The output measures required by funders potentially constrain an agency's ability to deliver integrated services (Atwool, 2003). There may also be tensions if the lion's share of funding for an integrated service comes from one sector, and so there is a pressure to place leadership and the objectives of that sector at the centre and any other objectives as secondary (Gardner, 1992). This creates conflicts in accountability and potentially a resistance to learning new team-specific generic skills around holistic concepts of child assessment and facilitating multi-faceted interventions (Frost & Robinson, 2007). Another funding model that potentially fuels tension is one in which a large agency is the designated lead agency to which other smaller agencies are attached through a linked funding agreement.

Table 1: Comparing the policies of the human services and education sectors *

Human Services	Education	
The purpose of the organisation		
To support the wellbeing of parents and children.	To support students' learning and the functioning of the school.	
The core value of the partnership		
To meet the needs of parents and children.	To facilitate the parents' involvement in the education of their children.	
Measuring key outcomes		
Focus on key community outcomes.	Improved educational outcomes for students and creating safe and productive school communities.	

Inter-agency tension and suspicion is **like**ly to fuel a power struggle (Atwool, 2003). There may also be status issues amongst professionals and dilemmas around pooling expertise in practice. Frost and Robinson (2007) told of one acclal worker who felt that doctors cometimes blocked referrals to the acency because they couldn't see the value of the work or they thought that the ocial worker would be heavy handed with families and destroy the relationship catablished between the family and medical staff. They reported that status disues were perpetuated in meetings with the use of professionally exclusive "Expert" language. As one social worker explained: "What is daunting is we don't oven speak the same language" (p.195). Anning et al. (2006) talk of "micro-politics" where the professionals' sense of security a challenged when they perceive a loss of autonomy, resources and relative trength.

n alternative to this adversarial model a practice is the building of what Wenger 1998) refers to as 'communities of practice' - a concept which draws on eccio-cultural theory. Knowledge is created in communities of practice in the context of daily routines rituals and mactice. Examples of using daily routines ic lacilitate the building of a community practice might include holding regular correlation meetings with all staff, or insuring that as much as possible staff able to take their lunch break at the me time in a common eating area. nere are great challenges in blending until now separate 'communities of practice'. Forming one 'community of practice', with shared values, routines and practices is integral to genuine integration, the re-thinking of professional centity and the development of new and hared knowledge (Frost & Robinson,

Developing a new skill set

Participating in an integrated service requires a specific skill set and specific training. This training needs to happen outside of the dominant discourses of individual disciplines. To quote Atwool (2003, p.33):

We need to be realistic about the need for additional training and education to support the work of integrated service delivery. The skill base is very different, requiring group work skills, confidence in managing conflict, advocacy, facilitation, mediation and negotiation ...There also needs to be an understanding of competing discourses and a willingness to position ourselves in relation to these.

Effective inter-disciplinary and intersector communication requires the building of a common language and the challenging of jargon. Gardner (1992) described communication difficulties between child protective services staff and school staff members of an integrated team. They finally realised that their main difficulty was in the way they each used the term 'preventive services'. For the child protection staff, this has a specific meaning. It relates to any services designed to prevent placement in foster care. For school-based staff, the term was used to mean any programs that tried to anticipate and prevent school failure. It is important to learn the skills of asking questions and seeking clarification so that this kind of talking at cross-purposes does not occur. This may seem on the surface simple enough, but it requires considerable sophistication to reflect critically on your own discourses, to know what is jargon and what isn't, and to understand that the terms you use so intuitively and without question may carry quite different implications for another. Such awareness and understanding is likely to lower the risk of imposing individual frameworks and assumptions on the language of another.

According to Frost and Robinson (2007), another key "fault line" along which differences between professions arise is information sharing. Different data management systems may affect the sharing of information. Another important issue is around the value placed upon the interpretation of confidentiality. Questions arise about what kind, how much, and in what way client or family information is shared across the varied arms of an integrated service. This is a very important dialogue that must happen within any integrated team and firm guidelines and procedures that are understood by all, including the children and families who utilise the service, must be established.

There are some who may feel threatened by the concept of integration due to a fear of dissolution or loss of their own professional identity. Integrating a service and challenging professional discourses and conventional practices is not intended to undermine the specialised expertise of the professional disciplines. It is intended to bring different areas of expertise into closer contact with each other in the interest of providing the most cohesive service support for families. Frost and Robinson (2007) found that professionals could live with difference, and thus it is not essential that everybody embrace the same models and share core values. What appears to be essential is that everyone can work together to contribute to overall shared aims. Opportunities for shared case work, the sharing of space and routines and the joint development of documents can enhance practice as professionals reflect on their professional values while also changing and learning with others. As Robinson et al. (2008, p. 51) explain: "Sharing the challenge of reflecting on the unfamiliar, making knowledge which is often tacit for the individual explicit for colleagues, can give

rise to an expansive synergy which has been called 'distributed knowledge'."

Conclusion

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In the current Australian climate, where the integrated service model is being held up as the way of the future, there is a need for the preparation of professionals. We have the advantage of being able to learn from what has happened internationally and to recognise the issues and complexities of working this way. In the United Kingdom, there are two Masters degree level courses that prepare their students to become specialist leaders in integrated services. The Pen Green Research, Development and Training Base offers a Masters degree in 'Integrated Provision for Children and Families' in collaboration with Leicester University. The Dartington Research Centre in North Devon offers Masters-level study in their course 'Towards a common language for children in need."

To date, there are no specialist courses at postgraduate level in Australia addressing the needs of professionals who work or have leadership and management roles in integrated services for children and families. Thus there is a both a need and an opportunity to examine what is known so far regarding core issues in developing and working within integrated services, best professional practice when providing services to families and children combined with sound teaching and learning principles to develop targeted training for the Australian context. This paper recommends that a professional development agenda should include: (1) the building of shared professional knowledges (e.g. combined training sessions around child development and parenting issues for all staff); (2) facilitating understanding of professional differences (e.g. theoretical frameworks and language) that may challenge coming inguilter in a community of practice; and (3) apacific training in essential skills such as affective communication and appropriate aparing of client information.

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